

**INQUIRY INTO CRIMES LEGISLATION AMENDMENT
(COERCIVE CONTROL) BILL 2022**

Name: Name suppressed
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Partially
Confidential

Supplementary Notes on Coercive Control for the Standing Committee on Social Issues

Dear Committee,

We recommend the following be considered by the committee in their deliberations.

1. The Government claims that *"...that there are a number of mechanisms that allow a person to be assessed for potential involuntary treatment and that psychological harm was already adequately included in these processes"*. If this statement were true, then the Coercive Control Bill would NOT be required as Coercive Control is a subset of psychological harm.
2. The inability of any person in any relationship (intimate or other) to have a perpetrator of psychological harm assessed perpetuates normal emotions in the victim (loss of hope or criminal thoughts) towards the perpetrator. As such, current Government policy and the proposed Coercive Control Bill promotes criminality rather than providing for early intervention (enforced mediation and/or clinical assessment).
3. Intimate relations often break down due to the stress from Government Policies and complex administrative procedures (affordable housing, promotion of negative gearing, push to on-line self service rather than face-to-face, taxing savings, push for both parents to work and use childcare rather than one parent staying home with the children).
4. Without compulsory mediation or clinical assessment of a perpetrator of psychological harm where a relationship fails, any subsequent relationship is likely to fail because the underlying psychological problems have not been assessed and treated. Hence there is a high failure rate in second and subsequent marriages/relationships.
5. Existing Government Policies allow for a GP to prescribe mind altering drugs without clinical psychological assessment, exposing partners and other innocent individuals to the behaviour alterations caused by the drugs acting on the subconscious mind. Patients have no knowledge of their behavioural alterations – only the victims. As the harm is psychological, the victim has no pathway to defend themselves under the current framework – which is why we need to amend the Mental Health Act and not the Crimes Act. The Privacy Act gives more protection to the abuser than to their victim.
6. Government Mental Health programs have failed to educate the public about the availability of non-threatening clinical assessment that is available free under Medicare to provide early detection of any underlying clinical conditions (eg Alexithymia) that may deteriorate to criminality. Mental Health education programs also need to address the danger of abusing dosage of mind altering drugs.

As per our previous correspondence, our case is fully documented in NSW State and Departmental records. It provides full evidence of the failure the current system to have a perpetrator of psychological harm compulsorily assessed and/or enforced mediation. Stress from within the intimate relationship of the perpetrator and their partner continues to cause psychological harm to the primary victim and the wider family group. The victim has also suffered direct psychological harm in seeking to find a pathway as outlined in item 1 above.