

5 April 2022  
The Honourable Margaret McMurdo AC  
Chair  
Women's Safety and Justice Taskforce  
GPO Box 149  
Brisbane QLD 4001

7<sup>th</sup> April 2022

Dear Madam,

## Re: Submission in response to Discussion Paper 3

By way of introduction, The Townsville Sexual Assault Support Service exists as a part of The Townsville Women's Centre – a holistic service for women. The Sexual Assault Support Service (SASS) provides free and confidential support to survivors following sexual assault. As a member of the Sexual Assault Response Team (SART), SASS participates in this multidisciplinary, interagency team providing 24-hour specialist support to survivors, responding to therapeutic, general, forensic, medical, criminal reporting and court support needs as required.

SASS has also provided outreach support to Ingham, Charters Towers, Ayr and the Townsville Correctional Centre for over 20 years. As an organisation we fully welcome and support the work of the Women's Safety and Justice Taskforce.

This paper provides comments, recommendations and suggestions for a way forward to contribute to the incredibly humiliating, re-traumatising, unjust and ineffective 'criminal justice system' that exists for women who have been sexually assaulted. We acknowledge that our voices are by no means the only voices that need to be heard in this space, and that our response is contextual to the unique experiences of survivors interacting with the systems and processes available to them in Queensland.

This paper is intended to compliment previous conversations with the Taskforce that shared the insider knowledge of survivors and the organisations that support them, in order to strengthen the comprehensive understanding of the Taskforce to make relevant, trauma informed and survivor centred recommendations.

With this in mind, when considering policy and legislative change it is absolutely crucial to consider the limited and inconsistent funding of Sexual Assault Support Services across Queensland. With the current increased awareness and community discussion of sexual assault, we are already seeing an increase in referrals and complex circumstances for women. We recognise that our

recommendations come with significant financial investments for the purpose of comprehensive and large-scale changes. We strongly advocate for these changes as a way of moving towards equality for women in our community.

## Part 2: Women and girl's experiences as victim-survivors

### Community understanding of sexual offending and barriers to reporting

#### *Attitudes to consent including impacts of pornography*

Widespread and dominant misogynistic attitudes that blame survivors and support common myths surrounding sexual assault permeate community attitudes towards sexual assault. Community understandings of sexual assault and consent are influenced within an environment of myths, misinformation, rape culture, pornography culture, family beliefs (including cultural and religious understandings of gender and roles) and peer expectations.

These dominant and often unchallenged community attitudes are also reflected in the systems and processes that survivors have available to them. Queensland Police Service, the Office of the Director of Public Prosecutions (including court processes), health and education are all affected and infused by this dominant patriarchal culture. Systemic barriers have become institutionalised within the processes offered to 'support' survivors seeking justice for the harm that has been done to them. Common and social understandings of sexual assault and consent often do not line up with the legal definitions of sexual assault and consent leading to a major disparity between social and legal contexts.

Overwhelmingly, women report back to our service that their experiences of reporting and seeking justice within these systems have left them feeling blamed and responsible for the harm that has been done to them. Women have said that their social understanding of consent as 'ongoing and enthusiastic agreement' is not reflected in the legal and reporting context; that they are left feeling unheard, dismissed and let down by this system. We notice that women are at times choosing not to report at all because of the growing understanding amongst survivors of this gap in our system; or alternatively survivors will withdraw their complaints because the response has been inadequate and unable to respond to the injustice they have experienced. Survivors describe the effects of further traumatisation and distress because of these interactions. In the therapeutic space, we see how these reinforced community attitudes become internalised for survivors, which increases the effects of trauma, reinforces feelings of self-blame, guilt and individual responsibility for the crime and decreases survivors' sense of ongoing safety and emotional wellbeing.

**Recommendation 1:** Increase education that challenges taken for granted misogynistic attitudes across the community including throughout government, QPS, ODPP, teachers, doctors, nurses, universities, workplaces providing services to people, media, NGOs.

**Recommendation 2:** Education in schools moves beyond 'just consent'. Curriculum should include comprehensive sex education within a sex and body positive framework including the nuances of social and legal understandings of consent. Sex education must always include critical and informed discussions about the harm pornography perpetuates towards the acceptance of violence against women in the community. This education must be provided by specialist educators with comprehensive understandings of 'sex education' within a socio-political culture of religion, gender and patriarchy. Additionally curriculum needs to encourage participants to use critical reflection and self-awareness for transformative learning.

**Recommendation 3:** Education must always be developed within a trauma informed framework to encourage community and professionals responsiveness to survivors of sexual assault and simultaneously considers that survivors of sexual assault will be included in this education. Survivor's voices and experiences should always remain at the centre of the development of this curriculum.

#### *Barriers to reporting sexual violence*

Women's decision making to report sexual assault is influenced by a complex set of personal and socio-political circumstances. We note that decision making in this context seems to have common themes more broadly across the state and throughout literature.

Women choose not to report because:

- A culture of blame for the survivor and/or support for the perpetrator amongst family and friends
- Personal safety including threats made by the perpetrator and/or others
- Dominant misogynistic community attitudes that blame the survivor and/or support the perpetrator
- A previous negative response by police (personally or within their network)
- A socially accepted understanding that police do not respond well to survivors of sexual assault
- Fear of not being believed
- Fear of going to court and giving evidence
- Fear of the unknown
- Interface with drugs or other offending and a concern that the police will charge them regarding those matters
- How long the process will take to be finalised
- Culturally and linguistically diverse women face many complex barriers, issues and fears including language barriers, a lack of confidence/knowledge of local systems and supports, implications to visa status (including to offenders in their cultural community or family)
- A widespread understanding that systems and processes set up to 'support' them do not respond adequately (including being ill informed about the way trauma affects survivors of sexual assault).

Women may report when:

- They feel well supported and believed by family and/or friends
- They have confidence and trust in systems and processes offered by police, health and other relevant professionals
- They have confidence and trust that the professional team supporting them are specialised and skilled in their role
- The fear for their safety outweighs the fear of the system
- They have significant concerns for their health (including physical injuries, sexual health concerns and/or pregnancy)

**Recommendation 1: a)** Relevant professionals (QPS, clinical and allied health professionals, forensic nurses, support workers) provide specialist holistic sexual assault support to women throughout both acute and historical disclosures. **b)** That this service is well known and promoted in the community as a recognised and valued response to sexual assault.

**Recommendation 2:** Regular and comprehensive specialist education and training is provided to relevant professionals (QPS, clinical and allied health professionals, forensic nurses, support

workers). Training must consist of: **a)** Comprehensive understanding of the physical, social, emotional and behavioural impacts of trauma. **b)** Facts about sexual assault that challenge and address the dominant misogynistic cultural attitudes around sexual assault and consent in the community including a socio-political understanding of men's violence towards women. **c)** Facilitation of reflective practice encouraging critical thinking and self-awareness of the impact of personal values and attitudes.

**Recommendation 3:** Address and transform the omnipresent and pervasive misogynistic and racist culture within QPS that can often present itself as insipid and casual conversation amongst the team and/or inadequate responses to survivors of sexual assault.

#### *Public reporting on sexual offending and domestic and family violence*

Significant consideration should be given to the survivor's circumstances including seeking their personal perceptions about how the reporting might affect their personal safety and wellbeing (including the potential for identification amongst the community and re-traumatisation). Public reporting in this survivor centred way can reduce the negative impacts on women and additionally, has the potential to provide alternative and/or additional justice for survivors involved in justice seeking processes.

**Recommendation 1:** Public reporting occurs within a survivor centred, safety and risk assessment including consideration of potential escalation of violence and abuse from the accused, their family members and/or the community and more thorough consideration of identifying information including the publication of specific places, community settings and individuals.

### **Reporting, investigating and charging of sexual offences**

#### *Victims experiences of reporting sexual violence to police in Queensland*

37. What factors influence a survivor of sexual violence to either pursue their complaint through the reporting and investigation stage of the criminal justice system or withdraw their complaint? How is this experience different for Aboriginal and Torres Strait Islander women and women from diverse groups?

