

Parent Education, Emotional Development and the Prevention of Violence

A Submission to the Second Action Plan under the National Plan to End Violence Against Women and Children 2022–2032.

This document is provided as a contribution to the consultation process relating to the development of the Second Action Plan under the National Plan to End Violence Against Women and Children 2022–2032.

While existing initiatives provide important intervention, protection, recovery and educational functions, I believe greater long-term emphasis must be placed on emotional development, attachment, belonging, relationship understanding and early childhood emotional formation as foundational preventive components within Australian society.

Parent Education and Early Emotional Development

While many current initiatives provide important support, protection and crisis intervention services, they do not strengthen public understanding of how emotional development occurs during childhood, how emotional stability forms, and how early relational experiences influence later behaviour, relationships and mental wellbeing.

To reduce recurring mental health issues, family violence, suicide, social alienation and broader emotional instability within society, greater emphasis should be placed on parent education and public education frameworks that address the significance of emotional development. Similarly, emotional development should be taught in Australia's national curriculum because children become parents in the future.

This is important because the issues of concern do not arise in isolation. Mental health instability, relationship dysfunction, domestic violence, aggression, emotional insecurity and social disconnection are deeply interconnected and, in many instances, have roots in early emotional development and relational experiences during childhood.

For this reason, education and understanding represent, in my view, the most important *long-term preventive path forward*. The clearer people understand emotional development, attachment, belonging, and personality formation, and the more they recognise that feeling loved and belonging are the foundations of our emotional stability, the more empowered they become. People then recognise, prevent, and address emotional dysfunction within themselves, their families, and broader society. It is *understanding* that empowers us.

The following summaries outline concepts that warrant public education and consideration within long-term preventative policy and curriculum development.

Emotional and thinking brains

The greatest confusion about who we are stems from not understanding how our brains work. To address the national crisis effectively, it is essential that the public develops a clearer understanding of how emotional development occurs and what is foundational to emotional stability.

There are two major parts of the brain that we use when we interact with or interpret the environment.

There are, of course, many other parts of the brain that control, for instance, vision, taste, touch, smell, hearing and so on. Those parts do not concern us. For clarity, it is important to understand the functions of the two specific parts of the brain that we use when we interact with—and interpret the environment.

The reason why issues often become confusing for us is that those two parts of the brain are very different from each other. One part is the emotional brain or the Limbic System, while the other is the Neocortex or the thinking brain.

The emotional brain

The emotional brain makes us feel the way we do.

The emotional brain doesn't think. There is no logic or reason. It learns from experience. For example, if there was a happy situation in the past, a similar one now will trigger the emotional brain to pull that string of happy feelings.

But that is the same for every other feeling.

If, in the past, there was a situation with angry, sad, anxious, or overwhelming feelings, then in a similar situation now, the emotional brain will pull that string, and those feelings will return. Because the emotional brain learns only from experience, it does not think and has no logic or reason; it therefore cannot self-correct.

It is important to understand that the emotional brain learns from experience, which means that we cannot talk to it; it doesn't understand reason or logic. It needs to do. It needs experience to change feelings.

Despite that, we are the emotional brain. At our core, we are emotional creatures, and the emotional brain likes, wants and desires. These feelings give us direction in life.

For example, some people become carpenters, plumbers, nurses, lawyers, or whatever. We do the things that we like. This is also on a personal level; for instance, the clothes we buy, jewellery we may have, our furniture or the car we drive, we like those things.

The thinking brain

The other part of the brain is the Neocortex, or the thinking brain. This part of the brain gathers information and uses reason and logic to do so. The important point to understand is that we can separate the emotional brain from the thinking brain, and we do so by how we refer to them.

When we say, I think, I know, and I understand, – thinking brain.

When we say I feel, I like, and I want, emotional brain.

It is impossible to hurt the thinking brain. There are no feelings.

When we have mental health issues, we have emotional disturbances.

Early Childhood Emotional Development

In adults, all the information that comes in is scrutinised by the information that the person's thinking brain has gathered over its lifetime. If I were to say something that does not gel with the information that another person's thinking brain has gathered over its lifetime, that person's thinking brain will reject what I am saying.

Therefore, in adults, the emotional brain is shielded by the information the thinking brain has gathered over its lifetime.

This is important to understand because the largest part of our personality forms during the first 7 years of our lives.

The formation of personality.

