# Your submission

The Taskforce is interested to hear from you in relation to either or both of the following:

* The experience of women across the criminal justice system:

-as victims-survivors of sexual violence

-and also as accused persons and offenders.

### The full Terms of Reference for the Taskforce are available at the following link: <https://www.justice.qld.gov.au/__data/assets/pdf_file/0010/672706/womens-safety-justice-taskforce-tor.pdf>

# Privacy Statement

The Women’s Safety and Justice Taskforce (the Taskforce) is an independent taskforce established to examine: coercive control and the need for a specific offence of commit domestic violence; and the experience of women across the criminal justice system.

The Taskforce is collecting your personal information in this form, including information about your experiences, work, and opinions, to inform the Taskforce’s review. Your name and contact details (if you choose to provide them) may be used to update you about the work of the Taskforce including any further opportunities to participate.

You do not have to disclose any information you don’t want to. The form gives you the option of providing an anonymous submission and asks you about how you would like your information treated. We will only use your information in the way that you agree to. However, in line with our legal obligations, we may need to disclose, or keep confidential, certain information. For instance, if your submission discloses immediate or imminent harm to a person, we may be obliged to refer the matter to police.

The information you provide in this form will be disclosed to the Taskforce and the Taskforce Secretariat provided by the Department of Justice and Attorney-General and will be managed in accordance with the Information Privacy Act 2009.

# Questionnaire

### Please complete all of the following questions.

### What is your name?

Title: **(Please circle)** Ms, Miss, Mrs, Mr, Dr, Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do not wish to provide my name

**Note: submissions may be made anonymously**

### What is your preferred contact number?

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do not wish to provide a telephone number

### What is your email address?

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do not wish to provide an email address

### What is your postal address?

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: **(Please circle)** QLD, NSW, VIC, SA, WA, TAS, ACT, NT

Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do not wish to provide a postal address

### Who are you making this submission for? (please tick one of the options below)

I am providing information on behalf of an organisation or institution

**What is the name of the organisation?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What is the core work of the organisation? (please select from the options provided)**

Legal assistance

Domestic and family violence support service

Sexual violence support service

Prisoner support service

Youth support service

Aboriginal and Torres Strait Islander community controlled organisation

Primary prevention (e.g. education)

Research

Advocacy

Private business

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### What is your position in the organisation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Do you have authority from the organisation to make a submission on its behalf? (please select from the options provided)

Yes, I am authorised to make this submission on behalf of the organisation I represent

No, I have not obtained the consent of the organisation to make this submission

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### How would you like us to use your information?

As stated in the Privacy Statement on page 1, we will only use your information in the way that you agree to. However, in line with our legal obligations, we may need to:

* Redact (black out) part of your submission
* Pseudonymise (use different names); or
* Not publish your material, even if you would like us to do so.

If your submission discloses immediate or imminent harm to a person, we may be obliged to refer the matter to police.

**(please tick one of the options provided below)**

**Identified – published on website**

If you select this box, your submission may be published on the Taskforce’s website. Your submission may also be referenced in reports and any other public document prepared by the Taskforce.

Your name and other identifying details about you may be included. However, your contact details including your phone number and address will not be published.

The whole or part of your submission may be quoted or paraphrased. Your submission may also be developed into a brief narrative to tell your story, without mentioning your name or other details that would identify you.

**Anonymous – published on website**

If you select this box, your submission will only be published on our website, or used in other public reports or materials, in de-identified form (your real name and any information that would identify you would not be used)

The whole or part of your submission may be quoted or paraphrased. Your submission may also be developed into a brief narrative to tell your story, without mentioning your name or other details that would identify you.

Using your information in a de-identified way will help to give the community an understanding about your experiences without identifying you.

**Anonymous – not published on website**

If you select this box, your submission will not be published on the Taskforce website, but may be used in a de-identified form in other public reports or materials.

De-identified means that your real name and any features that would identify you will be removed. Anyone reading the material would not know that it refers to you.

The whole or part of your submission may be quoted or paraphrased. Your submission may also be developed into a brief narrative t o tell your story, without mentioning your real name or other details that would identify you.

Using your information in a de-identified way will help to give the community an understanding about your experiences without identifying you.

**Restricted**

If you select this box, your submission will not be published in any way in any format. This means that we will not refer to the information you have provided in any public document, in any way.

Even if you select this box, once the Taskforce has come to an end, your information may be accessed under legislation such as the Information Privacy Act 2009 and Right to Information Act 2009 or under court order or subpoena.

**Unsure**

Some people may be concerned about providing certain types of information to the Taskforce. If you are concerned about the confidentiality of your information, you should seek legal advice.

If you are unsure about providing information to the Taskforce, please select this box and we will contract you to discuss your options.

# About you

### The following questions are optional.

### What is your age range?

I am under 18 years old

I am between 18 – 25 years old

I am between 26 – 35 years old

I am between 36 – 45 years old

I am between 46 – 55 years old

I am between 56 – 65 years old

I am 65+ years old

### What is your gender?

Female

Male

Intersex

Transgender

Indeterminate, unspecified

Prefer not to say

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### What is your current postcode? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### What is your main language other than English spoken at home?

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### In which country were you born? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Do you identify as a member of any of the following groups? (Pleas tick all that apply)

Aboriginal and Torres Strait Islander person

Person from culturally and linguistically diverse background

Person who identifies as LGBTIQ+

Person with disability