Many factors influence a survivor's decision to pursue a complaint through the reporting and investigation stage of the criminal justice system. Similarly these factors influence their decision to withdraw their complaint after an initial report. Within the Sexual Assault Response Team women have reported that these can include:

- Whether or not women feel like they are believed by the police (this might be general duties offices or police investigators). If women feel they are not believed, trust and confidence in the systems and processes can diminish very rapidly
- Women have noted that they feel like they are being treated and interrogated like an offender/perpetrator. This is highlighted at times when questioning from police implies messages of blame towards the survivor. For example
  - Have you consented to having sex with him before?
  - How many drinks did you have that night?
  - Do you see why you shouldn't have started kissing him in the first place?
- Women describe that environments for reporting are cold, unfamiliar, unfriendly and uncomfortable environments (i.e. interview rooms in police stations)

- Women feel unclear about the process and steps of reporting and investigating. Communication from police can be very limited leaving survivors to feel ill-informed and frightened about what might happen next. For example:
  - How will I know when he might be charged?
  - How long will it take to get to court?
  - Will you charge him today?
- Conversations from police in the initial stages of reporting can create significant fear about the process of going to court. These conversations create increased barriers for survivors to pursue a complaint. For example:
  - The court process is really hard.
  - If you find talking about it hard here, you won't do well in court.
  - The defence barrister will rip you to shreds.
- Often questions and comments are made (within the context of the investigation) to the survivor without explanation or context that perpetuate misinformation and feed into unhelpful narratives about sexual assault. Some context about why these questions are necessary could lessen the impact of these questions for survivors. For example:
  - Were you drunk or taking drugs?
  - What were you wearing?
  - Are you in a relationship with him? and/or Have you had sex with him before?
- A woman reported that a police investigator used tactics of minimising to discredit her complaint. For example:
  - The sexual assault was referred to as "tit for tat" within the context of domestic violence and cross orders.
  - The cross orders were used by the police to question the woman's credibility about the complaint
  - The officer questioned the woman's truthfulness because of her current sense of safety and because of the amount of time that had passed since the sexual assault.

The above issues are compounded for Aboriginal and Torres Strait Islander women in this context. Aboriginal and Torres Strait Islander women have described:

- A massive and very real fear and mistrust of the system because of the history and on-going treatment of Aboriginal and Torres Strait Islander people by the criminal justice system
- Women report insidious institutionalised racism and direct personal racism perpetrated by police investigating their complaints. This can include:
  - Comments such as "but this is normal for you lot"
  - Anecdotally, a seeming unwillingness to follow through and follow up on complaints for Aboriginal and Torres Strait Islander women experiencing homelessness or extra barriers in being contacted.
  - Anecdotally that there are more withdrawals or complaints not followed through by Aboriginal and Torres Strait Islander women
  - Little to no cultural considerations or care taken around Aboriginal and Torres Strait Islander women reporting to white, male investigators
  - A general lack of understanding of the impacts of colonisation and the on-going effects of intergenerational trauma.

Within, the context of the trauma informed and survivor centred framework of the Sexual Assault Response Team, the Townsville Sexual Assault Support Service has evidenced that the cooperative and holistic support offered by the support worker to survivors at the initial time of reporting to police, increases the satisfaction of survivors in the reporting experience and influences the likelihood that survivors will continue to pursue a complaint. The team receives regular feedback



from many survivors along the lines of ‘I would not have continued with this process if it wasn’t for the support of the sexual assault support worker’.

Survivors have also noted their satisfaction when police investigators respond with highly developed interpersonal and communication skills, high levels of empathy, and express acknowledgement of the survivor’s courage in making a report to police. Women report significantly higher levels of satisfaction when an investigator acknowledges that they believe the survivor and also explain their role as an investigator to find evidence that will back up what the survivor can remember about what happened. Our observations are that investigators responding in this way are educated and informed about the social, emotional and behavioural effects of trauma on survivors. This response from police was far more prevalent when we were working with a specialist team of investigators that showed interest and dedication in working in the area of sexual assault. This created a level of cohesion amongst the Sexual Assault Response Team that meant our community profile became well known, reporting rates were higher, withdrawal rates were lower and survivor satisfaction was greatly improved.

**Recommendation 1:** Create specialist teams of police investigators who show interest and dedication in working with sexual assault crimes, who are trauma informed, have highly developed interpersonal and communication skills including high levels of self-awareness, critical reflection and empathy for the diversity of survivor’s experiences.

**Recommendation 2:** Address and transform the omnipresent and pervasive misogynistic and racist culture within QPS that can often present itself as insipid and casual conversation amongst the team and/or inadequate responses to survivors of sexual assault.

40. What are your experiences or observations of alternative reporting options offered to survivors of sexual assault? What works well? What needs to be improved?

Because of the comprehensive, holistic and wrap around response provided by the Sexual Assault Response Team, alternative reporting is not a pathway that we would advocate for survivors. We note that alternative reporting options are processed through a generic QPS call centre and do not go directly to a police investigator. This can contribute to further traumatisation for survivors receiving responses from police that are ill equipped to respond sexual assault and additionally requires survivors to tell the story of abuse over and over again. Women have described using online alternative reporting options and reported that the process was unsupported and at times distressing. One woman spoke about having made an online report and noted that she was contacted unexpectedly weeks later by Policelink to discuss the crime. Subsequently, a police investigator contacted the woman again weeks after the initial contact, again unexpectedly. The woman said that on both occasions, she had been contacted while at work and that the unexpected contact had caused the trauma to resurface creating significant distress, which resulted in her having to leave work for those days. We believe that the online alternative reporting options are prolonged, not supportive to survivors and create further and unnecessary distress for the process.

The implementation of the Sexual Assault Response Team in Townsville means that survivors receive a specialist response from the initial stages of disclosing, minimising unnecessary and potentially harmful steps in the reporting process.

**Recommendation 1:** Create specialist teams of police investigators who show interest and dedication in working with sexual assault crimes, who are trauma informed, have highly developed



interpersonal and communication skills including high levels of self-awareness, critical reflection and empathy for the diversity of survivor's experiences.

41. What are your experiences and observations of police investigative processes to gather admissible evidence after a report of sexual violence is made? What works well? What needs to be improved?

### *Video-recorded statements*

Working alongside police investigators, we have been able to observe complaints taken from survivors through both written statements as well as recorded interviews. We have observed the differences for gathering admissible evidence and the affect that this has on the survivor. Whilst we see that the less structured environment of a written statement allows support workers to check in with the survivor more easily when noticing high levels of distress; video-recorded statements are a more trauma informed way of collecting evidence. There are a number of reasons video-recorded statements are a preferable method of collecting admissible evidence:

- Far less time intensive for survivors
- They seemingly have far less of an immediate negative affect for survivors
- Provide a more free flowing and open narrative about what has happened (which has the potential to provide more leads for investigators)
- They circumvent a more structured style of questioning survivors which can often lead them to feel that they are being interrogated
- A powerful way of capturing evidence of a holistic view of the impact of trauma for the survivor
- Ultimately reduces the possibility of survivors having to tell the story of abuse over and over again
- Allows for investigators to provide a highly interpersonal and empathetic response to survivors which has shown to increase survivor satisfaction and increase the likelihood of complaints being followed through
- Survivors are likely to provide more thorough information about what happened through this narrative style and be prompted with questions for clarification at the end.

**Recommendation 1:** At this time, video-recorded statements are not admissible evidence for adult survivors of sexual assault. Video-recorded statements facilitated by a specialist, trauma informed team of investigators would benefit the effect of the process on the survivor and lead to high quality evidence and more thorough and comprehensive investigations. It is recommended that the law be changed to accept video-recorded statements.

