

INQUIRY INTO SUPPORT PROVIDED TO VICTIMS OF CRIME

Submission No: 10
Submitted by: Queensland Health Victim Support Service and the Sexual Assault Response Team,
Metro North Health

Publication: Making the submission and your name public

See attached:

Submission to the Legal Affairs and Safety Committee

Support for Victims of Crime

This submission is provided by the Queensland Health Victim Support Service and the Sexual Assault Response Team, Metro North Health. Some of the options provided in this submission align with the recommendations from the Women's Safety and Justice Taskforce – Hear Her Voice (Report Two) '*Women's and girls experiences across the criminal justice system*'.

Queensland Health Victim Support Service

The Queensland Health Victim Support Service (QHVSS) was established in 2008 as one of the recommendations from the *Promoting Balance in the Forensic Mental Health System* review of the *Mental Health Act 2000*.

QHVSS is a specialist, state-wide service providing trauma informed support for victims and their families of unlawful acts where the person charged has been diverted to the Mental Health Court. The service is part of Metro North Mental Health services.

Support to victims includes: counselling; court support; psycho-education about mental illness and intellectual disability; information about the types of decisions the Mental Health Court can make; and assisting victims to submit a Victim Impact Statement. If the Mental Health Court decides to place the person charged on a Forensic Order, or Treatment Support Order, QHVSS can assist victims and their families to apply for an Information Notice under the *Mental Health Act 2016*. If approved, the Information Notice holder can receive outcomes of reviews of the Forensic Order or Treatment Support Order by the Mental Health Review Tribunal (MHRT). Where indicated, QHVSS can assist victims and their families if their matter returns to the criminal court from the Mental Health Court to provide continuity of support. QHVSS also assists victims where the person charged has been transferred from custody, a watch-house or youth detention centre to an Authorised Mental Health Service as a Classified Patient.

QHVSS can provide a unique perspective of the experience of victims whose matters are diverted to the Mental Health Court (part of the Supreme Court). Many victims experience the Mental Health Court process as focused on the needs of the person charged (consumer) who may have a serious mental illness and or intellectual disability where the impact of the offence/s and the victims' subsequent needs and concerns are not sufficiently taken into account. Within the Mental Health Court process victims do not see the forensic psychiatric reports prepared for Court that are considered as part of its decision making. Whilst victims can attend Court, they may only hear limited information that is discussed at Court to inform their understanding of the basis of the Courts decisions. Victim survivors whose matters are diverted to the Mental Health Court experience less rights when compared to the matter being considered by other criminal courts. For example, they are not entitled to automatically receive a transcript of the proceedings, and they are not able to read their Victim Impact Statement in Mental Health Court, rather it is handed up to the Judge by the Office of the Director of Public Prosecutions after a decision is made by the Court to place the person on a Forensic Order, or Treatment Support Order. If a person charged is not placed on one of these orders, the Victim Impact Statement is not considered.

QHVSS has nine allied health positions that can be drawn from the professions of social work, psychology, or occupational therapy, and one Administration Officer. Two staff are located regionally, one in Cairns, and the other in Townsville. The remaining staff are in Brisbane. QHVSS clients are direct victims and their families where there are serious charges, including murder, attempted murder, serious violent offences including grievous bodily harm, sexual assault (including sexual assault to adults, child sexual abuse offences and historical child sexual abuse) and stalking.

Sexual Assault Response Team

The Sexual Assault Response Team (SART) based at the Royal Brisbane and Women's Hospital (RBWH) provides a 24hr acute response to people aged 14 years and over who have experienced a recent sexual assault. Based in the Emergency and Trauma Centre (ETC), patients are provided with comprehensive medical review (including referral to specialist outpatient clinics and support services), information about available reporting options, trauma informed risk and safety assessments, support during forensic examinations, coordinated discharge planning and post-acute follow up. RBWH SART also provides state-wide follow up for Just In Case (JIC) examinations that are conducted across Queensland and responds to referrals generated by the Info Exchange system. Additionally, RBWH SART provides a Medicare funded post-acute counselling service underpinned by trauma informed, brief therapeutic interventions provided by qualified Senior Social Workers with additional training in trauma recovery.

