

Commission of Inquiry into Queensland Police Service Responses to Domestic and Family
Violence

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Thank you for the opportunity to make a submission into the Commission of Inquiry into Queensland Police Service responses to domestic and family violence (the Inquiry).

Brisbane Youth Service (BYS) has supported vulnerable young people aged 12-25 years and their children who are experiencing or are at risk of homelessness in Brisbane for over 45 years. Our vision is *new futures for young people* and we are committed to promoting a just society for young people.

The majority of young people supported by BYS have experienced family violence (72%) and nearly half have experienced relationship violence in the past (45%) and many are currently navigating intimate relationships that involve violence.¹ Domestic and Family Violence (DFV) is a key driver of homelessness and often leads young people to have interactions with the police and court system.

BYS has several programs specifically supporting young people who have experienced DFV. These include a young women's program, healthy relationships groups and an embedded worker from the Brisbane Domestic Violence Service (BDVS). BYS is also part of a Community of Practice that is trialling the K.I.N.D program – an individual psycho-social intervention for young people using violence in their relationships.

The Inquiry presents an opportunity to enhance Queensland Police Service (QPS) responses for young people who have experienced DFV in Queensland. Young people are at a critical life stage in terms of their development, gaining independence and links to external support systems that can intervene when DFV is repeated, or becomes more chronic. BYS recognises that addressing DFV is complex and requires a multi-faceted and integrated service system response that includes the QPS, the Courts, Corrections, Health, Child Protection, Youth Justice and often a range of other community services.

To address the scope of the Inquiry, BYS managers and practitioners were consulted about relevant client work and outlined below are the professional observations of the current culture, capability, capacity and structure of the QPS to respond and investigate DFV that involves young people.

1. Young people often do not have confidence in QPS response to DFV

Positive QPS responses to DFV involving young people are crucial. Intervening early provides the opportunity to change the impact of DFV on a young person's life. Without

¹ Brisbane Youth Service. (2021). *2021 Annual Report*. Retrieved from: https://brisyouth.org/wp-content/uploads/2022/02/BYS_Annual-Report-FY20-21-FA_230222_Web-Single.pdf

positive, early intervention by QPS, young people lose confidence in the QPS and are potentially less likely to contact them for repeat incidents.²

Regarding young people's confidence in QPS responses, young people accessing BYS often:

- Report a general lack of trust in QPS responses to DFV and other offences
- Note that QPS responses to DFV and child abuse throughout their life did not necessarily have positive outcomes
- And for those who have lived in Out-of-Home Care (OOHC) or where their parents perpetrated/experienced DFV, many view past QPS responses negatively, especially if past responses led to Child Protection interventions and removal from their parents' care.

For young women who have successfully applied for a Domestic Violence Order (DVO), there have been mixed experiences of how breaches have been handled by QPS. One young woman noted that when she called QPS after a respondent breached the DVO, the QPS officers gave the respondent a verbal warning. From her perspective, the verbal warning did not stop the breaches occurring and the lack of sufficient intervention by QPS made her less likely to contact QPS for subsequent breaches. This young woman lost all confidence in QPS's capability to respond to DFV.

We acknowledge that the Vulnerable Persons Unit (VPU) currently have timely and efficient access to DFV related offences information, and we support this being rolled out further to general duties officers responding to DFV. Availability of DFV information to all QPS officers is of great importance when responding to DFV incidents to avoid the frequent misidentification of young women as respondents rather than the person most at risk of harm. A critical example of this scenario is demonstrated by one young woman who was at the High-Risk Team (HRT) level but was mis-identified in a DFV incident as a perpetrator of violence and was issued a Domestic Violence Order (DVO) as a respondent. She was issued with a police cross-order after identifying to QPS that she had physically harmed the perpetrator in self-defence. Despite an extensive history of high risk violence recorded by the perpetrator against multiple victims, including breaching of various DVO's, the QPS officers chose to take out a DVO against the young woman and without considering that she was clearly the person most at risk of harm. Easy access to a perpetrator's criminal and DFV history could act to reduce the proportion of young women who are misidentified as respondents and have cross-orders placed on them for self-defence especially when young women are at the HRT level.