### *Pretext calls*

Pretext calls are a unique method of gathering admissible evidence in Queensland. More comprehensive and trauma informed consideration of the use of pretext calls for individuals is required. Considerations might include:

- The safety of the woman and the likely escalation of violence and abuse as a result of the pretext call. Anecdotally, we have seen the consequences of men who use violence using pretext phone calls as permission to then make more regular contact with the woman again, leaving her feeling unsafe and unprotected.
- Pretext calls can increase the distress for women triggering the effects of post-traumatic stress. It is necessary that the woman have a specialist sexual assault support worker available to them at this time.
- The way this option is presented to women. A self-awareness is required from investigators of the power they hold in offering suggestions about evidence collection. Women have at

times felt compelled to agree to the option, even if they feel it is not the right choice for their circumstances. Women have also displayed a significant sense of personal responsibility around 'evidence collection', which can then create further stress and burden for the woman.

- Anecdotally, investigators promote this as a very valuable form of evidence; however, investigators and sexual assault support workers need to facilitate this conversation through a lens of safety rather than the potential benefit to the investigator/ion. Women have at times reported to us that they agreed to this option because they felt it was the right thing to do, or they felt pressured to say yes. As much as is possible, women must feel able to make choices that are right for them.

**Recommendation 1:** Decision making around gathering admissible evidence must always consider women's needs and safety as the most important factor. A framework for safety assessment and planning by investigators and support workers must be core and ongoing throughout this process.

**Recommendation 2:** A specialist sexual assault support worker must be available through significant decision-making points of the investigation to facilitate decision-making conversations, to advocate for the rights and needs of women and to support investigators in safety assessment and planning.

#### *Forensic examinations*

43. How can high quality, timely forensic health services be provided consistently across Queensland including in rural and remote communities?

There are significant gaps in services available to women who have experienced sexual assault in rural and remote communities. We have noticed that there is a transitional nature to medical professionals working in rural and remote communities. This, compounded by a reluctance of the more permanent medical professionals in small communities to be trained in facilitating forensic medical health services mean that women who are sexually assaulted in rural and remote communities receive unfair and unequal access to medical, therapeutic and criminal justice support after sexual assault.

**Recommendation 1:** Incentivised training and support must be provided in rural and remote communities. Training in the following areas is required:

- Facilitating comprehensive forensic medical health care
- Facilitating post exposure sexual health care
- Thorough information and education about the investigative and prosecution consequences of using 'just in case' forensic examinations. Ideally, remove the possibility of 'just in case' forensic examinations and allow women to receive a full and comprehensive sexual assault investigation kit, even if they are undecided about making an official complaint with police (this is relevant Queensland wide)
- Trauma informed care
- Networking and increased awareness of community support (including telephone support and 24 hour support services (such as SART models))
- Education about the process of the criminal justice system (including reporting, investigation and court processes)

45. Is the quality of the evidence collected effective in assisting the investigation and prosecution of offences? What works well? What needs to be improved?



The introduction of 'just in case' forensic examinations in Queensland has been disruptive and harmful to the process of the Sexual Assault Response Team in Townsville. Prior to the introduction of 'just in case' examinations, SART was able to provide a trauma informed responsive practice that centred the needs, choice and control of women in this process. Since the introduction of 'just in case' examinations we have noticed a significant pattern that matters involving a 'just in case' examinations are not followed through to an official complaint with investigators. We believe this to be because women are far less supported through the process of a 'just in case' examination. Our discussions with prosecutors also reinforce our concerns that a 'just in case' examination offer less credible evidence in a trial and allow gaps for defence barristers to discredit a woman's decision making at the time of reporting.

Additionally, we note that the language of a 'just in case' examination infers a minimisation of traumatic experiences and ignores the trauma informed view that decision-making for survivors at this time is extremely complex. A 'just in case' examination still requires survivors to engage in (often) the most traumatic part of a forensic examination, however they offer a far less comprehensive examination in terms of the collection of quality and meticulous evidence collection ('just in case' examinations include only some vaginal swabs, they exclude toxicology collection and the collection of clothes and other items). Thorough and informed conversations about the consequences of this less thorough form of evidence collection is required with survivors at this often extremely stressful time. A trauma informed response would allow survivors to access thorough forensic health care regardless of their clarity in decision-making at the time of reporting. Allowing survivors to access comprehensive forensic health care at this time supports quality admissible evidence, as well as time for the survivor to access therapeutic support that will assist in centring their safety and rights in making choices that are appropriate for their unique circumstances.

**Recommendation 1:** Remove the possibility of 'just in case' forensic examinations across the state and allow women to receive a full and comprehensive sexual assault investigation kit, even if they are undecided about making an official complaint with police.

**Recommendation 2:** Thorough information and education about the investigative and prosecution consequences of using 'just in case' forensic examinations provided to relevant professionals (including the wider community who may respond to someone disclosing sexual assault).

**Recommendation 3:** Although we don't support the continuation of 'just in case' examinations, *if* 'just in case' examinations were to continue, change the language to a more trauma informed less minimising and clearer name for survivors to comprehend the real consequences of this option, for example 'partial forensic examination'.

**Recommendation 4:** Establish 24-hour specialist Sexual Assault Response Teams across the state so that relevant professionals can respond in a holistic and trauma informed way. Teams are made up of interested and dedicated professionals who are committed to remaining focused and critically reflective of current and changing legislation, guidelines and principles in the area of responding to sexual assault.

### *Support persons*

As part of the Sexual Assault Response Team (SART), the Sexual Assault Support Service (SASS) provides support to women who are reporting a sexual assault. Trained, specialist support workers respond to women in a trauma informed, survivor centred way. As part of the Sexual Assault Response Team, the sexual assault support worker has a significant and unique role in that they

provide consistent support throughout the whole process (from reporting right through until court and beyond). SASS hold a unique role in supporting the woman to maintain her safety, rights, choice and control throughout the process while supporting and growing trust and confidence amongst the whole team (including the woman) and within the systems and processes available to women. The early involvement of SASS has shown that women are more satisfied with the responses they receive when reporting sexual assault and that they are more likely to access ongoing support to lessen the ongoing effects of trauma. This continued support means that women's readiness for the inevitable challenges in the court and trial processes is far greater. The immediate response for a woman including a support person from SART has a wide reaching benefit for the community and criminal justice processes. Best practice principles include:

1. Survivor centred model of care – supporting the rights, safety, choice and control of women
  - Prompt, trauma informed response to support women with an average response time of 30 minutes of initial presentation
  - Immediate medical treatment to address physical and sexual health care needs as appropriate
  - Timely provision of trauma informed support with accurate and up to date information about options and processes at initial presentation
  - Timely provision of forensic medical examination as appropriate
  - Dedicated professionals with specialist knowledge and expertise responding to women
2. Trauma and violence informed framework underpinning effective practice as a team
  - All relevant professionals (including police investigators, medical, forensic and allied health professionals, prosecutions and other support services) acknowledge and respond to the distressing nature of criminal justice systems and process and seek to utilise trauma informed techniques to lessen the potential for re-traumatisation and increase the possibility of healing for women
  - Streamlining the process for women to reduce the impact of potential re-traumatisation due to reporting and investigation processes (including limiting women having to retell the story of abuse over and over again)
  - Continued collaborative, case management support and ongoing follow up with women throughout the duration of all processes (including the lengthy wait for prosecution processes)
  - Providing therapeutic, trauma informed care from specialist sexual assault support workers to assist in reducing the effects of trauma and supporting women with healing and recovery.
3. Key stakeholders working collaboratively to respond and engage as a cohesive team
  - Clear terms of reference, descriptions of roles and pathways guiding relevant professionals across all involved services
  - Encouragement and facilitation of reflective practice and review processes to ensure ongoing improvement and responsiveness of the team and the service.
  - Ongoing incentivised training and education to develop self-awareness and trauma informed principles across all agencies and disciplines within the team.
  - Thoughtful use of media and community education to raise awareness of the service within the community and to encourage appropriate referrals after first disclosures of sexual assault.