1. Better coordination of state-wide services to ensure there is trauma informed, victim centric and timely support for victims, from the time of the incident and throughout the subsequent investigation and any prosecution, including:

- ***how the criminal justice system, including the Queensland Police Service, the Office of the Director of Public Prosecutions, and court services currently support victims; and how restorative justice conferences and processes may be improved upon***
- ***how to ensure victims are kept informed and included in an appropriate and timely way throughout the investigation, prosecution and parole period.***

Queensland Health Victim Support Service

- Personal crimes, including violent crime have a negative impact on victims physical, emotional, financial, mental health, social role identity and family and other relationships. It also negatively impacts secondary victims, including witnesses and families.
- A significant challenge for victims (and their families) when a person who harmed them has a mental illness and / or intellectual disability and is referred to Mental Health Court, is that this process usually occurs six to twenty four months after charged by Police. QHVSS data indicates that many victims wait for more than two years from when their matter is referred to the Mental Health Court, to when it is heard at Mental Health Court and finalised, or subsequently referred back to the criminal court.
- Shortly after an offence, Police generally offer referral options to victims to access support services through the Police Referral Service (InfoXchange). This usually includes a referral to Victim Assist Queensland (VAQ), and depending on consent and

the charge, to Victims Connect, DV Connect or other domestic and family violence, sexual assault service or other services.

- Currently there is no clear referral pathway for victims from police to the QHVSS in matters diverted to the Mental Health Court. This is because it is usually unknown at the time of charging that the person charged will be referred to the Mental Health Court or will become a Classified patient under the *Mental Health Act 2016*.
- The Office of the Director of Public Prosecutions provides victims with matters in the Mental Health Court information about QHVSS after a person charged is referred to Mental Health Court. The response from victims to being sent information about the reference to Mental Health Court and the role of QHVSS is limited. A small number of victims may contact for assistance, but the majority do not. This can be for multiple reasons, including that they have sufficient support from their family and friends, or they are not clear about what supports they could receive from services, including QHVSS, they may be concerned they will be asked about the offences which could be triggering or they may not wish to seek help from services.
- Given that a small number of victims will be pro-active in help seeking, and the majority can be reticent and potentially avoid assistance initially, even though they have experienced serious impacts, a combination of readily available information for victims of crime as part of a visible 'one stop shop' together with a trauma informed pro-active outreach approach is required for offering victims information and assistance.
- Currently there is not a coordinated service system that effectively streamlines support for victims whose matters go to court, regardless of whether it is Magistrates Court, District or Supreme Court, which includes the Mental Health Court.
- Currently the Police Referral Service (InfoXchange) provides an electronic platform through which Police make referrals to different services at the time of investigation. There is no initial assessment of need, triaging and matching of victims to relevant services at that time. Given the timing of offering referrals shortly after the offence, this does not take into account that victims can be in shock at that time, and also dealing with immediate issues such as injury. Offering referrals at this time does not take into account that victims circumstances may deteriorate in the months after the offence.
- The current service system for victims of crime does not have a visible assessment and coordination process of proactively linking all victims of crime with their consent with relevant services both immediately after the offence, and through the journey of their matter in the criminal justice system, including court processes.

Proposals:

- Establish a '**one stop information and support portal**' (**coordinated information hub**) as outlined below by the Sexual Assault Response Team) that effectively links victims with a cluster of services. The service should be highly visible for all Queensland victims of crime providing access to information for self referrals, as well as initial assessment of need, triage and 'warm referral' to specialist services. What would be different about the current process of referrals through InfoXChange by Police is that this would be enhanced by providing an Intake and Referral service, pro-active outreach and connection with court processes, so that victims do not need to be contacted by multiple agencies, such as Victim Assist Queensland, Office of the Director of Public Prosecutions, and a generic or specialist victim support service. This would include domestic and family violence services including DV Connect, Victims Connect, sexual assault services, Queensland Homicide Victim Support Group and other specialist victim services

who will all have knowledge and be able to contribute to the design of the *one stop information and support portal*.

