



**RACGP**  
Royal Australian College  
of General Practitioners

Healthy Profession.  
Healthy Australia.

7 May 2025

Ms April Chrzanowski  
Director  
Queensland Sentencing Advisory Council  
via email: [REDACTED]

Dear April,

**Re: RACGP response to Queensland Sentencing Advisory Council Consultation Paper – *Assessing the impacts of domestic and family violence sentence reforms in Queensland***

The Royal Australian College of General Practitioners (RACGP) Queensland Faculty thanks Queensland Sentencing Advisory Council for the opportunity to provide feedback on the Consultation Paper – *Assessing the impacts of domestic and family violence sentence reforms in Queensland*.

The RACGP is Australia's largest professional general practice member organisation with over 50,000 members nationally, including over 9,000 members in Queensland, working in or toward a specialist career in general practice. The RACGP is the peak representative organisation for general practice, the backbone of Australia's health system. We set the standards for general practice, facilitate lifelong learning for general practitioners (GP), connect the general practice community, and advocate for better health and wellbeing for all Australians. The RACGP trains 90% of Australia's GPs, all of whom provide high-quality care to patients everywhere – from remote Aboriginal and Torres Strait Islander communities to our capital cities.

Every year more than 22 million Australians choose to see a GP for their essential healthcare, making GPs the most accessed health professionals in the country.

GPs are often the first port of call for a patient who is experiencing domestic and family violence<sup>1</sup>. While GPs are primarily responsible for medical care, they need to understand the legal issues associated with domestic and family violence so they can best advocate for their patients and assist their patients by providing information on legal options and referrals to legal and other support services. The RACGP has a number of resources supporting GPs addressing domestic and family violence. *The White Book. Abuse and violence: working with our patients in general practice*<sup>2</sup>, was developed by GPs and subject matter experts to ensure that the content is the most valuable and useful for health practitioners. The guideline is a practical resource for GPs and is based on the best-available current evidence.

The RACGP has consulted with our members on the QSAC consultation paper, and responses to the six specific questions relating to the impact of relevant reforms are contained within the attached appendix.

For any enquiries regarding this RACGP submission please contact Mr James Flynn, State Manager RACGP Queensland, on [REDACTED] or via email [REDACTED]

Best regards,

**Dr Cath Hester** FRACGP  
Chair RACGP Queensland



## **Appendix 1 – RACGP response to Queensland Sentencing Advisory Council Consultation Paper – *Assessing the impacts of domestic and family violence sentence reforms in Queensland.***

### **Q1 – Aggravating factor for domestic violence abuse**

#### **The RACGP's response:**

The RACGP notes the evidence brief of Queensland Sentencing Advisory Council. 2021. "The Impact of domestic violence as an aggravating factor on sentencing outcomes". Findings from this report showed that specific for common assault and assault occasioning actual bodily harm, that this was more likely to result in custodial penalty where DV was present. The report did not look at other types of offences, including coercive control, emotional, psychological or financial which the *RACGP Specific Interests Group Abuse and Violence in Families* notes that the term "aggravating factor" would be meaningful to consider.

A further point to both 9(10A) "aggravating factor" and 9(10B) "mitigating factor". *The RACGP Specific Interests Group Abuse and Violence in Families* notes that the same offender convicted of a domestic violence offence may also be a victim of domestic violence. We also note that history of prolonged domestic violence or pre-existing experiences of domestic violence may impact on the quality of evidence taking and assessment and may need to be accounted for in the determination of 9(10A) and 9(10B). Furthermore, an offender may justify or externalise their offence by claiming mitigating factor, as a psychological defence process which may also impact on the quality of evidence taking and assessment.

With the available information provided, the *RACGP Specific Interests Group Abuse and Violence in Families* would agree to maintaining the current legislation of aggravating factor for DV offences.

We also note and would agree to upcoming legislative changes:

On 26 May 2025, two new aggravating factors under section 9 of the PSA are due to come into effect, applying in some cases to domestic violence offences. These new aggravating factors will apply to:

- domestic violence offences committed against a child when the offender was an adult (new section 9(10C)); and
- domestic violence offences where:
  - during the commission of the offence a child was exposed to domestic violence; or
  - the offence committed was also a contravention of a DVO (or a similar order made in Queensland, another part of Australia or New Zealand) (new section 9(10D)).

#### **Further comment regarding recommendation regarding sentencing:**

The *RACGP Specific Interests Group Abuse and Violence in Families* would agree to the aggravated factor. However, any sentencing should also include access to appropriate care for both the offender and victim-survivor(s) with a focus on reducing re-offending.