**Recommendation 1:** Establish 24-hour specialist Sexual Assault Response Teams across the state so that relevant professionals can respond in a holistic and trauma informed way. Teams are made up of interested and dedicated professionals who are committed to remaining focused and critically

reflective of current and changing legislation, guidelines and principles in the area of responding to sexual assault.

**Recommendation 2:** Ongoing and incentivised training for Sexual Assault Response Teams to establish best practice principles that are consistent with collaborative, trauma informed and survivor centred care.

#### *Police training*

48. What training is needed to address survivors' needs including the needs of Aboriginal and Torres Strait Islander women and girls and those from other diverse groups?

Whilst the Sexual Assault Response Team has made a significant and encouraging difference to women's experience of a sexual assault reporting and investigation in Townsville, further training and specialisation of police (including administration, general duties officers and police investigators) will further enhance the reporting experiences for women. More generally, across Queensland, it is recognised that there is a significant underreporting of sexual violence (for example, the ABS Personal Safety Survey 2017 found that 87% of sexual assaults were never reported to the police). We believe these statistics demonstrate complex and compounding issues for women reporting sexual assault, including inappropriate responses from police (discussed in further depth in women's decision-making and barriers to reporting sexual violence above p. 3).

We understand that women's satisfaction around reporting experiences and the continuation of complaints through to completion is far more likely when responded to with high levels of interpersonal skills, communication and empathy. With this in mind police training requires a focus on trauma informed care and training that challenges the racism, sexism and power and control that is insidious and permeates throughout all levels of formal and informal processes and overall culture of the police. Training should focus on self-awareness and interpersonal interactions and communication between police and women, and additionally consider the way in which police stations and interview spaces are set up for women who have experienced trauma.

**Recommendation 1:** Regular and comprehensive specialist education and training is provided to police. Training must consist of: **a)** Comprehensive understanding of the physical, social, emotional and behavioural impacts of trauma. **b)** Facts about sexual assault that challenge and address the dominant misogynistic cultural attitudes around sexual assault and consent in the community including a socio-political understanding of men's violence towards women. **c)** Facilitation of reflective practice encouraging critical thinking and self-awareness of the impact of personal values and attitudes.

**Recommendation 2:** Address and transform the omnipresent and pervasive misogynistic and racist culture within QPS that can often present itself as insipid and casual conversation amongst the team and/or inadequate responses to survivors of sexual assault.

**Recommendation 3:** Urgent review of police responses in investigating sexual offences in Queensland. The training and compliance of police officers with interagency guidelines, protocols, and operational procedures in responding to sexual offences requires urgent attention and ongoing external monitoring and review.

**Recommendation 4:** Specialised training packages on investigating sexual offences have been developed and should be a requisite for all new police officers, and compulsory for all officers employed in the Sexual Crimes Investigation Unit (SCIU), Child Protection Investigation Units (CPIU),

and Criminal Investigations Bureaus (CIB). Funding for specialist sexual assault services to deliver aspects of this training package is highly recommended as it has been demonstrably successful in promoting positive attitudinal and behavioural change in responding to survivors of sexual violence.

**Recommendation 5:** Police stations are designed for offenders not survivors, they are reported to be cold, unfriendly, uncomfortable and formidable spaces. They lack privacy and are generally unwelcoming for most of the general public. We advocate for the development of spaces within police stations that are specialised and considered for women providing statements surrounding traumatic events. We recommend purpose built, survivor focused spaces within the community where collaborative teams can work with survivors. The space is designed in a trauma informed way to increase survivors' sense of safety and they can provide the necessary information and evidence to relevant police, forensic and health professionals while receiving specialist sexual assault support for the effects of trauma. The holistic way of responding benefits the individual, the systems and processes and ultimately the outcomes of justice seeking in the community.

## Legal and court process for sexual offences

### *Adequacy of current sexual offences in Queensland*

50. Should Queensland's laws on consent be amended again before the impact of amendments recommended by the QLRC can be properly evaluated?

### *Consent & mistake of fact law reform*

The definition of consent in the Queensland Criminal Code Act 1899 and the current operation of mistake of fact have significant negative impacts on the reporting, investigation, charging and prosecution of sexual offences, which has resulted in injustice to many survivors of sexual assault.

Queensland missed a momentous opportunity for essential law reform in 2020-2021 with the Queensland Law Reform Commission Review and the drafting and assent of the *Criminal Code (Consent and Mistake of Fact) and Other Legislation Amendment Act 2021*. It made technical and inconsequential changes only to existing law, and failed to address the urgent need for more substantive change to current legislation relating to consent and the mistake of fact defence as it relates to sexual offences in Queensland.

Queensland sexual assault laws are outdated and among the worst in Australia for sexual assault survivors. An alignment with NSW affirmative consent law is essential.

**Recommendation 1:** Section 348 of the Criminal Code Act 1899 (Qld) be urgently amended to introduce an affirmative consent model into Queensland legislation that includes the concept of a 'voluntary agreement' between two parties.

**Recommendation 2:** A new and discrete mistake of fact defence should be included in Chapter 32 of the Criminal Code Act 1899 (Qld), including the reverse onus of proof, and requirements for the defendant to show they took 'positive and reasonable steps' to ascertain consent, were not reckless when ascertaining consent, and were not making the mistaken belief based on self-induced intoxication.

**Recommendation 3:** The introduction of a 'statement of objectives' or 'guiding principles' within the Criminal Code Act 1899 (Qld) which the court should have to regard in interpreting sexual violence offences and that attempts to counter known 'rape myths' and violence condoning attitudes.



54. Should stealthing be explicitly referenced in Queensland law? If so, should stealthing be a stand-alone offence or incorporated into the existing law in the definition of consent or in a provision such as section 218 of the Criminal Code, Procuring sexual acts by coercion?

**Recommendation 4:** Stealthing is a sexual act of coercion and should therefore be defined in the Criminal Code within Section 218 Procuring Sexual acts by coercion.

#### *Victim's experiences of the Court process*

55. How are survivors supported and their needs met during court processes for sexual offences? Should more be done and if so, what?

In the unique space of the Townsville Sexual Assault Response Team, we are able to provide comprehensive and holistic support for women in the lead up, during and after trial. This shows to be beneficial to both the woman and supportive to the role and purpose of the ODPP. Women have reported that they feel supported, safe and more able to contribute to conversations, ask questions and advocate for themselves, leading to a more comprehensive and accurate understanding of the court and trial processes.

In line with ODPP requirements and protocols, SASS workers are able to provide ongoing court preparation work in counselling spaces, which enhances mental and emotional readiness for giving evidence in court increasing the credibility of evidence provided. Women have often stated to workers that they think they would not have continued with the process if it was not for the continued support of the sexual assault support team.

**Recommendation 1:** Establish 24-hour specialist Sexual Assault Response Teams across the state so that relevant professionals can respond in a holistic and trauma informed way. Teams are made up of interested and dedicated professionals who are committed to remaining focused and critically reflective of current and changing legislation, guidelines and principles in the area of responding to sexual assault.

**Recommendation 2:** Specialist SART support is provided from the time of reporting right through to court (if applicable) within a trauma informed, survivor centred framework overseen by a coordinated governing group consisting of senior management team members from the relevant services (QPS, hospital, forensic medical, sexual assault support service, ODPP). The coordinated governing group should meet regularly to discuss and align service delivery to trauma informed and survivor centred practice.

The above however does not acknowledge or address the consistently inadequate outcomes of convictions in court the extraordinarily long wait times, the ongoing and further re-traumatising processes of cross-examinations, comments from judges, defence barristers and jury members, appeals, hung juries and acquittals that compound and reinforce the effects of complex post-traumatic stress and perpetuate dominant misogynistic attitudes and misinformation about sexual assault. This process is often even more harmful for Aboriginal and Torres Strait Islander women and women from diverse culture.

