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Attorney-General's Department

Sent via email: [aqdpolicyandanalytics@sa.gov.au](mailto:aqdpolicyandanalytics@sa.gov.au)

**CONSULTATION ON DISCUSSION PAPER – IMPLEMENTATION CONSIDERATIONS SHOULD COERCIVE CONTROL BE INTRODUCED IN SOUTH AUSTRALIA**

Dear Attorney-General's Department,

Thank you for the opportunity to comment on the discussion paper, 'Implementation Considerations Should Coercive Control be Introduced in South Australia'.

Our input is based on deep experience in the provision of related social and legal services to those impacted by domestic and family violence. Uniting Communities provides domestic violence services to women and children who suffer from intimate partner violence and the men who use violence. We also provide a range of community legal services including legal support for those experiencing elder abuse.

Coercive control has been recognised by Uniting Communities as comprising of the many tactics and strategies which perpetrators of domestic and family violence have used as a means by which to control their partner and family members. Coercive control has considerable impacts on the emotional and psychological well-being of victims/survivors. Improving systemic responses to coercive control is crucial to the welfare and safety of victims/survivors of family and domestic violence.

**Question 1 - What are the key messages that should be communicated about coercive control?**

**The pattern of abuse and control**

Coercive control describes patterns of domination and control which can be the combination of a number of behaviours used by a perpetrator to control and manipulate the actions and behaviours of people with whom they have a relationship, including their partner, children, family members, or others known to the perpetrator (e.g. neighbours). Often these behaviours can be complex, are on-going, cumulative, and employed over many years.

**Includes a wide variety of behaviours which may not be obvious**

These behaviours can include a wide range of actions including physical, sexual, psychological, financial, social, stalking (physical and technological), harassment, deprivation of liberty, emotional abuse and intimidation, reproductive coercion, threatening to remove the victim/survivors' children, threats, and physical harm to others (including animals).

These abusive actions can often instill fear in the victim/survivor and have a considerable impact on their emotional and psychological well-being. It decreases the victims/survivor's ability to exercise her own agency, which can result in her feeling trapped in the relationship.

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**Domestic and Family Violence**

Coercive control is a key component of domestic and family violence (DFV) and can be powerfully used as a means by which the perpetrator can control the actions and behaviours of their partner, children, and family members.

**Impacts on victim/survivors and their credibility**

The strategies used may not always be obvious or easy to identify, but their effect is to reinforce and strengthen the control of one person over another. It can be difficult for the victims/survivors to be able to name the various abusive strategies being used against them and articulate the impact of these actions on their lives. This can make it difficult for victims/survivors to be believed and to seek help.

**Diverse populations**

This is further compounded by people from diverse backgrounds, e.g. people from CALD, Aboriginal and Torres Strait Islander, LGBTIQ backgrounds, people with disabilities, older people, etc.

**A tactic of gender-based violence**

Coercive control, as a tactic of gender-based violence, is also significantly experienced more by women and perpetrated by men. It is important to identify the primary aggressor in the circumstances, so that if the victim/survivor has resisted the abuse in some way, that she is not identified as the primary perpetrator of the abuse.

**Predictor of intimate partner homicide**

Coercive control is also a significant predictor of intimate partner homicide. The NSW Domestic Violence Death Review Team (DVDRT) states that in 111 out of 112 cases of intimate partner domestic violence between 2008 – 2016, that the relationships had been shaped by the perpetrators' use of coercive control towards the victim, sometimes over many years. As such, coercive control needs to be given clear recognition by the state government and law enforcement agencies to ensure the safety of victims/survivors.

**Question 2 - What are the best mediums to communicate information about coercive control to your community?****Consultation with victims/survivors, staff, and services**

Consultation with victims/survivors, staff and services who work in domestic and family violence (DFV), sexual assault and child protection (CP) will be crucial to clearly identifying the key messages which they want communicated about coercive control and appropriate and relevant ways in which to address this issue.

**Advertising campaigns**

To raise awareness about the frequency and dangers of coercive control and make it obvious to the wider community, a wide range of advertising campaigns would be important, especially before making this a criminal offence. It is important that these advertising campaigns are targeted at specific age groups and

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demographics e.g. CALD, Aboriginal and Torres Strait Islander, elder abuse, and young people. This ensures the advertisements are effective at educating a broad range of the population.