- The former Department of Science, Technology, and Innovation in 2017 completed a 'victim experience' project based on consultation with multiple agencies and victims to develop a model for a one-stop portal for victims through which they could have a unique identifier to access information. This could include information on availability of services, completing self-referrals, and information on managing impacts of crime. As an extension of this model, it could include access to Intake staff (human service professionals) to undertake an initial assessment and provide a 'warm referral' to support services. The portal would also support the making of an application for financial assistance from Victim Assist Queensland, receiving updates on their application, and being proactively informed of the progress of their matter through court and accessing court support.
- Importantly the *one stop information and support portal* and connected support services, together with justice staff, be guided by an overarching trauma informed framework. The framework would inform consistent policies, practices, standards, training and resources for staff to improve awareness of trauma and sensitive responses being provided to victim survivors. The overall aim is to reduce the potential for further traumatisation and increase opportunities for recovery. This would be an extension of the Women's Safety and Justice Taskforce – Hear Her Voice (Report Two) 'Women's and girls experiences across the criminal justice system' recommendation 66 supported by the Queensland government to develop a trauma informed practice framework for legal staff when dealing with sexual assault matters.
- The *one stop information and support portal* would have a capacity to pro-actively contact victims as their matter progresses through the criminal justice system, and where indicated, proactively connect them with specialist services. The effective operation of this proposed service would be assisted by a legislative framework that covered relevant information sharing to enable Police and Office of the Director of Public Prosecutions to share relevant information about court dates and outcomes so that victim survivors can be provided with effective pre and post court support.
- In the situation where a matter is diverted to the Mental Health Court, the referral could trigger the effective and pro-active outreach to victim and their families by the *one stop information and support portal* to connect them with QHVSS, or for QHVSS to work collaboratively with other victim services who are already supporting the victim since the offence, so they receive coordinated and informed support through the Mental Health Court process.

Proposals related to victims whose matters are diverted to the Mental Health Court

Information provided to understand the progress of the matter to final Hearing

Currently under the Victims of Crime Charter – victims are to be told about the progress and outcome of their matter through the court process, including hearing dates. Given the significant delays in Mental Health Court matters being listed for hearing, it would assist victims if they were better informed, and this could be done by advising them:

- Where the matter sits as part of the court process and why it is taking so long
- How many forensic or other reports are being prepared and any anticipated delays

Information to understand the basis of Mental Health Court decisions

- Currently victims are not able to be advised by Prosecutions about any details of forensic psychiatric assessments or recommendations prior to Mental Health Court hearings. Victims have no indication prior to Court of potentially how the matter may proceed at court. During a Mental Health Court hearing victims will hear cross examination on specific questions about assessment reports where they do not have a full understanding of the assessment or recommendation. Victims do not know prior to Court if all forensic psychiatric reports agree about recommending a particular outcome at Court, or do they differ in their assessments and recommendations. It would benefit victims to have some indication from Prosecutions about what the reports are recommending. At Mental Health Court it would assist victims to understand the outcome of decisions by the Court if the court processes involved a more detailed explanation during the hearing of each of the psychiatric assessment reports and their recommendations, and where they differ. This could include what information the psychiatrist used to formulate their assessment. Victims would benefit from the Court process covering a more detailed explanation of the differences and disagreements, and why the Court chooses one assessment / report to inform its final decision over another assessment and report. This would be consistent with other jurisdictions where victims would hear in the court process the nature of the mental illness and or intellectual disability and how this contributed to the commission of the offence. Having access to this information would enhance victims understanding of the basis of the Courts decision and hopefully in the medium to long term build confidence in the decision making.
- Under Section 9 *Recording of Evidence Regulation 2018*, victims of personal offences that are subject to criminal proceedings in the Supreme Court or the District Court are entitled to one free copy of an existing transcription of a record under the Act of the proceeding; or (b) if a transcription does not exist - the part of the record under the Act, consisting of an audio recording, of the proceeding. This right does not apply automatically in the Mental Health Court, where victims need to apply for approval to the Judge in the Mental Health Court for a copy of transcript and parties are then invited to make submissions on whether the transcript should be released the victim. This is a frustrating process for victims who already believe they have limited information about decisions made by the Mental Health Court. It would assist victims understanding of the Mental Health Court process if there was a consistent process used for all victims of personal violence matters to obtain a Court transcript from the District and Supreme Court, which includes the Mental Health Court.

Exploration of the use of Restorative Justice as an option for Mental Health Court matters

- The Adult Restorative Justice Conferencing (ARJC) unit, Department of Justice and Attorney General, provide Restorative Justice conferences in the criminal justice system with a small team (4.4 full-time equivalent positions) covering the areas of Brisbane, Gold Coast, Townsville and Cairns. QHVSS and ARJC have been working collaboratively since 2018 in developing and implementing a model of Restorative Practice in mental health services at The Prince Charles Hospital that includes the opportunity for Restorative Justice conferences. This work has been based on

international experience in using Restorative Justice conferencing in mental health services in the United Kingdom and the Netherlands, as well as incorporating local experience, knowledge and training from restorative justice trainers, researchers and service providers.