**Recommendation 3:** Urgently address and transform the omnipresent and pervasive misogynistic and racist culture within court systems that can often present itself as informal commentary from professionals (including prosecutors, judges and defence barristers) and/or inadequate and inappropriate responses to survivors of sexual assault.



**Recommendation 4:** Regular and comprehensive specialist education and training provided to relevant professionals involved in court and trial proceedings. Training must consist of: **a)** Comprehensive understanding of the physical, social, emotional and behavioural impacts of trauma. **b)** Facts about sexual assault that challenge and address the dominant misogynistic cultural attitudes around sexual assault and consent in the community including a socio-political understanding of men's violence towards women, power and control and racism. **c)** Facilitation of reflective practice encouraging critical thinking and self-awareness of the impact of personal values and attitudes.

**Recommendation 5:** The use of appropriate interpreters to be automatic in the whole legal process for survivors who require it for a thorough understanding of all matters. The acknowledgement of historical and cultural difference and the impact that has on decision-making, beliefs and re-traumatisation.

**Recommendation 6:** Decrease barriers for women including the transformation of the courts imposing and intimidating nature. The physical space provided to women should be adapted to consider the needs of survivor's experiences of trauma and the likelihood of re-traumatisation in court spaces.

57. How can criminal court processes for sexual offences be improved to protect survivors from harm while providing a fair trial for the accused person?

58. What are the risks and benefits of video-recorded interviews between police and survivors of sexual offences for use as evidence-in-chief in trials?

As discussed above:

Working alongside police investigators, we have been able to observe complaints taken from survivors through both written statements as well as recorded interviews. We have observed the differences for gathering admissible evidence and the affect that this has on the survivor. Whilst we see that the less structured environment of a written statement allows support workers to check in with the survivor more easily when noticing high levels of distress; video-recorded statements are a more trauma informed way of collecting evidence. There are a number of reasons video-recorded statements are a preferable method of collecting admissible evidence:

- Far less time intensive for survivors
- They seemingly have far less of an immediate negative affect for survivors
- Provide a more free flowing and open narrative about what has happened (which has the potential to provide more leads for investigators)
- Less structured questioning to survivors which can often lead them to feel that they are being interrogated
- A powerful way of capturing evidence of a holistic view of the impact of trauma for the survivor
- Ultimately reduces the possibility of survivors having to tell the story of abuse over and over again
- Allows for investigators to provide a highly interpersonal and empathetic response to survivors which has shown to increase survivor satisfaction and increase the likelihood of complaints being followed through
- Survivors are likely to provide more thorough information about what happened through this narrative style and be prompted with questions for clarification at the end.

Further to this:

A jury who is equipped with expert knowledge and information regarding the physical, emotional and behavioural effects of trauma would see a much more comprehensive expression of evidence in chief from the woman.

**Recommendation 1:** At this time, video-recorded statements are not admissible evidence for adult survivors of sexual assault. Video-recorded statements facilitated by a specialist, trauma informed team of investigators would benefit the effect of the process on the survivor and lead to high quality evidence and more thorough and comprehensive investigations.

### *Alternative justice models*

68. How could the use of restorative justice processes improve the experience of survivors of sexual offences whilst holding those responsible accountable?

The Townsville Sexual Assault Support Service experiences of restorative justice processes have been through consultation with Youth Justice where police have referred to this process due to the age of the person who has caused harm.

Families have reported to us that the process did not adequately acknowledge the harm the person had caused as a result of sexual assault and that the process placed the burden and responsibility of 'restoring justice' through agreed consequences on the survivors and their family. Whilst 'on paper' the process of restorative justice appears trauma informed and survivor-centred when translated to practice, the further responsibility and onus placed on women and their families compounded the trauma they had already experienced. Families also reported that they felt the accountability for the person who caused harm was minimised and dismissed and that they did not have to face any real consequences for the harm that they caused. They reported that they felt mistrusting of the process that the person who caused harm was required to participate in prior to the restorative justice conference (counselling in order to take accountability and responsibility for the harm they caused). They said that in the period that this process was completed it felt extremely unlikely that they would be able to demonstrate accountability for what they had done.

With this in mind, there is significant concern that if these practices were extended into justice seeking spaces for adults, women would be left feeling further responsible, minimised and blamed for the harm that had been done to them. The key component of restorative justice being that offenders take accountability for the harm they caused seems complex and highly improbable for the seriousness of the crime of sexual assault, and its causes of deep-rooted attitudes of misogyny and entitlement in those who sexually assault women.

We firmly believe that if the current justice system was significantly improved through trauma informed and survivor centred practices, alternative justice seeking models including restorative justice would be unnecessary.

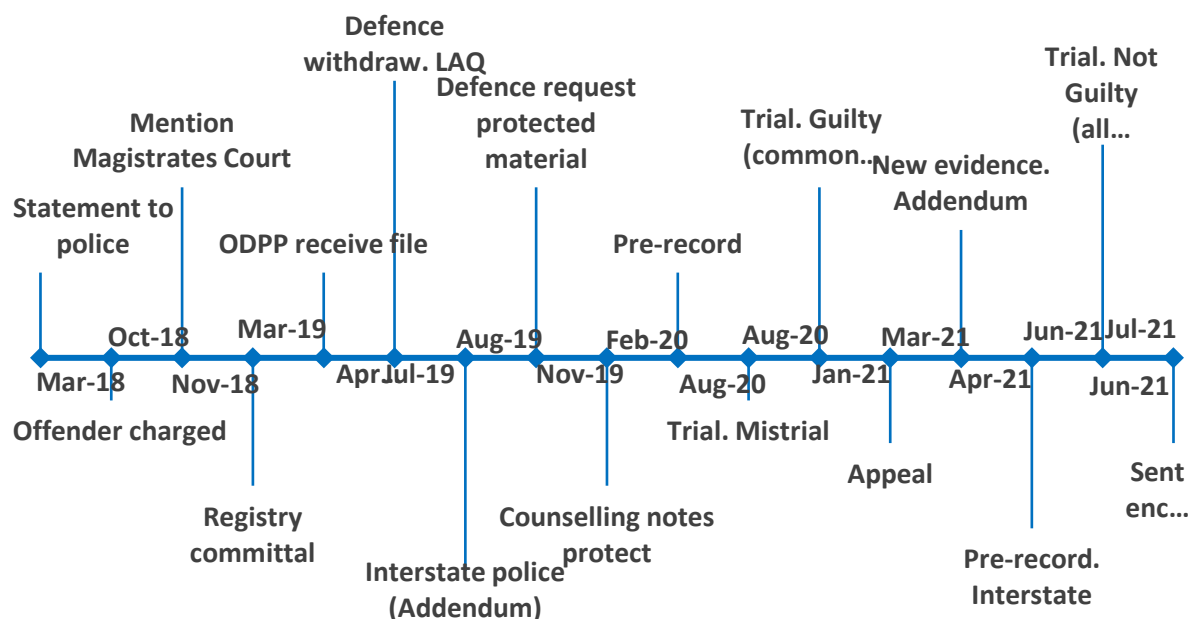
**Recommendation 1:** Address and transform current court processes to become more trauma informed and survivor focused. There are possible benefits for the interface of some restorative justice practices with the Court system, however the safety of women and the accountability for the person who causes harm must remain at the centre of this transformation.

69. How do court case management and processes impact on the experience of survivors of sexual offences in Queensland?

Below is the timeframe of a woman's progress and outcome in the legal system. It is not unusual for sexual assault support workers to witness and support women through lengthy legal processes. We witness enormous delays with investigations, lengthy wait times between each court presentation, limited to no communication from police and prosecutors, and finally the habitual consistently unsatisfactory and devastating outcomes for women.

The example below is of a woman who was supported by the Sexual Assault Response Team and engaged in intensive support with her sexual assault support worker throughout all stages of the process. The woman has very clearly articulated that she would not have continued with this process if it was not for the specialist support provided by SART.