A broad number of campaigns would be beneficial, including:

- Television commercials and programs.
- Radio and social media programs.
- Education at schools (primary and high schools) and tertiary institutions.
- Education and group support for victims/survivors at community health centres, women's centres, women's legal centres, women's refuges, domestic and family violence services, mental health services, alcohol and drug services, hairdressers, etc.
- Education and groups for perpetrators of coercive control through Men's Stopping Violence Groups, held both in the community and in corrections.
- All resources to be available in different languages to reflect the diversity of the South Australian communities, including people from ATSI backgrounds and people with intellectual disabilities.

#### **Education and training for relevant agencies**

The Scottish experience of training staff before criminalising coercive control exemplifies the importance of educating police, child protection, sexual assault, ante-natal, early childhood services, mental health and alcohol and drug services and the legal system. This ensures that the issue can be clearly identified.

Appropriate actions need to be implemented to hold the perpetrator accountable for their actions and to provide appropriate, safe, sensitive, and timely support for the victims/survivors.

Appropriate training should be developed which identifies coercive control, its impacts, and the role each of the relevant agencies play in effectively addressing the issue, whether their focus is with the perpetrator or the victims/survivors. It is important to have ongoing training to educate new staff and remind existing staff how to identify coercive control.

#### **Question 3 - How is coercive control understood by you and more broadly within your community?**

Within services in Uniting Communities, coercive control has been recognised for many years, especially as comprising of the many tactics and strategies which perpetrators of DFV have used as a means by which to control their partner and family members.

#### **Therapeutic engagement**

In the therapeutic work undertaken with victims/survivors and perpetrators, coercive control has been identified as a powerful, although sometimes not so readily recognised, way of perpetrators controlling their partners and family members.

#### **Working with victims/survivors**

Recognising the many forms of coercive control as tactics of DFV has been helpful when working with victims/survivors (including their child/ren and family members). For many victims/survivors, identifying coercive control and its impacts made a significant difference to their sense of well-being, mental health,

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safety, and sense of self-worth. Women have stated that they have been invited into thinking that they “are going crazy” by tactics of coercive control, sometimes to which they have been subjected for many years. Knowing that they are believed and that the various actions used by the controlling person are recognised as forms of DFV, allows them to access services and to increase their safety.

### **Men’s Stopping Violence Groups**

The Men’s Stopping Violence Groups, for men who perpetrate DFV, name actions relating to coercive control, recognising that violence can take many forms, not only physical violence and hold men accountable for their decision to engage in abusive practices. The groups focus on men’s choices and their abilities to stop using all forms of DFV, which includes coercive control.

### **Question 4 - If this were made an offence, what might this mean to you and the people around you?**

If coercive control were made an offence, this could potentially make a significant difference to the lives of many clients with whom Uniting Communities works with.

#### **For victims/survivors:**

- Could make a significant positive difference to their wellbeing, mental health, and their sense of self-worth. Victims/survivors have survived sometimes years of complex trauma, much of which may not have been previously recognised.
- Could assist them in seeking appropriate and prompt help and support when they access relevant services e.g. mental health and/or alcohol and drug services.
- Could assist them in seeking assistance much earlier in a relationship where coercive control was an issue, in the knowledge that the agency and staff would understand coercive control, offer assistance, make appropriate referrals to the client, and report any offences to police/child protection services.

#### **For the perpetrators:**

- It would be important for perpetrators to know that actions which are abusive, controlling and causing their partner and family members distress are being recognised as unlawful and that they will be held accountable for such actions, which could potentially include them receiving a jail sentence, fines, or penalties.
- This will likely deter perpetrators from continuing with their use of abusive and controlling actions.

#### **For staff and the service:**

- If coercive control was made an offence, this sets clear guidelines and boundaries with which staff and the service can operate. This will also assist with the provision of support and assistance to victims/survivors and to also guide the services which are provided to perpetrators (e.g. referring them to the Men’s Stopping Violence Groups).

