The Public Advocate
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Attorney General's Department
Australian Government
4 National Circuit
BARTON ACT 2600

Via email: coercivecontrol@ag.gov.au

Feedback in response to the 'National principles to address coercive control' consultation draft

Thank you for the opportunity to comment on this consultation draft in relation to national principles to address coercive control.

As the Public Advocate for Queensland, I undertake systemic advocacy to promote and protect the rights and interests of Queensland adults with impaired decision-making ability.[1]

People with impaired decision-making ability are a broad and diverse group due to the range of conditions that may affect a person's decision-making ability. These include intellectual disability, acquired brain injury, mental illness, neurological disorders (such as dementia) or alcohol and drug misuse. While not all people with these conditions will experience impaired decision-making capacity, many of them will at some point in their lives. For some, impaired decision-making capacity may be episodic or temporary, requiring intensive supports at specific times, while others may require lifelong support with decision-making and communicating their wishes and preferences.

Impaired decision-making ability can make people extremely vulnerable to the actions of others, particularly when combined with conditions that reduce physical mobility or affect someone's ability to communicate verbally with others.

Two particular cohorts of people 'stand out' in this regard – those who live in shared home environments with the provision of disability support or aged care support services, and older people who are subject to elder abuse.

People with impaired decision-making ability residing in shared home environments

While the draft national principles effectively include the more 'traditional' relationships in which coercive control can occur (like family settings), people with impaired decision-making ability can often reside in places where family type relationships are developed but not necessarily recognised as such.

An immediate example of this is where people reside in a shared disability accommodation service, broadly defined by the Queensland government (in its Public Health Directions)[2] as when;

- four or more people with disability reside with people who are not members of their family; and
- the residents share enclosed common living areas within the facility whether inside or outside, and
- the residents are provided with disability supports within the facility.

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[1] *Guardianship and Administration Act 2000* (Qld) s209.
[2] Chief Health Officer, Queensland Health, Disability Accommodation Services Direction (No.13) (superseded), Schedule 1 Definitions <https://www.health.qld.gov.au/system-governance/legislation/cho-public-health-directions-under-expanded-public-health-act-powers/revoked/disability-accommodation-services2#:~:text=Shared%20disability%20accommodation%20service%20means,members%20of%20their%20family%3B%20and>.

People with impaired decision-making ability can also find themselves living in family-like settings when they reside, without any real choice, in boarding houses and hostels (known in Queensland as supported accommodation services) and residential aged care services.

In each of these examples people reside with others, often not of their own choosing, and develop family-type relationships where situations of coercive control can develop and indeed sometimes flourish.

Added to this is the provision, in most circumstances, of 24/7 care from service providers, where again family type relationships can be developed, due to the intimate nature of support services administered (eg. personal hygiene, administration of medication, feeding).

People with impaired decision-making ability in these accommodation settings may have entered, initially, through a decision made by a substitute decision-maker. It may also be incredibly difficult for them to leave, due to circumstances created by the disability supports they require and/ or the lack of availability of alternative accommodation or service providers.

Given the non-traditional but still family-type relationships that are developed in these settings, it is vital that they be identified in the national principles as relationships in which coercive control can occur.

The Victorian Public Advocate released a report examining violence and abuse in group homes in 2019, which detailed many examples and case studies where situations of coercive control were experienced by residents. It is available at https://www.publicadvocate.vic.gov.au/opa-s-work/research/142-i-m-too-scared-to-come-out-of-my-room for further information.

People experiencing elder abuse

Older people in situations of elder abuse can also be subject to coercive control that may not be recognised due to the type of family relationship involved.

As noted by the Victorian Office of the Public Advocate in its submission to the Family Violence Reform Implementation Monitor in July 2020:

> 'While elder abuse is often a form of family violence, the drivers of this form of abuse are often different to the drivers of intimate partner violence. Ageism is a significant contributing factor, which in combination with gender inequality renders older women particularly vulnerable to abuse. Furthermore, men can be the victims of elder abuse, and women are more likely to perpetrate elder abuse than intimate partner violence'.[3]

As with those residing in shared accommodation arrangements, it is vital that situations of elder abuse be recognised as circumstances where coercive control can occur, involving perpetrators who are often not normally associated with this type of abuse (eg. adult children and other relatives).

Recommendations

Given that one of the principal objectives of the national principles is to create a shared national understanding of coercive control (National Principle 3 speaks to community understanding in particular), it is vital that the cohorts and relationships I refer to above are recognised as potentially involving coercive control. They represent types of relationships that may not be readily recognisable to either the community generally or to protective or health service providers (like police, hospitals etc), meaning that incidents will potentially not be reported or actioned.

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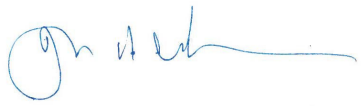
[3] Office of the Public Advocate Victoria, *Submission to the Family Violence Reform Implementation Monitor – Monitoring the Family Violence Reforms*, July 2020,
< https://www.fvrim.vic.gov.au/sites/default/files/2020-09/Submission%20%23052%20-%20Organisation~%20Office%20of%20the%20Public%20Advocate_0.PDF>.

If this recognition is not provided early in the conversation regarding coercive control I am concerned that these cohorts will once again 'fall through the gaps' and the treatment they receive in their unique family type relationships will not be recognised. This will make it extremely difficult for any action similar to that which is afforded to other victim-survivors of coercive control to be taken in individual jurisdictions.

Thank you for the opportunity to provide feedback regarding the national principles. It is imperative that Australia develops consistent language surrounding coercive control and what it is (and isn't) and recognises (as described above) certain non-traditional but family-type relationships in which it can occur.

If you require clarification of any of the issues raised in this correspondence, please contact my office on 07 3738 9513.

Yours sincerely



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