March 2018 – July 2021



This illustrates the extreme time delays for women going through the criminal justice system. For example, it is not unusual that a matter might take 3-4 years in Townsville from reporting before the matter is finalised in court. This has been observed as deliberate tactics by defence aimed at delaying proceedings to increase the likelihood of negative effects for women giving evidence in a trial. It is noted that in some other jurisdictions there have been successes in implementing time restrictions and other processes in order to expedite court proceedings to address some of the needs of the woman whilst balancing the due process and rights of the accused person (for example ...)

**Recommendation 1:** Implement time restrictions and other processes in order to expedite court proceedings for sexual offences, reducing the effects of re-traumatisation on women.

70. What changes can be made in court case management and processes concerning sexual offences to improve the experiences of survivors of sexual offences?

Sexual Assault Response Teams include membership from the ODFPP so that collaborative, specialist support is provided throughout the entire legal process this includes all pre-trial meetings, other court matters and beyond

**Recommendation 1:** Establish 24-hour specialist Sexual Assault Response Teams across the state so that relevant professionals can respond in a holistic and trauma informed way. Teams are made up of interested and dedicated professionals who are committed to remaining focused and critically reflective of current and changing legislation, guidelines and principles in the area of responding to sexual assault. This includes members from ODPP to ensure collaborative responses are provided to women throughout the entire process.

71. Should a special sexual violence court be trialled in Queensland? What would be the risks and benefits?

We support a special sexual violence court in Queensland and believe that in this considered space there is potential to address some of the current issues we see, including:

- High attrition of sexual offence prosecutions proceeding through to trial
- Very low successful prosecution rates in Queensland (for example, the Queensland ODPP reported a 23.2% decrease in adult sexual offences committed for trial, and a 44.3% reduction in child sexual offences being committed for trial in Queensland in 2012-2013 with no explanation).
- Survivors often report a lack of understanding as to why their complaint has not progressed.
- Lack of transparency in decision making unfortunately reinforces a common belief held by young women survivors of sexual violence that ‘no-one believes them’ in relation to the offences and/or ‘it is not worth reporting as nothing happens to the offender anyway’ i.e. no justice for survivors and no accountability for perpetrators accountability and continuing sense of perpetrator impunity.

**Recommendation 1:** Review of the progression and outcomes of prosecutions within the criminal justice system with a need for greater transparency and accountability of decision making within the Queensland Police Service (QPS) and Office of the Director of Public Prosecutions (ODPP) in relation to all matters that do not proceed to prosecution. An independent review of decisions should be considered.

**Recommendation 2:** The development of a comprehensive sexual assault education framework and campaign supporting the changes to legislation that specifically includes professionals in the criminal justice system including police officers, magistrates, judges, and tribunal members on issues relating to sexual offences that enhances their understanding of sexual violence and trauma, and improves judicial responses to sexual offences.

**Recommendation 3:** The introduction of specialist courts for sexual offences to be trialled in Queensland, which could be reflective of some restorative practices with a core focus on the safety of women and accountability of the offender for all sexual crimes.

72. How can trauma-informed approaches be better embedded in court processes in Queensland to improve the experiences of survivors of sexual offences? What works? What needs to be improved?

As discussed throughout this submission, trauma informed, and survivor centred responses are essential throughout the entire criminal justice process to ensure appropriate (unharmful) support is offered to women. We have observed the values and benefits of this framework to be far reaching from the individual reporting the sexual assault, to the relevant professionals and support services involved, and to a greater awareness and understanding of the impacts, responses and options around sexual assault in the community. In contrast to this we have seen substantial evidence relating to the harmful experiences of women reporting crimes of sexual assault and suffering

compounding traumas and additional harm as a direct result of inappropriate and harmful responses and processes within the criminal justice system.

**Recommendation 1:** Establish 24-hour specialist Sexual Assault Response Teams across the state so that relevant professionals can respond in a holistic and trauma informed way. Teams are made up of interested and dedicated professionals who are committed to remaining focused and critically reflective of current and changing legislation, guidelines and principles in the area of responding to sexual assault. This includes members from ODPP to ensure collaborative responses are provided to women throughout the entire process.

## **Part 3: Women and girls' of the criminal justice system as accused persons and offenders**

### **Drivers of women and girls contact with the criminal justice system**

73. What are the drivers of women and girls' offending in Queensland?

Women's social and emotional experiences through the lifespan that can lead to offending include:

- Childhood trauma including attachment and abandonment issues
- Adverse childhood experiences
- Parental substance abuse
- Homelessness
- Emotional distance and neglect
- Child sexual assault and the ongoing impacts of post-traumatic stress
- Child witnessing domestic and family violence
- Intergenerational trauma
- Poverty
- The lack of one consistent safe, supportive, predictable adult
- The lack of a safe, stable home in which children's emotional, physical, cognitive and developmental needs are met.
- Adult women experiencing domestic and family violence and eventually retaliating
- The interface of crime with addiction

**Recommendation 1:** Whole of government and community education to challenge and change systemic racism and misogynistic beliefs about women in order to enhance greater fairness and equality across all social, cultural and economic groups. This is an enormous task, but can happen with powerful intent, commitment and investment enabling change over generations.

74. Why are women and girls offending at increased rates?

75. How are women and girls at risk of entering the criminal justice system currently supported to prevent them from offending? What is working well? What could be improved? What is working? What could be improved?

Women's experiences in society are being significantly influenced by a dominant and unquestioned culture of misogyny and racism. The persistent devaluing of women means that access to resources become limited. This interfaced with traumatic experiences and therefore the ongoing effects of mental health mean that women are more likely to experience increased poverty, increased alienation, a sense of hopelessness, increased judgement and rejection by society; these experiences can then lead to self-medicating behaviours such as substance use. For Aboriginal and Torres Strait



Islander women and women from diverse cultures, stigma and racism continue to create significant barriers and create compounding traumatic experiences.

Persistent new building of more and bigger prisons and youth detention centres (which are filled very quickly) demonstrates that the current approach is not working in a preventable, successful or sustainable way. Systems and institutions are currently developed within punitive frameworks and it is clear this is not working. Therapeutic, trauma informed responses is far more likely to create transformative change in systems and provide women with greater opportunities to make changes in their lives.

Anecdotally, the experiences of women vary and can be strongly influenced by the inherent bias and culture that exists within QPS. Women have described being treated with contempt, ridicule, arrogance and callousness and often this is intensified for Aboriginal and Torres Strait Islander women. For example: Several years ago a worker attended a morning tea to acknowledge a large number of services who receive and respond to referrals sent by the QPS electronic referral system, 'Redbourne'. The highest-ranking police officer present who was thanking all services and, also thanked police for responding to domestic violence situations including some of the complex issues which emerge. He then said that he wanted to reward these officers for their good work by offering them time on Palm Island. This was most certainly a sarcastic and racist comment. Sadly no-one present challenged that comment (including the worker) but the worker was further appalled that the great majority of services and police present laughed. This clearly demonstrates the well accepted and unchallenged racist culture within QPS.

**Recommendation 1:** Services that work collaboratively to support and address the experiences of women to be developed, well-funded and resourced. Support services be staffed and supervised with appropriately qualified professionals who respond in a trauma informed way to women and girls who have experienced all forms of violence and abuse across the life span and to address systemic poverty, and the ongoing impacts of colonialism and dispossession.

**Recommendation 2:** QPS have regular, high quality and evidence based cultural safety training as a pre-requisite to interacting with traumatised populations including Aboriginal and Torres Strait Islander women.

78. What are women and girls' experiences of access to legal advice?

79. Are there any barriers to women and girls accessing good quality legal advice, support and services?

When incarcerated, there are many barriers to negotiate in order to access legal advice. These include:

- Delays to speak with someone
- Lack of privacy to talk with relevant people
- Extreme confusion about language, including terminology and legal concepts used by the legal system. Women describe leaving these interactions feeling powerless, unheard and confused.
- Women do not describe being aware of or informed of their rights.