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**Question 5 - If you were concerned about the use of coercive control as an individual, or on behalf of someone else, what systems and services would you approach for support or advice?****Services which would be contacted:**

The services both clients and staff could contact for assistance would include police, health, education, child protection, legal systems, mental health, family violence services, alcohol and drug services, Aboriginal community-controlled services, multicultural services, homeless services, juvenile justice, aged care, people with disabilities, correctional services, animal welfare (RSPCA etc.). Additionally, victims/survivors and perpetrators may contact helplines including MensLine, Men's Referral Service, Kids Helpline for children, 1800RESPECT and Lifeline.

There are a wide range of services for whom it would be important to be aware of coercive control, its impacts on victims/survivors and appropriate and safe ways in which to address this challenging issue.

Some key agencies involved:

**Police:**

- It would be crucial for police to be educated about coercive control, to be able to identify the many forms of violence and abuse which perpetrators use, to be aware that it can be a precursor to homicide, for these tactics to be taken seriously and to intervene appropriately and promptly to keep victims/survivors safe and to hold perpetrators accountable.
- It is important police identify the primary aggressor of abuse. Police need to ensure they do not mistakenly identify the victim/survivor as the perpetrator in some circumstances.

**Child protection services:**

- Child protection services need to be aware of coercive control to keep children and young people safe and to work in respectful collaboration with the non-offending parent/carer.

**Mental health (MH) services:**

- Given the impacts of coercive control on the mental health of victims/survivors, it will be crucially important that staff working in MH services are aware of the impacts of coercive control on their clients. Clients may present on many occasions to a MH facility and be given a MH misdiagnosis without the underlying cause of violence and abuse being identified.
- A misdiagnosis could impact their ability to access appropriate services, seek employment and to have access/custody of their child/ren. This could also have significant implications for the safety and welfare of the victim/survivor if the abusive actions of the perpetrator are not identified and addressed.

**Alcohol and drug services:**

- It will be important for staff to be educated in coercive control, to be able to identify coercive control when working with clients, to engage clients in appropriate and safe strategies and to seek appropriate assistance to address the issues relating to violence and abuse.

**Hospitals and emergency departments (ED):**

- Victims/survivors may attend hospitals and EDs to get help, both for physical and psychological concerns. It will be crucially important for staff working in these environments to

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be aware of coercive control, to be able to identify when a patient may be a victim of coercive control, to assess the dangers of the situation, the safety of the client and appropriate actions to take in regard to the perpetrator (e.g. mandatory reporting to police and/or DCP).

**Child and family health nurses (also known as maternal health nurses)**

- These nurses provide post-natal support. The nurses engage with women in their home and often provide a significant opportunity for women to disclose abuse. Therefore, appropriate training for these nurses in the identification of coercive control is important.

**Domestic and family violence (DFV) services:**

- DFV services would already be aware of coercive control as a tactic of DFV and would be assisting victims/survivors when they access their services.
- It would be important for other agencies to be consulting with and working in collaboration with DFV services to provide a comprehensive range of services to assist with the creation of safety and welfare for victims/survivors and their family members.
- DFV services may require further funding should coercive control become criminalised as the demand for their services may increase considerably once coercive control is formally recognised.

**Hairdressers/beauticians:**

- Hairdressers are a common first disclosure point of abuse of family and domestic violence. Therefore, training and support for hairdressers on coercive control and referral pathways for victims/survivors is important. For example, 'Trims, Tints and Domestic Violence Training,' is a program started by the New South Wales Government that provides workshops that are delivered to hairdressers by legal aid services and domestic violence services. Additionally, 'HaiR-3Rs' in Victoria, is a program providing family violence training for salons.

**RSPCA and animal shelters:**

- Perpetrators may threaten or cause actual harm to animals (whether they be pets, companion animals, disability support animals, livestock, wild animals) which can be very distressing to both the animals and to the victims/survivors.
- Animal abuse is a very strong indicator of domestic and family violence and of child abuse occurring within the home. Where animal abuse is identified, this needs to be taken seriously, for the welfare of both the animals of concern and the victims/survivors involved.
- Many victims/survivors have hesitated to leave a violent situation due to concerns about the welfare of animals. Animal abuse can have a strong impact on the mental health of the victim/survivor.
- It is important for RSPCA and other animal shelters to be included in services when addressing coercive control. This is often an unrecognised, but very powerful crime which can have significant impacts on the lives of the animals involved and the emotional and mental health of the victims/survivors.