There is insufficient evidence to support greater use of custodial sentencing as the preferred outcome of sentencing practice as a general recommendation.

However, we note that repeat offending in multiple settings, particularly soon after notification of offense is a key identifier for aggravating factor identifications<sup>3</sup>.

For offenders with a lesser risk of re-offending, greater evidence of victim-survivor satisfaction and desistance (process by which an offender ceases or reduces behaviour) needs to be explored considering available and novel sentencing options. Furthermore, this should consider the heterogeneity of presentation, considering the type of offence, safety with continuing contact, relationships with victim-survivor(s), including potential dependent relationships, alternative care mechanisms and the interests of the victim-survivor(s).

We note the included review of research evidence by Bond, Nash (2023). *Sentencing Domestic and Family Violence Offences: A review of Research Evidence*. Griffith Criminology Institute. This document notes the research evidence (or lack thereof) regarding the timeframe of sentencing vs community alternatives in victim/survivor satisfaction of outcome and recidivism (likelihood of reoffence).

There is lack of evidence that lengthy stays may reduce risk of reoffending (and may even increase the risk of reoffence).

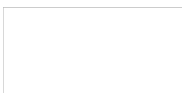
We would like to also bring to attention alternative models including justice reinvestment<sup>4</sup>, such as in Bourke, Australia and the High Court Model from North Carolina, USA. Whilst the models within Australia have focused on self-determination in the context of Aboriginal communities, core components include addressing the cause and recidivism of offender behaviour.

There is some suggestion that a combination of treatment program (although which kind of intervention is unclear) alongside short, responses to lack of engagement may help.

Forced engagement and maintenance with intervention is a challenge and again there isn't good evidence for outcome.

Fines are not recommended as they may impact and increase risk to the victim survivor in the case of DFV.

The report further notes that there may be community perception to have a sentencing commensurate to the perceived severity of the offense. However, the primary outcome for the victim survivor may be accountability and desistance.





## Q2 – increased penalties for contravention of a DVO

### The RACGP's response:

We would agree to increased penalties for contravention of a DVO.

We would consider repeated offence and/ or lack of engagement with accountability and the process of an order increases risk of re-offence and necessitates an immediate response. For any focused deterrence strategy to be successful, offenders must be met with certain, severe and swift consequences for their offending behaviour. However, the process of the response is less clear, and as per our comment regarding sentencing, may require greater evidence about what an appropriate response may be.

We note that the consultation paper considers the impact of contravention of DVO in the context of non-physical violence, in which circumstance we see both the relevance of the “aggravating factor” and contravention of a DVO has the greatest impact. We make a further comment that there may also need to be clear processes in determining what evidence is required for other forms of violence, especially coercive control as this can also be a barrier in a conviction of an offence.

## Q3 – Aggravating factor and compatibility with human rights

### The RACGP's response:

In the context of risk of violence re-offending, analysis of 10 years of arrest data from *High Point Domestic Violence Initiative*<sup>5</sup> demonstrates that the repeat DV offender has a lengthy criminal history beyond domestic assaults. In fact, their criminal histories were similar to the gang and drug offenders notified by the Violent Crime Task Force. The DV offenders studied averaged 10 arrests, with assaults as the predominant charge but all included assaults other than DV, and 93% were unemployed. Since these offenders have rich criminal histories and are known to the criminal justice system, they can be identified based on past behaviour.

The High Point Model differentiated offenders as “A” or “B” list, where in the “A” list (the most violent) can be targeted for prosecution and used as examples to the “B” list (those targeted for intervention). In the model, consequences for re-offense of DV is made apparent through face-to-face intervention/notification, and interactions with police, prosecutors, and the community. As with all interventions and models, this model requires intense tracking and follow-through with the victims and the offenders to measure impact.

Any sentencing should include access to appropriate care for both the offender and victim-survivor(s) with a focus on reducing re-offending.

Greater evidence of victim-survivor satisfaction and desistence (process by which an offender ceases or reduces behaviour) needs to be explored considering available and novel sentencing options. Furthermore, this should consider the heterogeneity of presentation, considering the type of offence, safety with continuing contact, relationships with victim-survivor(s), including potential dependent relationships, alternative care mechanisms and the interests of the victim-survivor(s).