The reason the largest part of our personality forms during the first 7 years of our lives is that, during that time, the thinking brain lacks independent knowledge. It is only in an information-gathering phase.

Therefore, during the first seven years of our lives, the emotional brain is completely exposed, but it is still experiencing.

That the thinking brain has no independent knowledge when we are young is obvious, because we believe everything. We believe in Santa, the Easter Bunny and the Tooth Fairy. At age 7, the thinking brain is coming of age. We see two Santas in a shopping centre, and we go, "Hey, what's going on here?"

But never before. We can be 3 or 4 years old and see 10 Santas. We don't care; Santa exists. Because the emotional brain is exposed when we are young, the environment strongly influences us.

Because we are emotional creatures, it is important to us that we receive a lot of affection and support. *These are emotional experiences; it is how the person feels.*

Self-perception — Loveable or not loveable.

A child who receives a lot of affection and support gets the emotional message "I must be loveable". These children grow up and look in the mirror, and they might say, "Oh gee, my nose is a bit crooked, and my ears don't line up, but what the heck." They don't care. Why? Because they *feel* good.

They probably never know why they feel good. They just do.

A child who does not receive affection and support gets an emotional message, "Maybe I am not loveable". These children grow up and look in the mirror, thinking, "I am smarter than so

and so, and I am better looking than so and so.” They think that, they know that, and they understand that. But they don’t *feel* that. They feel as if they are not good enough and that they don’t belong.

Without understanding the formation of personality and the environmental influences in early childhood, they are at a loss as to why they always feel not good enough. From here, it can become increasingly confusing. They access mental health support and get diagnoses of fight or flight response, of having anxiety, and are depressed. Often, these people are unable to focus because of their inner emotional turmoil and, as a result, are diagnosed with ADHD. They are prescribed medications, and they are feeling that there is genuinely something wrong with them. If only they knew that it was the lack of affection that caused them their inner emotional instability.

Interacting with the world.

We interpret the world according to how we *feel*. The person who receives a dominant “I am loveable” message is outgoing and interacts easily with other people. When they see people talking and looking at them, they think that the people must be saying good things about them. The people are not talking about the person, but that is how they interpret the world.

A person who did not receive the affection they needed when they were young and carries the message “Maybe I am not loveable” is cautious when they meet other people. It takes them a long time to let people into their lives. When they see people talking and looking at them, they think, “Mmmh, maybe they are not saying nice things about me”. The people are not talking about them, but that is how they interpret the world.

Mental health

The vast majority of clients who seek mental health support present with anxiety. Anxiety is not an illness, it is not a disease, it is not a virus that the person caught somewhere. Anxiety is the feeling of not being good enough or not loveable.

It is a feeling.

Therefore, it is an emotional message. Feelings of not being good enough or loveable are laid down during the first seven years of our lives. When children do not get the affection or support they need during the first 7 years of their lives, they feel not good enough and not loveable.

Throughout their lives, these feelings are triggered when they meet new people, are in crowded places, or undertake new or challenging tasks. When a person who carries an “I am not loveable” message meets new people, they feel uncomfortable. They wonder what people think of them. They think this because they do not feel loveable. When people who carry a “I am not loveable” message are in crowded places, they feel that people are looking at them.

They feel uncomfortable because they do not feel loveable. What people clearly need to understand is that anxiety is feeling not loveable or not good enough. That is what anxiety is.

Feelings of being unloveable are always accompanied by depression, which is, of course, logical when you understand what anxiety is.

When you feel not good enough or not loveable and therefore always wonder what people think of you or whether they like you, your mood will be depressed. What needs to be clear is that there is nothing wrong with the person. They are not sick or abnormal; they do not suffer from a disease.

There is absolutely nothing wrong with their thinking brains. The issue is that they did not receive the affection they needed when they were young, and as a result, they feel not good enough and not loveable. That is what anxiety is. Improving emotional well-being begins with understanding how the brain processes emotional experiences and developing practical strategies to reduce the repeated triggering of distressing feelings

Not loveable

Numerous life situations can leave people feeling that they are not good enough or loveable.

For instance, some parents are not affectionate because they did not receive affection as children. They may care and provide very well for the child. A child raised in a non-affectionate home will receive part of the "I am not lovable" message and will be anxious and uncomfortable with affection.

We can also get an "I am not loveable" message from outside the home, for instance, when we are bullied at school, or when we are discriminated against.