For each organisation listed, it will be important to have interagency collaboration and understandings. This involves training in what constitutes coercive control and to develop a common framework with regards to ways in which to identify coercive control, undertake risk assessment and safety planning when

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identified, and safe, appropriate, and timely ways in which to provide relevant supports and referrals. The safety of the victims/survivors should sit at the core of any undertakings which services implement. Working with the victim/survivor to hear their story and their understanding of what is happening to them (and to their child/ren, other family members, animals) will be crucially important.

### **Question 6 - What education and training is needed to improve the justice sector's understanding of coercive control and detect, investigate and prosecute coercive control appropriately?**

#### **Consultation with victims/survivors:**

It will be important to consult with victims/survivors and to hear from them about their experiences of trying to seek help from the justice sector, especially when the issues are of coercive control and may not always be so obvious as tactics of abuse and violence (e.g. limiting a woman's access to friends and family, restricting her liberty, not allowing her to work and to access her own money, giving her 'the silent treatment' for weeks on end and causing her to live in terror, depriving her of needed medication, etc.).

It will be important for staff who work in the justice sector to be aware of victims/survivors' experiences and how this can directly influence the development of appropriate justice strategies to effectively assist them to be safe, and to appropriately charge perpetrators with acts of violence and abuse.

Key questions to ask victims/survivors during consultation include:

- What will be useful, respectful, and relevant immediate responses from the justice system?
- What steps can be implemented quickly to ensure the safety of victims/survivors and the safety of their child/ren and other people of concern (e.g. family members)?
- What steps can be implemented quickly to ensure that the perpetrators stop using these forms of violence and abuse and are held accountable for causing the victims/survivors to experience fear and harm (whether that is emotional and/or physical harm)?
- What might be other relevant agencies for the justice system to be liaising with to get a comprehensive overview of the situation and to ensure the safety of victims/survivors, child/ren and family members? (e.g. police, child protection, housing, women's shelter, Men's Stopping Violence services and programs, etc.)?
- Listening to what victims/survivors say in relation to acts which cause them fear, even if the acts may appear to be 'minimal' or 'not relevant' to issues relating to domestic and family violence. These coercive control issues are relevant to the victim/survivor and are having a significant impact on their sense of safety and well-being.

#### **Education and training:**

Appropriate training should involve a thorough understanding of what constitutes coercive control, its impacts on victims/survivors, the dangers of coercive control, safety measures to assist victims/survivors and appropriate and effective legal consequences for perpetrators, for them to be held accountable for their actions.

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Ensure comprehensive training for police/justice sector to identify the potential presence of coercive and controlling behaviour, how to gather information from the victim survivor on a pattern (shift away from viewing it as incident based) of abusive behaviour and correctly assess that behaviour to ensure clarity regarding who is the primary aggressor. It is important to understand when undertaking assessments with perpetrators the nuanced ways in which they may seek collusion, minimise, justify, or use blame to shift responsibility for their behaviour. When police are called to an incident, it will be important for them to consider the circumstances of the event to ensure the primary perpetrator is charged for acts of violence and abuse, not the victim. Assessment tools for identifying the primary aggressor would be essential, for example, the Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework which outlines how to determine the primary aggressor.

This training would ideally include the input of specialist domestic and family violence services in relation to both working with victims/survivors and perpetrators. For example, Uniting Communities therapeutic counsellors attended a police DFV training in Victoria with police and staff from one of the Orange Door Support and Safety Hubs, which provided an opportunity for police to glean the expertise of DFV specialists who work on the frontline.

Training should involve:

**Identification and implications:**

- The identification and definition of the many forms of violence and abuse which constitute coercive control (please refer to the South Australian Parliament ***Criminal Law Consolidation (Abusive Behaviour) Amendment Bill 2021***, pg. 5 Section 11, (a - o) for a detailed and comprehensive list of what constitute acts of abuse/coercive control).
- Evidence-based research on the frequency of coercive control which has been reported in Australian courts over recent years so that justice staff are aware that this is a major contributor to domestic and family violence.
- Identifying the research (e.g. NSW Domestic Violence Death Review Team, ANROWS) which unequivocally indicates that coercive control is a precursor to homicide.