- QHVSS data indicates that approximately 40% of people harmed by a person with a mental illness or intellectual disability is a family member and another 30% are known to the person who harmed them. Given the existing relationships between the person charged, and those that are harmed, then there is potentially a greater opportunity to explore how a model of Restorative Justice conferencing could be utilised in matters referred to the Mental Health Court. Some of the potential benefits could be a more timely addressing of victim issues through a Restorative Justice conference covering why the offence occurred, acknowledgement of harm and commitments to maintain mental health treatment. The application of a model of Restorative Justice would need to consider the issues of capacity for the person charged as well how it addresses the needs of victims. There could be a greater opportunity to use Restorative Justice conferencing in collaboration with the matter progressing to Mental Health Court, or as an alternative depending on the outcome of the Restorative Justice conference. There could also be an opportunity to offer a Restorative Justice conference after the Mental Health Court Hearing as a way of addressing some of the needs of victims in understanding why the offence occurred, receiving an acknowledgement of harm, and addressing concerns about the future and exploring opportunities for relationship repair if indicated by the victim.

Victim Impact Statements (VIS)

- There is a potential benefit for some victims of crime to have their 'voice' heard in the justice system through the provision of a Victim Impact Statement (VIS) to Court. Victims are able to submit a VIS to Mental Health Court where they can outline the impact of the offence, any ongoing concerns about their safety and requests for 'non-contact' or 'geographical restrictions' for the person who harmed them if they are placed by the Court on a Forensic Order, or Treatment Support Order. Where these orders are made by the Mental Health Court, the VIS is transferred to the Mental Health Review Tribunal as part of the court material. Under the *Mental Health Act 2016*, victims can provide further VIS to the Tribunal when they review the Forensic Order, or Treatment Support Order, usually each six months. The concern for victims is that the *Mental Health Act 2016* does not allow victims to be informed about what the Tribunal is considering at each review. Therefore victims are unsure about what decision their VIS is intended to inform. Anecdotal information from victims is that they can find preparing a VIS distressing and this can be exacerbated if victims are not sure about what decisions they are aiming to inform, or that their VIS will not be considered relevant to the MHRT decision under review.
- An option to consider by government is to adopt the New South Wales model where victims are informed six weeks prior to a Mental Health Review Tribunal hearing on the decisions they are considering and inviting the victim to submit a VIS to be considered as part of this decision making. In addition, the NSW process also allows for victims to observe the Tribunal Hearing, usually virtually. This transparency of

decision-making assists victims to have confidence in the overarching system from charging to the ongoing management of the person who harmed them.

Consideration of victim's rights in the context of the *Human Rights Act 2019*

- The Queensland government has supported recommendation 20 from the Women's Safety and Justice Taskforce – Hear Her Voice (Report Two) '*Women's and girls experiences across the criminal justice system*' to consider as part of the next statutory review of the *Human Rights Act 2019* recognition of victims rights. Part of this review should consider how this applies in the context of Mental Health Court and the Mental Health Review Tribunal.

Sexual Assault Response Team

- Currently victim / survivors presenting to RBWH for an acute response who identify they wish to engage with Queensland Police Service, the Sexual Assault Response Team are required to log a call for assistance with PoliceLink. Current processes often require a victim/survivor to firstly engage with General Duties officers and subsequently investigators from Plain Clothes units. For victims/survivors of sexual violence, engaging with multiple police officers in addition to health clinicians can be unintentionally retraumatising. Were calls for service received by PoliceLink directed immediately to investigators, this would create a streamlined approach to reporting sexual violence thus, aligning with recommendations identified in the Hear Her Voice Report (Volume 2) that advocate for limiting the number of times victim/survivors are required to re-tell their experience. A streamlined process may assist to reduce wait times and improve victim/survivors' experiences in the emergency department, facilitate timely forensic examinations and subsequent discharge.
- When considering an affirmative model of consent, victim/survivor feedback highlights the distressing impact of process used by Police as part of the investigation for the victim to contact the person alleged to have committed the offences. This process impacts on the initial stages of trauma recovery. Additionally, the reliance upon forensic evidence does not consider victim/survivors understanding of the limitations of DNA in demonstrating the provision or withdrawal of consent. There currently appears to be substantial weight placed upon these methods of evidence collection in determining the veracity of a victim/survivor's sexual assault complaint.
- Secondary to the inherently traumatising nature of judicial processes that rarely provide validation or closure to victim/survivors, many adult victims speak of their preference to engage with restorative justice processes currently predominantly provided in the youth justice system. Providing the victim/survivor with agency over the method of accountability for the alleged perpetrator would directly contribute to their recovery.
- Information in relation to sexual assault process is currently presented in a siloed approach, whereby each agency provides information about their own services and processes. A coordinated information hub, encompassing relevant agencies (Department of Justice and Attorney General, Office of the Director of Public Prosecutions and Queensland Health and other services) would provide victim /