However, we can also receive an 'I am not lovable' message from other situations. For instance, when the family travels a lot. The child changes schools all the time. The child could get an "I'm not loveable" message because they are always the new kid on the block. They never belong to the group.

An "I am not loveable" message can also be received in a very innocent way. For instance, when the child does well at school and attains a top mark on an assignment. Everyone congratulates the child, and there are affectionate interactions. When the child does not do well on an assignment, the family members are disapproving and more distant.

The child gets the message; I am only loveable when I am successful. For these children, studying can become an anxiety-driven obsession.

Many circumstances could lead a person to receive an "I am not loveable" message. Many of them are innocent, where people are unaware that their behaviours have a certain effect on a child.

Consequences of not being lovable.

This brief summary highlights that the foundation of our *emotional stability is feeling loved and a sense of belonging*. People respond differently to the lack of affection or neglect they receive at home – some become anxious and withdrawn, others become rebellious, angry, and violent, and others self-harm and even suicide.

Emotional learning and understanding

The majority of clients seek therapeutic interventions because they have had a traumatic experience or experiences. The fact of the matter is that no treatment can undo an experience. Once we have an experience, whether pleasant or unpleasant, it cannot be undone. It is part of our lives.

Our lives are an accumulation of experiences. Emotions are triggered when we are confronted with similar situations. It may not be exactly the same situation. Small parts of a previous experience can trigger similar feelings in a current situation. Emotions are triggered in various situations in all of us. Poor understanding of how our brains function leads to misconceptions and confuses us.

For instance, when emotions are triggered due to a traumatic experience, a person is told that they have Post Traumatic Stress Disorder or PTSD. To give a name to the triggering of an emotional experience gives the impression that you have a disease, and there is nothing that you can do about it.

Unpleasant experiences trigger emotions; similarly, pleasant experiences do as well. It is simply how the emotional brain works. For instance, imagine that each time a person scratched a lottery ticket at the newsagent's, they won a thousand dollars.

How do you think the person would feel when they walk into the newsagents' again? Their emotions would be spiking with excitement and happy feelings.

Emotions respond to current situations based on past experiences, whether pleasant or unpleasant. Although experiences may be deeply hurtful, it is the continuous triggering of feelings from unpleasant experiences that traumatise us in the present.

The most troubling and widespread of those unpleasant emotional experiences that trouble us is when we did not receive affection as children, and therefore feel not loveable and not good enough. It is only through education and understanding that we can formulate a response and change the way we feel.

A single cause

Anxiety is a feeling that I am not loveable and not good enough. Anxiety is always accompanied by a depressed mood. Panic is the top end of anxiety. Panic is the highest level of physiologically expressed emotional distress caused by the lack of affection in early childhood and the corresponding feelings of "I am not loveable" and "I am not good enough".

Eating disorders are a direct result of an emotional "I am not loveable" message. Overeating is, as many realise, "comfort eating". The person does not feel loved, and food provides some satisfaction. Anorexia is self-deprivation of food. This is because the person *feels* they should lose more weight, believing that when they do, they will be good enough and lovable. A person afflicted with Anorexia will always want to lose more weight. It is never enough.

Self-harming occurs because the person dislikes themselves. They *feel* horrible because they don't feel loveable. That is why they self-harm. *All* mental health issues and anti-social behaviours are a direct result of not receiving the affection they needed in early childhood.

The most tragic of all the consequences of the lack of affection and feeling “I am not loveable and good enough” is when a person is so tormented by their feelings that they decide that the only relief is through taking their own life.

Substance abuse

People who did not receive affection in childhood are insecure because they feel unloveable. This can lead to substance abuse. People drink or take drugs not because they are alcoholics or drug addicts, but because they get a reprieve from feeling not good enough. In these individuals, the greater the dysfunctional childhood, the more severe the substance abuse. The emotional brain learns from experience. An individual who carries an “I’m not loveable” message, may start with a few drinks or use a substance intermittently. When they *experience* that it brings them some relief from feeling not good enough, the substance use quickly escalates. Thus, there are no drug addicts, and there are no alcoholics. There are only people with unpleasant childhood experiences, and they use substances because it makes them feel better. The only reason people use substances is that it gives them a reprieve from the tormenting emotional feelings they have due to their unpleasant childhood experiences.

Domestic violence

Insecurity, thus the feeling of not being loveable, is the factor in domestic violence. A person who feels unloveable suspects their partner of cheating and not giving them enough affection, not because those are the true circumstances, but because they feel not good enough. They require constant reassurance. They need to control otherwise their insecurity will spike. They cannot accept disagreement because of their intense sense of not being good enough. A disagreement will spike those “not good enough” feelings inside them. This can lead to violence in the home.