**Impacts of coercive control:**

- The impacts of coercive control on victims/survivors and others who may be implicated (e.g. family members, friends, neighbours) include, fear, anxiety, concern for the welfare of the victim/survivor and others, harm to mental health, self-harm, use of alcohol and drugs to cope with the stress and fear, depression, panic attacks, and isolation.
- This will be important for the justice sector to fully understand the powerful and detrimental impacts of coercive control so that justice staff can make clear and safe decisions regarding:
  - \* Both the welfare and safety of the victim/survivor (for the immediate future and long-term).
  - \* The importance of appropriate consequences for perpetrators, especially keeping the safety of victim/survivor at the core of any decisions made (again, both for the immediate future and the long-term).



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**Prompt implementation of appropriate safety strategies for the victims/survivors:**

- It will be important that discussion be held about the need for strategies to be promptly put into place to ensure the safety of the victims/survivors and others impacted by the coercive control (e.g. child/ren, family members). This might entail an Intervention Order being laid against the perpetrator, restricting their physical and IT access to their partner (and others impacted) and removing the perpetrator from the home: a jail sentence, etc.

**Prompt and appropriate consequences for the perpetrator to keep victims/survivors safe:**

- It will be important that discussion be held about the need for strategies to be promptly put into place to ensure that the perpetrator is held accountable for their actions. This would be for the immediate future and for the long-term.
- Strategies could include an Intervention Order, a jail sentence, the court ordering the perpetrator to attend a Men's Stopping Violence Group, etc.
- Ensure court staff are providing and trained in robust court program assessments including risk assessments for undertaking men's programs.

**The long-term consequences of the justice system acknowledging coercive control:**

- Discussion about the importance of coercive control being recognised by the justice system, victims/survivors being assisted, and perpetrators being held accountable for their abusive and violent actions.
- Over the long-term, these actions by the justice system will contribute towards the decrease in the use of coercive control.

**Inter-agency collaboration:**

It would be useful for the police/justice sector to work in collaboration with other agencies like women's DFV services, mental health, alcohol and drug services and health. This will enable the justice sector to hear about the work services have been doing with victims/survivors and to ensure that a coordinated and prompt safety response is provided to the victims/survivors.

**Question 7 - What education and training is needed for organisations that work with victims/survivors and perpetrators of coercive control e.g. in health, housing, education, etc?**

Build the capacity and increase training for all workforces that interact with victims/survivors and men who use domestic and family violence to ensure they can implement appropriate risk assessment and management. Create an a cross the sector multiagency risk assessment framework, similar to the MARAM model in Victoria, that requires universal and specialist services to assess for DFV and the associated risk. This model ensures that no matter which entry point in the service system victims/survivors or perpetrators enter, all services are effectively identifying, assessing, and managing family violence risk.

**Question 9 – Are there any gaps in the services currently available to victims/survivors of coercive control?**

When victims/survivors report via police stations, officers present at the front counter are often the first responders. We recommend experienced, trained designated DFV officers to be present at selected front

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counters to respond to victim/survivor reports to ensure a more consistent and specialist response. This could also include a specific interview room or private space so that victims/survivors are not expected to make their complaint in a public area, in full view of others in the police station. Having specialist officers take reports in a confidential area would be critical to the success of better responding to victim/survivor experiences of coercive control.

**Question 11 - What types of perpetrator services should be prioritised?**

Increase the resourcing for Men's Behaviour Change Programs (MBC) in South Australia to ensure programs have the capacity to implement risk assessment and risk management processes, including information sharing and working collaboratively to address perpetrators patterns of coercive and controlling behaviour. Adequately fund the Partner Contact services attached to the MBC programs that focus on increasing the safety of women and children. For example, many victims/survivors who are contacted by this service often have not engaged with the service system and therefore, this service provides the opportunity to support and increase the safety of women and children and hold perpetrators accountable for their behaviour.