Example: Incarcerated women have described on several occasions that a women's community advocacy service who regularly works in the prison as "para-legal" advisors, have breached confidentiality, have disregarded privacy and have severely minimised and levelled blame at women

for being a survivor of sexual assault, and additionally have been given incorrect or misleading 'legal advice'.

Example: one woman said with extreme confusion, 'I've pleaded guilty, no not guilty, no, guilty- I'm not sure – what does guilty mean?'

**Recommendation 1:** Women are provided prompt opportunities to access quality and accessible legal services while incarcerated, including for family court and child safety matters.

**Recommendation 2:** Privacy be provided for phone link ups with lawyers and other appropriate professionals.

80. How are women and girls who are involved in the criminal justice system supported and their needs met? What works? What could be done better in a cost effective way?

Often needs are met in the most fundamentally basic way, i.e. food, shelter. The needs for privacy, human rights, dignity, health care, appropriate psychological care, safety, counselling and rehabilitation are very often absent.

**Recommendation 1:** Programmes and support services have more thorough and meaningful responses to women.

**Recommendation 2:** Programmes are trauma informed and provide consistent, timely and offer respectful interactions designed to explore the complex range of women's needs.

**Recommendation 3:** Intervention that is rehabilitative, intensive and focused on meaningful, lasting and more positive change. This would then go towards interrupting the recidivism rate, the 'revolving door' phenomenon and the intergenerational propensity of youth and young adults being incarcerated, like their older family members.

### **Women and girls' experience of incarceration/detention**

83. What are women and girls experiences of pregnancy and birth in custody? What works well? What needs to be improved?

When women are received into custody they are seen by a psychologist or counsellor for the purpose of induction. Part of the induction involves discussion about whether the woman is pregnant and would be likely to give birth in custody. She must apply to keep her child in custody. The woman is then referred to the Parental Liaison Officer who will assist the woman with developing a pregnancy and birth plan. This process allows the woman to identify important support people as well as a birth partner. The pregnant woman is then accommodated in a mothers and babies unit. The woman will be given the opportunity to attend Playgroup (once a week) where they are able to connect with other mothers. The role of the parental liaison officer is to assist the woman in a case management format where the woman will be seen on a regular basis.

The role of the parental liaison officer is limited and has the potential to provide far more comprehensive and meaningful support to women and their baby/child. This could include collaborative work with child safety, midwifery and birth partners to create positive plans for mothers and children. Parental liaison officers can also provide intensive support to women who are isolated without a birthing partner (including attending births, meetings with child safety etc.). With

appropriate training and resources, the parental liaison worker could also work collaboratively with health professionals and pre and post-natal services to support women in a holistic and helpful way.

The development and improvement of the physical space of the mothers and babies unit with the addition of support groups, therapeutic groups, psycho-education groups and more opportunity for playgroups, can support women to build positive attachments with their child and learn more about child development, growth and learning. This has the potential to support mothers in this caring role and interrupt the likelihood of intergenerational incarceration.

#### 84. What are women and girls' experiences in custody or detention, including in the watchhouses?

On numerous occasions women have spoken of their intense fear and experiences of humiliation while in a watchhouse. Cairns watchhouse has been mentioned by several women that they have been treated with contempt and ridicule, and that Aboriginal and Torres Strait Islander women are subjected to this on a regular basis. Women consistently speak of feeling very unsafe and severely distressed in a watchhouse, and without the opportunity to receive any support.

While the rationale is understood, women's prescribed medication is immediately removed from them and they miss medication as a result. This is likely to jeopardise any mental health stability and, may increase risk for escalating thoughts of suicide and self-harm, and cause intense emotional anguish.

Immediate grief, due to being wrenched away and displaced from children or from Country and community is experienced as another layer of compounding trauma in addition to the circumstances of arrest and the level of authoritarian, controlling behaviour and attitudes of the arresting officers which is legitimately triggering for women who have experienced violence and abuse in the past.

**Recommendation 1:** Employ highly skilled and trauma informed correctional officers/police for watchhouse work.

**Recommendation 2:** Ensure greater access to medical and mental health professionals and provide private and humane space to women for these types of consultations.

**Recommendation 3:** Ensure all staff are vetted for racial bias and discriminatory attitudes.

**Recommendation 4:** Regular and comprehensive specialist education and training provided to relevant professionals (correctional officers and police) consisting of: **a)** Comprehensive understanding of the physical, social, emotional and behavioural impacts of trauma. **b)** Facts about sexual assault that challenge and address the dominant misogynistic cultural attitudes around sexual assault and consent in the community including a socio-political understanding of men's violence towards women. **c)** Facilitation of reflective practice encouraging critical thinking and self-awareness of the impact of personal values and attitudes.

#### 85. How are women and girls who are pregnant or have children with them in custody supported?

#### 86. What are the experiences in custody or detention of women and girls who are mothers? What works? What needs to be improved?

Women are able to have their child picked up by an approved external carer to allow for the child to spend time away from the Correctional Centre and with family. The child is assessed to be under the care of the mother while in custody and therefore, medical staff within the Correctional Centre are

not able to provide the children with medical attention. Women are expected to arrange medical appointments as mentioned through services outside of the Centre. The Centre will assist the woman with transport and attending the appointments with her child. If the child requires urgent medical attention, the Correctional Centre is to transport the woman and her child to the hospital.

Women have to provide for all the needs of the baby/child including food, clothing, medicines etc. This cost is subsidized by family tax benefit however, she has to have the money for anything beyond this benefit. Women with children are facing many dilemmas with incarceration and the safety and well-being of their children.

Example: A First Nations woman said that each of her 4 children had been born during different periods of incarceration. She had not always been able to have her older (but still very young) children with her during the next period of incarceration and had been very concerned about the likelihood of all forms of abuse while they were living with their father, including sexual assault, and exposure to drug taking.

The woman had been removed from her mother as a very young child and grown up in many different foster homes. One of her great fears and dilemmas was Child Safety's involvement with her children. The tension that existed for this woman was between reporting and her children being removed from their father for safety reasons by Child Safety, and then the immense difficulties for her to have them returned to her care upon release or them being abused in care. (Knowledge from her own experiences).

Her accommodation choices when released from the prison were to be with the violent ex-partner or to be homeless. So if the children were with him she got her children back on her release. Her eldest daughter has now had a number of periods of youth detention and incarceration in the adult prison and has had her young child removed from her care.

There is a lack of sustainable, professional and culturally safe programs available on a continuous basis. More needs to be delivered to support mothers with parenting and recognising the learning and developmental needs of children from birth through the early years.

While incarcerated, there are a swathe of opportunities to influence the attachment process, address the mother's trauma history and role model parenting and child rearing practices which enhance a loving, safe parent child relationship and help establish strong practices of lifelong learning through play and fun.

**Recommendation 1:** Queensland Corrections urgently resourced to collaborate with existing best practice and evidence based programs and make them available to women while incarcerated. This would be a significant strategy to empower mothers, reduce recidivism and the revolving door phenomenon, and additionally create an environment for sustainable change across generations.

87. How do women and girls maintain relationships with family while incarcerated in Queensland? What is working well? What could be improved?

On observation it appears extremely difficult for women to maintain relationships with family while incarcerated in Townsville Women's Correctional Centre. Barriers include:

- Lack of privacy when using the available phones – from other inmates
- Contact is usually restricted to 10 minutes per call



- The cost is really excessive (to the woman) and women only have access to funds if they are deemed appropriate to do paid work (minimal) in the prison or if a family member is able to put funds into their phone account.
- There are very few phones available therefore; there is much competition with other inmates to get a phone
- Face to face visits from family are limited and:
  - Appear to take a long time to be organised and approved
  - Are held in a space with a number of other women and their visitors
  - Geographic distances that women have come from mean family cannot visit

For women at Female Low Open (FLO), visits with family members including children can happen in the garden in a more family friendly space and with greater flexibility for the length of time.