All mental health issues have their foundation in a person’s emotional development during the first seven years of their lives. I’ll say it again: all mental health issues have their foundation in a person’s emotional development during the first seven years of their lives. Therefore, violence in the community and the home cannot be stopped or prevented by making harsher laws. The continuous demand for stricter laws and stringent police action to counter domestic violent circumstances is a futile attempt to change violent behaviour.

Similarly inadequate are calls for more severe punishments and blaming governments for not doing enough to change violent or criminal behaviour. An immediate and appropriate police response may circumvent a tragic situation. But it won’t change the perpetual occurrence of domestic violence and criminal behaviour. Understanding the interactions between the emotional brain and the thinking brain provides complete insight into the behaviour of every person in all situations.

The largest part of our personality forms during the first seven years of our lives. Changing criminal behaviour, which includes domestic violence, is impossible to achieve through adult discussions, workshops, or educational programs. The thinking brain already understands that violence and criminal behaviour are regarded as unacceptable by society at large.

Educating violent adults does not change the way they feel. Their thinking brains shield the emotional brain. They will reject incoming information that does not align with how they see the world. Eradicating criminal behaviour and domestic violence is through educating parents, but especially young children, as part of our education system.

Children should be taught that, from birth, they need continuous and genuine affection. This will deliver a stable emotional disposition. When a generation is educated in the functions of the emotional and thinking brains, and the most important aspect of a child is to receive continuous affection and support, violence and criminal behaviour will drop to all-time lows.

Parents and parenting – the most important function in the world

This summary is not to find blame for any condition a person may suffer. I am not here to say, “Oh, it's the parents' fault. I am confident that most parents love their children and do the best they can. Parents, however, do things in the way they were raised. This information explains why people feel the way they do, so the government can implement strategies to improve their lives.

There are some dysfunctional homes where children have been mistreated and neglected. Those circumstances would have a profoundly negative emotional impact on a person. Hopefully, this summary shines some light on why people feel a certain way. If we do not understand this, we cannot put in support systems or preventive measures.

Ultimately, the focus shifts back to the parents. Just like the child who is innocent of how emotional experiences made him or her feel shy, fearful, angry or violent, so are the parents completely innocent. The reason why there can be no blame on anyone is that parents were children too.

Parents only act in accordance with how they were raised and taught by their parents. Their parents, in turn, were taught by their parents, and so on. If parents do what they honestly believe is best for their child because this is how they were raised, then it may be unfortunate, but who can blame them for doing what they believe is right?

If parents deliberately hurt the child, through torture, serious neglect or severe punishment, then that parent is mentally ill. When a person behaves in horrifying ways, it reflects their childhood experiences.

The most important reason why parents can never be held accountable for their ignorance of the importance of affection in child-rearing is that our educational system has seriously failed us.

Any education system, no matter where in the world, is solely focused on matters of the thinking brain. Remember that our power is in understanding. The better we understand things, the clearer things are, the more empowered we are. Well, our education system informs the thinking brain very well on maths, English, biology, chemistry and other curriculum subjects.

Not one subject, not one, addresses the importance of affection and support and explains that affection is what makes us feel good. Not one subject teaches a student that our emotional development, through receiving and giving affection, is the most important issue in our lives, as it is the foundation of our emotional stability. Not one subject teaches children that our emotional relationships are the most important in our lives.

None. Emotional relationships are not just those with family members, though they are the strongest. We should have caring and respectful relationships with our friends. Strong emotional connections with friends give us a sense of belonging in society.

It is my submission that when our national curriculum incorporates the issues of our emotional development, broad-scale change will bring positive changes to dysfunctional behaviours with lasting effects.

Affection and Relational Stability Within Families

Affection and relational stability within families are based on regular expressions of “love you” and frequent cuddles and hugs, thus fostering warmth, reassurance, emotional support, encouragement, consistency, and emotional availability within the home environment.

In my view, affection and emotional stability within the home are not secondary matters but foundational developmental experiences that influence emotional well-being throughout life.

Where children experience stable affection, emotional support and consistent care, they develop emotional stability. Where these experiences are significantly disrupted, emotional instability and behavioural difficulties emerge later in life.

For this reason, increasing public education on emotional development, early childhood attachment, family relationships, and emotional self-understanding should be part of long-term preventive social policy.