2. Perceived QPS Attitudes toward Complexity in Young People's Lives

Within the context of DFV investigations, BYS staff have observed a difference in QPS investigations of DFV for young women with complex needs. These include young women from Culturally and Linguistically Diverse (CALD) backgrounds, First Nations young women, young women with complex mental health, young women who use Alcohol and Other Drugs (AOD), and young women with criminal histories. BYS staff have observed that for young people experiencing different intersecting needs, when QPS attend DFV incidents, responses to other complexities take priority over the DFV. Implicit and/or explicit QPS attitudes towards young people's complex needs have profound impacts on the capacity and capability of QPS to respond to and investigate DFV involving young people.

² Kerr, J., Whyte, C., & Strang, H. (2017). Targeting escalation and harm in intimate partner violence: Evidence from Northern Territory Police, Australia. *Cambridge Journal of Evidence-Based Policing*, 1, 143-159. doi: 10.1007/s41887-017-0005-z

Young women supported by BYS who experience complex mental health as well as DFV have generally had a poor DFV response from QPS. Staff have observed a susceptibility to collude with perpetrators when young women present with complex mental health and/or to misidentify the incident as requiring a mental health response, when a DFV response is required. One young woman was in a heightened state after a DFV incident and she reported to BYS staff that the QPS officer in attendance commented that 'the perpetrator presented better than her' and the officer was 'more inclined to believe him as he was calm and cooperating with their investigation'. Another young woman BYS supports was being regularly injected by her partner with illicit substances as part of a coercively controlling relationship where drug dependence and supply was used to restrict her from leaving her partner. When there was a DFV incident, which was a regularly occurrence within their relationship, the partner would present her to QPS as an AOD addict under influence and discredit her version of events. This image management by perpetrators is a known systems abuse tactic used to collude with police.³ Training and awareness of image management and systems abuse for QPS staff is of great importance. In both stated cases above the perpetrator of violence has relied on managing their image in order to persuade the police to collude with their version of events and discredit the true victim.

A First Nations young woman BYS supports contacted QPS after experiencing DFV and was also experiencing complex mental health. This young woman told BYS staff QPS officers had called her a racial slur during a DFV call out. The QPS officers who attended the incident did not address the DFV and took the young woman to hospital under the *Mental Health Act 2016*. While supporting the young woman to access the hospital may have been an appropriate response to her complex mental health, there was a lack of response to the DFV perpetrated by her partner. This young woman noted she did not feel confident in QPS responses to her partner's perpetration of DFV and is concerned that they will take her to hospital again without addressing the perpetrator's behaviour.

Young people have expressed a lack of understanding and negative attitude from QPS towards young women experiencing DFV's Alcohol and Other Drug (AOD) use, mental health issues and past criminal history. When QPS intervene in a DFV setting, the young women's AOD use, mental health issues and/or criminal history appear to be at the forefront of the response and can be used against the young women, as though they are not credible, or less trustworthy in explaining the DFV. Young women regularly report feeling stigmatised by the police.

Young women have also described a lack of response to sexual violence by QPS. Young women report that one of the first things they are asked when QPS respond to sexual violence within DFV is whether they have used AOD recently. Young women report that they feel their experiences of sexual violence are not taken seriously. Young women presenting to BYS have often had a history of sexual abuse. They are also often couch surfing in tenuous and dangerous circumstances where they have had to rely on sexual transactions to secure their accommodation and/or may have fled a DFV situation. This creates a highly vulnerable cohort of young women who may be stigmatised by QPS in the event that they seek QPS support. Again, QPS staff can fail to take into account the developmental or crisis-related trauma experienced by many young women when approaching such complex situations.

3. The need for trauma-informed responses for young people experiencing DFV

BYS staff have observed a lack of QPS knowledge of the impact of trauma on young people's immediate response to DFV incidents. This is not only the impact of trauma from

³ Australia's National Research Organisation for Women's Safety. (2020). *Accurately identifying the "person most in need of protection" in domestic and family violence law: Key findings and future directions*. ANROWS: Sydney, Australia,

recent DFV but also how that interacts with historical family violence or observing domestic violence between parents growing up. Young people have very often experienced or witnessed DFV themselves growing up which may mean they have a higher tolerance for DFV as it has been normalised for them. BYS staff stated that young women had often felt the QPS response to DFV incidents often included blaming the young people experiencing violence for not calling sooner.