survivors with relevant and accessible information about the continuum of the sexual assault reporting process and the support services available. This could include general information for people wanting to gain a greater understanding of the process to aid their decision making, as well as specific information for those who have made a complaint by entering a reference number (for example a QPrime number) that updates them about what stage their matter has reached in the court process.

- Consideration will need to be given to how a coordinated information hub will be managed, including identifying a lead agency to manage the project implementation, ensuring all participating agencies are able to access and update relevant information and to ensure security of sensitive information. The High Risk Team InfoXChange model may provide an example of how this can be achieved for participating agencies.

2. The operation and effectiveness of the Victims of Crime Assistance Act 2009 (the Act) for victims of violence, including:

- *expanding the eligible victim's category to include home invasion; and enhancements to provide better, trauma informed and timely assistance and support to victims*
- *mapping victims' experiences through the financial assistance application process to identify the ways to reduce the burden on applicants*
- *reviewing the Charter of Victims' Rights to identify common complaint themes from victims to inform future sector training needs*
- *revising the existing government initiatives in relation to the Act's operation and effectiveness.*

Victims of Home Invasions

- To add another category of assistance, i.e. victims of home invasions would place more pressure on VAQ to process applications when they are struggling to meet demand now.
- Victim survivors of home invasions experience a range of mental health impacts and concerns about safety and providing financial assistance for them is an important consideration for government. To maximise the potential positive impact of counselling and other supports, victims of home invasion and all victims eligible to receive financial assistance, would have improved outcomes if financial assistance could be provided in a timelier way.

Victims experience of financial assistance applications to Victim Assist Queensland

- Advice in February 2023 from Victim Assist Queensland is that there is a general wait time of two years for processing applications for financial assistance. This appears to be due to issues of both volume and the time it takes for victims to understand and obtain the necessary documentation they need to substantiate financial assistance applications, or potential costs incurred. It is understood Victim Assist Queensland prioritise assistance to victim survivors involved in high-risk domestic violence situations.
- There are also issues for service providers, such as psychologists or security providers who do not want to wait for their costs to be reimbursed by Victim Assist Queensland and some victims may not have capacity to pay for services upfront.

- Anecdotal evidence and feedback suggest there are lengthy waiting periods for victim / survivors of sexual violence to access financial support through VAQ. This delay impacts engagement with longer term therapeutic supports within the private sector, creating a high demand for community-based specialist services who have extensive wait times for support.

Proposals:

- As part of mapping victims experiences in trying to obtain financial assistance, government could consider providing victim survivors choice in the pathway they choose for financial assistance, for example a choice of the following:
 - **Option One** – provide victim survivors with a straightforward standard financial assistance payment matched to the level of the seriousness of the crime and factoring in a standard formula for likely costs to improve recovery, such as counselling and security. Evidence needed to confirm the payment could be a confirmation by QPS of a charge, advice by police of the formal complaint, or confirmation from a medical, hospital or allied health provider of the personal violence crime. A one off payment be made that covered both the recognition payment, and a standard additional payment for covering likely costs that can be arranged and paid for by the victim. e.g. the victim to pay for the gap between the cost of a psychologist / psychiatrist or other specialist appointment and the total cost of the appointment, or purchasing of security cameras. Under this arrangement the victim survivor has a one-off payment and no further requests for payment are made to VAQ. Some victims maybe interested in this more straightforward option, rather than obtaining multiple quotes, assessments recommending counselling and experiencing delays. This option would provide victims with a timelier access to financial assistance and also reduce demand on VAQ to potentially reduce timeframes for processing applications.
 - **Option Two** – similar to the current VAQ system, there is a window of six years in total where victims can apply for financial assistance and documentation is required to substantiate all requests for assistance. This pathway will take more time and may suit some victims and may provide greater access to financial assistance, but more significant documentation is required to substantiate costs.
 - **Option Three** – for health, ambulance, police, teachers, disability, child safety staff who are assaulted whilst at work may need to access WorkCover for assistance for counselling particularly if time off work is required and a return-to-work program is needed. Currently these state-government employees need to go through WorkCover and have their application concluded before they can then make an application to Victim Assist Queensland to access the recognition payment. This could mean that they then wait another two years to access a recognition payment. This is a time consuming and frustrating process for staff who are victims of violence report when they have already completed multiple documents and processes to access assistance from Workcover, and then they need to start over again with Victim Assist Queensland’s application process. A straightforward process could be implemented whereby state government employees, or other employees injured by occupational violence, such as disability support workers, are provided the recognition payment by WorkCover.