**Question 12 - Are there any gaps in the services currently available to perpetrators of coercive control?**

We know men 'hold the risk' therefore, engaging men in services in a timely manner is critical and keeps them in view. We recommend increasing the availability of services for perpetrators of domestic and family violence to support earlier intervention and timely responses to coercive controlling behaviour. This includes providing support for men awaiting Men's Behaviour Change and other programs that provide services that keep men engaged, including the Men's Referral Service's Brief Intervention service. Encourage these collaborative partnerships and support them with appropriate funding.

**Implement a men's case management/cross sector co-ordination model:**

The Royal Commission into Family Violence (RCFV) in Victoria highlighted the need for increased visibility and accountability of perpetrators of family violence, no matter which point of the service system they chose to enter (Recommendations 86, 87, 88 and 89). Central to these recommendations included the development of strong and capable perpetrator accountability practice and improving the outcomes for perpetrators who attend Men's Behaviour Change program. Additionally, increasing the understanding of the complex interplay between the primary reason men choose to use violence and any contributing factors, such as alcohol and drug use and mental health.

In the absence of a suite of services for male perpetrators of family violence currently, it is recommended that funding this type of case management/cross sector coordination model, that sits alongside of the MBC programs, would provide a coordinated response, designed to increase accountability and visibility of men who choose to use violence in their family relationships. This type of service is informed by cutting-edge research and emerging practice and would ultimately provide men access to services including:

- Cross sector coordination to male perpetrators of family violence
- Individual assessment and treatment to male perpetrators of family violence
- Men's case management for male perpetrators of family violence
- Men's Behaviour Change programs

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- Fathering programs
- Alcohol and drug counselling
- Forensic assessment
- Financial counselling
- Housing and homelessness response

This model could also include additional treatment services including, primary health care, mental health assessments and treatment and other counselling.

**Question 13 - Are there any current specialist and mainstream service providers that could improve and/or tailor their current service for perpetrators of coercive control?**

As outlined above, providing a case management/cross sector co-ordination model that sits alongside of MBC programs. The provision of a Common Risk Assessment Framework for universal and specialist DFV services.

**Question 14 - Is there anything else that should be considered as part of implementing a criminal offence relating to coercive control**

**Mandatory, Uniform State-Wide Domestic Violence Routine Screening**

Since 2003, NSW Health has introduced mandatory Domestic Violence Routine Screening (DVRS) in four areas of health across the state including, ante-natal, early childhood and for women aged 16 years of age and over, in mental health and alcohol and drug services. All women who access these services must be screened for domestic and family violence when they access these services. This is a safety strategy to be able to identify if DFV is occurring, the extent and impact on both the woman and any child/ren in her care, any mandatory reporting requirements to ensure safety, risk assessment and safety planning and the provision of support and referrals (e.g. Women's DV Court Advocacy Service).

The definition used in the DV Screening Tool recognises that DFV "can take many forms, including physical and sexual violence, psychological, emotional, verbal, and social abuse, and harassment or stalking. Some women experience one or more of these types of abuse from their partner or ex-partner" (NSW Health Screening for Domestic Violence tool). This broad definition acknowledges the many forms which coercive control can take and would assist in the early identification of DFV and subsequent safety actions to be put into place.

Uniting Communities recommends that SA Health introduce a similar, standard tool which would be mandatory in all mainstream services, including alcohol and drug services, mental health, early childhood, women's health centres, hospital emergency departments, etc. to assist in the early identification of DFV (including the many forms of coercive control) and to support victims/survivors with safety strategies. Similarly, the DFV Screening Tool would help to identify perpetrators of DFV and to refer them to the relevant services, whether that be police, child protection, courts, or counselling and relevant Men's Behaviour Change groups.

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**Collaboration between services**

It would be important for services and systems to work in collaboration with each other to ensure that comprehensive and appropriate supports are available for victims/survivors and for perpetrators, to ensure that they are held accountable for their actions and to stop using these abusive and violent tactics.