Overall, it's very common for women to feel completely bereft and disconnected from family. There are relatively frequent occasions that a family member dies while a woman is incarcerated and it is almost impossible for her to attend the funeral – this could be her child (through suicide or other reasons), sibling, partner, parent or grandparent.

**Recommendation 1:** Women are supported to maintain supportive connections with family and Country (where appropriate) with the view of decreasing distressing events while incarcerated and increasing the possibility of a smooth and positive release from prison and reducing the likelihood of recidivism.

88. What are women and girls' experiences of accommodation in correctional facilities in Queensland? What works well? What needs to be improved?

Often there are issues with overcrowding and at times extra mattresses being put on the floor so that 3 women are sharing a cell designed for 2. This adds to tensions, conflict, severe lack of privacy and potential risks to safety.

At times women will be 'doubled up' with another woman who apparently is known by staff to be physically or sexually violent. As a woman 'progresses' through the accommodation options, most women say the residential section is better, although this is often influenced by the mental health and or behaviour of the others in the unit.

A similar situation applies to Female Low Open, although this allows some increased freedoms in a more relaxed environment. However, at times women feel safer in the highly regimented 'secure' units, this is dependent on the behaviour of others, for example threats or bullying. The secure unit generally affords some greater protections from these situations.

The Detention Unit and Medical Unit are both frightening places for women to be and are strictly controlled with the most minimal basic needs met. Women describe Officers in these units as usually very authoritarian and harsh. Maintaining prisoner and officer safety is paramount, but the costs seem to be denial of some basic human rights to incarcerated women.

Many times, women have reported they are fearful of leaving a counselling session looking like they have been crying – they may be bullied by other prisoners, but the greater fear is that they will be sent to and imprisoned in the Medical Unit due to showing emotional distress and their wellbeing and safety deemed to be at risk.



**Recommendation 1:** Increase officer training to work with traumatised populations in a manner which recognises women's vulnerabilities and grief.

**Recommendation 2:** Review officer recruitment processes to ensure employment of trauma informed correctional officers.

89. What is the experience of women and girls from diverse backgrounds who are incarcerated in Queensland? What works well? What needs to be improved?

On observation women from diverse backgrounds experience a range of deprivations already noted, but will likely experience greater racism and ridicule in the way they are addressed and treated by officers and inmates.

**Recommendation 1:** Audits of and scrutiny by external human rights advocates needs to occur to systematically address endemic discrimination.

**Recommendation 2:** Regular and comprehensive specialist education and training is provided to correctional officers. Training must consist of: **a)** Comprehensive understanding of the physical, social, emotional and behavioural impacts of trauma. **b)** Facilitation of reflective practice encouraging critical thinking and self-awareness of the impact of personal values and attitudes particularly related to racism and misogyny.

91. What is the experiences of women and girls in maintaining personal hygiene and adequate clothing in custody? What works well? What needs to be improved?

I understand that women usually find the experience of being searched humiliating, frightening, dehumanising and demeaning.

92. What is your experience or observation of work in prison including availability, conditions and remuneration? What works well? What needs to be improved?

Types of work in prison include:

- Cleaning
- Kitchen hand and cooking
- Peer support
- Laundry
- Sewing
- Parks and gardens
- Work camps
- Care for another inmate with a disability

Attempts are made to employ most women via an application process. There pay requires supplementing for them to be able to purchase basic products. Unfortunately, this contributes to the illegal exchange of goods including stealing from each other.

Items sold to inmates include sanitary items, personal hygiene products, treats (chocolate), books, pens, pencils etc. The cost of these items are significantly marked up from the cost in the community making it very difficult for women to purchase all that they need and it appears the Correctional Centre profit from this price increase.

**Recommendation 1:** Alter and regulate prices of items sold to be equitable to women's pay and that of the community.

93. What are your experiences or observations of women and girls in custody or detention accessing education? What works? What needs to be improved?

Limited educational opportunities are available. Some women are able to access tertiary or secondary education and some support is available. Basic literacy and numeracy courses are available.

**Recommendation 1:** Resource and expand educational opportunities through the recognition that a significant proportion of women will have experienced repeated trauma and violence during childhood and adolescence, which has seriously disrupted school attendance and learning opportunities. Ensure staff who engage with women for education are also trained in trauma informed approaches to learning and the impact of trauma on the brain and on memory.

94. What are your experiences or observations about how women and girls in custody or detention are supported to remain connected to culture? What works well? What could be improved?

Connections to culture are given some consideration. From observations, Sorry Business is approached with sensitivity.

At times, for example, cultural performances are held for special celebrations like NAIDOC week or International Women's Day (a date in the western calendar). Women report that this seemingly provides entertainment to officers who are mostly white, authoritarian, punitive and male dominated, and can feel tokenistic and exploitative towards Aboriginal and Torres Strait Islander women.

**Recommendation 1:** That cultural safety and sensitivity be paramount. Facilitation of training that encourages reflective practice, critical thinking and self-awareness of the impact of personal values and attitudes particularly related to racism and misogyny.

95. What are your experiences or observations about women and girls' access to health and wellbeing services and supports while they are in custody or detention? What works well? What needs to be improved?

Some women have spoken directly about limited and difficult to access health and wellbeing services (the latter is extremely minimal). There appear to be many barriers to navigate to see medical staff and psychiatric supports within the prison itself, with lengthy delays and dissatisfaction. For a serious medical issue, women often have to be strong and repeated self-advocates to be provided with access to medical treatment at the local hospital.

Example: a woman who had previously recovered from an aggressive breast cancer had noticed her other breast had symptoms. Her specialist in the community had informed her previously that she needed regular mammograms and that if her breasts changed, she was to seek immediate treatment and diagnosis. The woman was never supported to access appropriate treatment or assessment, several months later she was released and was fully expecting to be diagnosed with breast cancer.

**Recommendation 1:** Address appropriate medical needs for women in a timely and responsive manner.

96. What are your experiences or observations about women and girls' access to adequate food while they are in custody or detention? What works well? What needs to be improved?

Women report that food provided meets basic nutritional requirements but is often described boring and uninviting. Women who work in the kitchen often remark about the significant differences between the quantity, quality and variety of meals prepared for officers and those for prisoners.

It is noted that many women gain weight quite rapidly while incarcerated – diets appear high in starch with bread readily available. Concerns exist for women with diabetes or for women who require vegetarian or vegan meals. This at times draws disparaging remarks from some officers in terms of discrimination against people who identify as vegan or vegetarian.

### **Women's experience of reintegration into the community**

97. What are your experiences or observations of women and girls' access to safe and stable accommodation after being released from custody or detention? What works well? What needs to be improved?

This is an area of great concern coupled with high risk for a great number of women who are released without safe or stable accommodation, vulnerable to return to a violent perpetrators to access accommodation and therefore are subjected to more domestic and family violence and further estrangement from family or children.

These issues contribute to the 'revolving door' phenomenon and include poverty, a sense of hopelessness, likelihood of re-engaging with substance abuse and feeling ill equipped to combat the wide ranging effects of institutionalisation. To address these issues requires a whole of government and whole of community approach, sustained through significant funding and resources.

**Recommendation 1:** The Correctional Centre work collaboratively with community services and specialist homelessness services to ensure that women have safe, affordable and sustainable accommodation upon release. A holistic and wrap around response that supports women's safety and acknowledges the impact of complex and compounding trauma which is likely to be heightened at the time of women's release into the community.

Thank you for your time and commitment to supporting women and survivors in Queensland. We appreciate your consideration of our survivor centred submission and look forward to your responses and recommendations. We hold significant hope that the introduction of the Taskforce and your recommendations will be a genuine turning point for the experiences of women and survivors involved with the criminal justice system in Queensland.

With much hope,



Cathy Crawford  
Coordinator  
North Queensland Combined Women's Services Inc.