Complaints under Victims of Crime Assistance Act 2009 and establishment of a victims commissioner

In November 2022 the Queensland government supported in principle recommendations to establish a victims commissioner and the associated role as outlined in recommendations 18, 19, 46 and 181 of the Women's Safety and Justice Taskforce – Hear Her Voice (Report Two) '*Women's and girls experiences across the criminal justice system*'. It would be helpful within the establishment of the commission to outline how the role of this statutory office provides oversight of complaints, addresses systemic issues and supports with consent of victims resolution of issues with agencies. Currently complaints by victims about breaches of the Victims of Crime Charter made to the Victim Services Coordinator in Victim Assist Queensland are referred back to government and non-government agencies to use their standard complaints process to respond to the complaint. Consideration should be given as to the role of the victims commissioner in assessing, investigating and supporting resolution of victims complaints, and also how this work applies to victim matters dealt with by the Mental Health Court and Mental Health Review Tribunal.

3. The benefits, disadvantages and resourcing impacts of any recommendations.

Benefits:

- Providing timely access to support to address harms as a result of personal crime will enhance the potential recovery for victims and support re-engagement with family, work and community.
- Providing accurate and coordinated information to victim / survivors:
 - provides them with greater agency around decision making at a time where their basic human rights have been breached
 - assists in their trauma recovery by reducing stress attributed to uncertainties in the judicial process.

Disadvantages:

- The potential disadvantage in implementing some, or all of the above options, is that issues associated with information sharing, service coordination, proactive outreach all require collaboration across the service system and dealing with tensions between the rights of persons charged and information provision to victims. Service re-design requires careful consideration that balances these issues to maximise the opportunities for recovery to the extent possible for direct victims of violence and their families. Part of the design also needs to take into account existing referral arrangements that already connect victims with services, such as from Police to the Queensland Homicide Victim Support Group, recognising that this service is the only one of its kind for the state.
- It is recognised that in matters involving murder, that concepts of recovery may not be applicable, and rather concepts of 'living with' what has occurred and managing complex grief and loss maybe more relevant.

Resourcing

- It would be helpful to examine opportunities for consolidating reforms to assist victims by considering what reforms from the Womens Safety and Justice Taskforce – Report Two *‘Women’s and girls experience across the justice system’* would apply to all victims of personal violence, without losing the intent of the Taskforce’s recommendations.
- The suggested options in this submission could build on existing resources and platforms, including InfoXchange, the call-centres at Victims Assist Queensland and DVConnect (VictimsConnect) as well as PoliceLink. The inclusion of an Intake and Referral service into the service system for all victims and to effectively link this with specialist services and Office of the Director of Public Prosecutions could build on existing staffing, although recognising that ODPP do not have capacity to actively phone each victim to advise of Court dates, rather using electronic and written advice of this information. The *one stop information and support portal* could also provide support to Police, including Vulnerable Persons Units, to outreach and work collaboratively to connect vulnerable victims with services.
- The establishment of a ‘one stop information and support portal’ would require investment in establishment, staffing, promotion and then ongoing capacity by agencies to feed in and update information, including updating on court matters (dates and outcomes), and progress of financial assistance applications.
- Establishment of a trauma informed framework for service providers will require investment in development, updating, resource creation and ongoing capacity for training. This could be built on existing resources within government on trauma informed practices, resources and training materials.
- Any expansion of the offer of Restorative Justice Conferences would need the expansion of capacity to offer this for different offences, at a greater volume, and potentially for matters in the Mental Health Court, as well as a greater number of locations across Queensland.

For clarification of any information provided in this submission, contact:

[REDACTED]

Prepared by:

Michael Power

Director

Queensland Health Victim Support Service

11 April 2023

Information in this submission relevant to the Queensland Health Victim Support Service has been cleared by the Executive Director, Metro North Mental Health, Metro North Health.

Information in this submission relevant to the Sexual Assault Response Team, Royal Brisbane and Womens Hospital has been cleared by the Director, Social Work RBWH, Metro North Health.