The Family Safety Framework in South Australia, an inter-agency forum held fortnightly, is an excellent example of agencies working in collaboration to address the impacts of domestic and family violence and the safety of clients. For all services involved with the Family Safety Framework to receive appropriate training in coercive control and appropriate ways in which to address these issues of violence and abuse effectively and collaboratively, could make a qualitative difference in the lives of victims/survivors and their family. Similarly, it would also enable services to work together to hold perpetrators accountable for their actions and, ideally, to stop them employing tactics of coercive control. Ensure there are relevant agencies that work with perpetrators, engaged in the fortnightly forums, to ensure that perpetrators are kept in view and offered services.

**Geographical location should not make any difference to the application of the law**

In the New South Wales Crimes (Domestic and Personal Violence) Amendment (Coercive Control – Preethi's Law) Bill 2020 it stipulates in the geographical application of sections 14A and 14B that “a person who commits an offence by the operation of this section may be dealt with, and is liable to the same punishment, as if the person had committed the offence within the State.” A person has still committed an offence, whether the person engages in conduct within the state or interstate.

It would be important for the SA Legislation to adopt this position so that any coercive control offences undertaken in SA and subsequent sentences, penalties, and Intervention Orders, relating to these offences, also be recognised, and upheld in other states and territories to ensure the safety of victims/survivors.

**CONSULTATION ON DRAFT CRIMINAL LAW CONSOLIDATION (ABUSIVE BEHAVIOUR) AMENDMENT BILL 2021**

Uniting Communities made a previous submission to the Attorney-General regarding our response to changes made to the Criminal Law Consolidation (Abusive Behaviour) Amendment Bill. We believe the recommendations we made are important considerations regarding implementing a criminal offence relating to coercive control. Our submission is at:

<https://www.unitingcommunities.org/file/lkvh7voz9/Submission%20Criminal%20Law%20Consolidation%20Amendment%20Bill.pdf>

Yours sincerely,



**Simon Schrapel AM**  
Chief Executive  
Uniting Communities

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**Reference materials:**

Victoria | The Royal Commission into Family Violence (RCFV). (2016).

<http://rcfv.archive.royalcommission.vic.gov.au/Report-Recommendations.html>

New South Wales | Domestic Violence Death Review Team 2017-2019. (2020).

[https://www.coroners.nsw.gov.au/coroners-court/resources/domestic-violence-death-review.html#:~:text=The%20Domestic%20Violence%20Death%20Review,case\)%20and%20quantitative%20review%20function](https://www.coroners.nsw.gov.au/coroners-court/resources/domestic-violence-death-review.html#:~:text=The%20Domestic%20Violence%20Death%20Review,case)%20and%20quantitative%20review%20function)

Criminal Law Consolidation (Abusive Behaviour) Amendment Bill. (2021).

[https://www.legislation.sa.gov.au/lz/path=/b/current/criminal%20law%20consolidation%20\(abusive%20behaviour\)%20amendment%20bill%202021](https://www.legislation.sa.gov.au/lz/path=/b/current/criminal%20law%20consolidation%20(abusive%20behaviour)%20amendment%20bill%202021)

Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM). (2022).

<https://www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management>

New South Wales | Domestic Violence Routine Screening Program. (2022).

<https://www.health.nsw.gov.au/parvan/DV/Pages/dvrs.aspx>

Office for Women | Family Safety Framework. (2022).

<https://officeforwomen.sa.gov.au/womens-policy/womens-safety/family-safety-framework>

Crimes (Domestic and Personal Violence) Amendment (Coercive Control—Preethi’s Law) Bill | New South Wales. (2020)

<https://www.parliament.nsw.gov.au/bills/Pages/bill-details.aspx?pk=3797>

No to Violence | Submission to Joint Select Committee on Coercive Control (NSW). (2021).

<https://www.parliament.nsw.gov.au/committees/listofcommittees/Pages/committeedetails.aspx?pk=271#tab-submissions>

Determining the primary aggressor’ | Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework. (2021).

<https://www.wa.gov.au/system/files/2021-10/CRARMF-Fact-Sheet-4-Primary-aggressor.pdf>

Trims tints and domestic violence training for hairdressers | Media release | New South Wales Government. (2020).

<https://dcj.nsw.gov.au/news-and-media/media-releases/trims-tints-and-domestic-violence-training.html>

Family violence training for salons | HaiR-3Rs. (2022).

<https://www.hair3rs.org.au/>