Conclusion

This submission is based on more than 20 years of experience in psychotherapy and on the contents of my books, [REDACTED] which examine emotional development, attachment, behaviour, and long-term emotional stability.

[REDACTED]

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The purpose of this submission is to advocate for greater long-term emphasis on emotional development, parent education, attachment, belonging and early childhood emotional formation as foundational preventive components within Australian society.

In my view, long-term improvement in mental health outcomes, reductions in domestic violence, youth offending, substance abuse and broader social instability will not be achieved through crisis response. Meaningful long-term change requires greater public understanding of emotional development, emotional stability and the importance of affection, belonging and relational security during childhood.

It is respectfully submitted that increased national focus on emotional development education — for parents, children and communities — will contribute significantly to healthier relationships, stronger families, improved emotional wellbeing and a more emotionally stable future generation of Australians.

Kind regards,

[REDACTED]
[REDACTED]
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Consultation on the Second Action Plan

National Plan to End Violence against Women and Children 2022–32

FORMAL SUBMISSION

Priority area – 5. System integration and workforce

Report (attached): *Theorising family and domestic violence work: What is the work and who does it?*

[redacted]

Summary

This report, based on research funded by the Australian Research Council (ARC Discovery, DP210101214), sets out key findings in relation to the domestic and family violence workforce in Australia and the work that it undertakes. It focuses specifically on how the work is done and experienced, why it is done in particular ways, and the structural and organisational contexts that shape this work.

This research is significant in its focus on the specialist workforce as a whole, across the victim service, perpetrator service and Aboriginal service sectors.

The research set out to explore the following questions; these broadly align with the consultation questions identified for Priority area – 5 (System integration and workforce):

1. What is domestic and family violence work?
2. What are the structural, discursive and organisational dimensions of domestic and family violence work?
3. How does the nature of domestic and family violence work shape the expectations for and practices of the workforce?
4. What strategies will strengthen and support current and future domestic and family violence workforces?

Key findings:

- The diverse sociocultural and institutional contexts within which organisations operated shaped understandings of violence as well as perceptions of the skills and capacities that constitute, or are valued in, domestic and family violence work.
- Domestic and family violence work was spoken about differently depending on the target population, the services being provided, and the worker's own previous experience.

- Domestic and family violence services (like other social welfare services) are subject to budget rationalisation, narrow funding models, and competition for government contracts and funding. This was evident across all organisations but was especially marked in victim services in the form of an intensified pace & volume of work, and accountability to funding bodies.
- Differences in work conditions were observed across the victim and perpetrator service sectors, suggesting a gendered demarcation between women's work (victim support – caring work, femininised and devalued) and men's work (perpetrator accountability – challenging, 'man-to-man').
- The weight of responsibility associated with managing risk was especially acute for workers in victim services but relatively absent in perpetrator services where 'high risk' matters (i.e. immediate safety concerns) were diverted to a designated partner contact worker.
- The work for men's workers/services largely ended when a perpetrator chose to disengage. A perpetrator's resistance or non-compliance generated, not an increase in workload and intensity, but instead, either a cessation of contact altogether or a shift towards less challenging conversations.
- Community and social activism were central to the work in Aboriginal domestic and family violence services as workers dealt daily with the enduring and deeply entrenched impacts of colonisation.

Implications

As discussed in the attached report, we argue that the gendered, colonial and neoliberal structures that constitute the domestic and family violence workforce reinforce raced and gendered privilege, thereby linking the experience and perpetration of domestic and family violence with institutional responses to domestic and family violence. Thinking about and strategising the domestic and family violence workforce thus requires strong and sustained attention to the interconnections between domestic and family violence as a gendered social problem and the conceptualisation and organisation of domestic and family violence work. This means taking seriously the ways in which political and sociocultural contexts, encompassing structural conditions, colonisation and profound, embedded social inequalities, continue to shape the work.

While adequately funding and resourcing domestic and family violence services is critically important, we argue that strengthening the domestic and family violence workforce and, in turn, responses to domestic and family violence, is not merely a funding issue. Rather, it requires a fundamental rethinking of the enduring relationships between gendered, raced and classed inequalities, power and violence. Building a strong and sustainable domestic and family violence workforce, thus, demands a collective and comprehensive approach that links the structural and sociocultural to the everyday experience of frontline workers. In the short term, strategies directed at

strengthening the foundations for domestic and family violence work, as follows, may be valuable – not as a replacement for, but in anticipation of – future, transformational, change.