Additionally, just under one in three young people supported by BYS have lived in Out-of-Home Care at some point in their life. Early developmental trauma often becomes evident during adolescence and early adulthood and challenging behaviours might include limited impulse control, attachment impairments and poor emotional regulation.⁴ These neurodevelopmental delays and complex developmental trauma can take the form of offending behaviour, AOD use, and continuing cycles of abuse and violence within families or DFV victimisation.

Further to this, police responses to young people experiencing DFV need to acknowledge the key developmental stages that young women are at in navigating intimate relationships, and incorporate an understanding of the cycle of violence, including the stages of honeymooning where violence will be minimised, or after an escalation where a perpetrator has convinced a victim that they won't re-offend. At BYS young women's developmental trauma histories may result in heightened vulnerability to DFV, including developing emotional, physical, or financial dependence on intimate partners due to a lack of other supports available to them. BYS staff will often observe young women comment that they are remaining in a violent relationship to avoid sleeping rough where they would be navigating further sexual violence and vulnerability. QPS responses need to acknowledge that young women may minimise violence and/or remain in violent relationships for multiple reasons, including safety and recognise that it may take multiple attempts to leave a violent relationship. QPS need to apply a non-judgemental, trauma informed framework to their responses and importantly prioritise the promotion of safety through a constant and reliable response.

Based on staff observations and young people's descriptions, at present, the QPS does not have the capability or capacity to respond to non-fatal strangulation offences involving young people experiencing DFV. Young women accessing BYS are commonly reporting non-fatal strangulation however at times they will not recognise this as sexual violence per se. QPS need to recognise that this is likely due to the proliferation of strangulation depicted in pornography and the depiction of strangulation as a consensual, erotic, sexually exploratory act. It is normalised within pornography and young people's exposure to pornography has never been so high as it is currently. At BYS there are a large number of young women reporting experiencing non-fatal strangulation in their intimate partner relationships and when this is reported to the QPS the responses are often lacking.

Non-fatal strangulation is known to cause hypoxia resulting in problems with memory and concentration as well as headaches, unconsciousness, depression and anxiety.⁵ Many young women report difficulties with their memory after DFV incidents involving non-fatal strangulation. One young woman described a QPS investigation which resulted in a finding that the young woman's story did not make sense or did not fit the chronology of events. Young people who have been strangled have been labelled by QPS officers as "unreliable" or that their description of events "doesn't make sense". BYS staff have observed that there is

⁴ Bollinger, J., Scott-Smith, S., & Mendes, P. (2017). How complex developmental trauma, residential out-of-home care and contact with the justice system intersect. *Children Australia*, 42(2), 108-112. doi: 10.1017/cha.2017.9

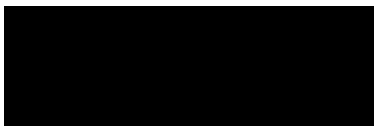
⁵ Foley, A. (2015). Strangulation: Know the symptoms, save a life. *Journal of Emergency Nursing*, 41(1), 89-90. doi: 10.1016/j.jen.2014.10.013

an expectation that young women who are victims of non-fatal strangulation are expected to have a logical, chronological description of events when the evidence tells us is that memory loss/confusion are common for those who have been hypoxic. QPS need to better respond to non-fatal strangulation reports to ensure that the criminality and acuity of this behaviour is addressed.

There is a need for QPS to have a robust, transparent, easily accessible and independent complaints handling process. Young people need recourse to be able to file complaints against police conduct and responses. The young people BYS supports have very limited experience with the current QPS conduct and complaints handling processes with the exception of one young woman who wanted to make a complaint against an officer after she felt she had an inadequate response to a DFV incident. She was encouraged by another community domestic violence support service to contact her local Member of Parliament as that was the only method the service had which had led to a transparent outcome. QPS should give consideration to the avenues available to DFV victim/survivors to lodge complaints and ensure this is promoted in the community.

Thank you again for the opportunity to provide our submission to the Inquiry.

Kind regards,



Di Mahoney

Acting Chief Executive Officer