The focus should be on improved outcome for victim-survivor(s) and offender. There is strong evidence that offenders may have themselves had traumatic experiences. Whilst the use of violence is not justified by the previous trauma experience, addressing why patterns of behaviour may persist may be important to reduce the use of violence. We also know that most offences are perpetrated by a small number of offenders<sup>6</sup>, and thus greater support into addressing this behaviour may have flow on effects in reducing offence behaviours. In the context of DFV, especially where children are involved, modelling desistance of behaviours and recovery (as long as safety concerns are also addressed) also looks to address the intergenerational cycle of violence.

In addition to the ability to engage with care specific to the use of violence, we also recommend that the offender still have access to any necessary assessment or treatment for any concurrent health or psychosocial issues, as well as support to re-integrate safely back into the community on leaving custody.

#### **Q4 – Systemic disadvantage and cultural considerations**

##### **The RACGP's response:**

In the Queensland context, we need to be mindful this includes a widely distributed population, with very thinly and unevenly distributed policing and social support service networks and often rapid and ongoing turnover of service staff. There may be variable local action, or potential occasional nonresponse to support vulnerable people with limited access to social resources. We would support consistent recognition and effort to ameliorate systemic disadvantage and cultural considerations, including economic disadvantage, racial, gendered and cultural discriminations within the Queensland administrative, geographic and economic jurisdictions.

We also need to be mindful that most research focuses on DFV particularly in the context of gendered violence. More research needs to occur in the context of violence in the context of Aboriginal and culturally diverse communities. Specific considerations may include whether separation and incarceration are preferred sentencing. Some victim-survivors within these contexts may be unwilling to have disconnection from the offender even in the context of violence. It may be important to ensure community engagement and appropriate research to explore alternative options of sentencing.

People with severe mental illness, or neurodiversity (e.g. ADHD with associated impulsivity, emotional dysregulation and sensory sensitivity) are overrepresented compared to population prevalence within the justice system. Their specific care needs are often not met which can exacerbate emotional distress resulting in behaviours that would appear violent and aggressive but may be present due to the context of interaction with the justice system whilst not present in a safe setting. Concurrent disability (including cognitive or communication) may increase the likelihood of offence as well as ability to engage to intervention or deterrents.

Other communities exposed to discrimination, trauma and adversity may include people who identify as LGBTIQ+ or from migrant (particularly refugee) background. People who identify as trans may find themselves incarcerated in gender inappropriate settings or may have barriers to accessing hormone treatment.



In many of these communities, expectations of interactions with authorities (sometimes impacted by previous traumatic experiences) or feeling overwhelmed can influence behaviours and engagement and experience with the criminal justice system.

#### Q5 – Anomalies and complexities

##### The RACGP's response:

See response to Q3 above.

#### Q6 – Other issues

##### The RACGP's response:

- any anomalies that create inconsistency or constrain the sentencing process as this relates to domestic violence offences
- specific impacts on Aboriginal and Torres Strait Islander people and other disadvantaged or vulnerable groups
- human rights considerations

We recommend positive social support systems available for all at timely, developmentally and culturally appropriate state supported interfaces, distributed within and across communities - for example new parents, adolescents, those entering and leaving employment. These should be aimed to overcome the inconsistent access to social resources. This access is the foundation needed for people to live in safe homes and have lives free from the experience and expectation of future violence.

<sup>1</sup> Hegarty K, Bush R. Prevalence of partner abuse in women attending Australian general practice: A cross-sectional survey. *Aust N Z J Public Health* 2002;26(5):437–42.

<sup>2</sup> The White Book. Abuse and violence: working with our patients in general practice, 5th edition April 2022.

<https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/abuse-and-violence/about-this-guideline>

<sup>3</sup> Interim Report UNCG Notified Offenders OFDVI Evaluation, November 2014.

<https://www.highpointnc.gov/DocumentCenter/View/16518/UNCG-interim-report-OFDVI>

<sup>4</sup> Bryant, G., & Spies-Butcher, B. (2024). From marketisation to self-determination: Contesting state and market through 'justice reinvestment.' *Environment and Planning. A*, 56(1), 216–234. <https://doi.org/10.1177/0308518X221125797>

<sup>5</sup> High Point Domestic Violence Initiative <https://nc-highpoint.civicplus.com/462/Domestic-Violence-Initiative>

<sup>6</sup> Payne J & Morgan A 2024. Prevalence of recorded family and domestic violence offending: A birth cohort study. *Trends & issues in crime and criminal justice* no. 701. Canberra: Australian Institute of Criminology. <https://www.aic.gov.au/publications/tandi/tandi701>