- Recognising and addressing gendered disparities in pay, conditions, and expectations within the domestic and family violence workforce, particularly across victim and perpetrator services.
- Strengthening funding and service models to address precarious employment and promote stability and continuity of services.
- Embedding intersectional and culturally responsive frameworks in domestic and family violence workforce planning.
- Taking actions to increase, appropriately fund and enable Aboriginal-led services.

Theorising family and domestic violence work:

What is the work and who does it?

Dr Kate Seymour
Professor Sarah Wendt
Dr Sharyn Goudie
April 2025

Acknowledgement of country

We acknowledge the Traditional Owners and Custodians of the lands on which we meet and work. We acknowledge that sovereignty has never been ceded. We pay our respects to First Nations Elders past, present and emerging and affirm our commitment to the ongoing work of reconciliation. We recognise the past atrocities against Aboriginal and Torres Strait Islander peoples of this land and that Australia was founded on the genocide and dispossession of First Nations people. We acknowledge that colonial structures and policies remain in place today and recognise the ongoing struggles of First Nations people in dismantling those structures.

Adapted from <https://acij.org.au/about-us/acknowledgement-of-country/>

Theorising family and domestic violence work: What is the work and who does it?

Report on research findings for ARC Discovery Project DP210101214 (Strengthening and Planning for Australia's Domestic and Family Violence Workforce).

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April 2025

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Acronyms

FDSV	Family, domestic and sexual violence
FDV	Family and domestic violence
MBCP	Men's behaviour change program
NGO	Non-government organisation
PCW	Partner Contact Worker

Executive Summary

Family and domestic violence (FDV) is a widespread social issue in Australia with significant health, welfare, and economic consequences. FDV disproportionately affects women, undermining their economic security, housing stability, and overall well-being (UNSW, 2019). Certain groups, including Aboriginal and Torres Strait Islander women, people with disabilities, and those from lower socioeconomic backgrounds, face increased risks due to overlapping forms of discrimination and marginalization (AIHW, 2024b). Aboriginal and Torres Strait Islander women, in particular, are 33 times more likely to be hospitalized due to FDV than non-Aboriginal women (AIHW, 2024c). While the FDV workforce is increasingly recognised, at both the Commonwealth and state/territory levels, as a key piece of the puzzle in addressing FDV in Australia, there remains limited understanding of the work itself, how it is done and experienced, why it is done in particular ways and its structural and organisational contexts.

Objective and Scope

Funded by the Australian Research Council (ARC Discovery, DP210101214), this project set out to understand the domestic and family violence workforce in Australia and the work that it undertakes. It focused specifically on how the work is done and experienced, why it is done in particular ways, and the structural and organisational contexts that shape this work.

Aims:

- Generate a coherent, qualitative evidence base on the nature and experiences of domestic and family violence work across three key domains: victim services, perpetrator services and Aboriginal specialist services.
- Conceptualise the domestic and family violence workforce with reference to the nature of the work across these three domains.
- Recommend workforce development strategies that are responsive to the context and needs of domestic and family violence work.

Research questions:

1. What is domestic and family violence work?
2. What are the structural, discursive and organisational dimensions of domestic and family violence work?
3. How does the nature of domestic and family violence work shape the expectations for and practices of the workforce?
4. What strategies will strengthen and support current and future domestic and family violence workforces?

Methodology

The project employed a layered qualitative approach informed by rapid ethnography, a multi-method approach that gathers extensive information from multiple sources and perspectives in a relatively short timeframe. Data collection included an analysis of key organizational policies and processes, direct observation of daily operations within organizations, and multiple interviews and focus groups.

This report presents key themes and findings based on data collected in 2022 and 2023 from 126 members of the FDV workforce across four key organizations in South Australia and Victoria. Participants worked across 12 sites and 28 services, including victim, perpetrator, and Aboriginal-led services.

Key Findings

The research generated a wealth of rich and insightful data; its findings encompass insights regarding both the FDV workforce as a whole and elements that are unique to specific sites:

- The diverse sociocultural and institutional contexts within which organisations operated shaped understandings of violence as well as perceptions of the skills and capacities that constitute, or are valued in, domestic and family violence work.
- DFV work was spoken about differently depending on the target population, the services being provided, and the worker's own previous experience.
- DFV services (like other social welfare services) are subject to budget rationalisation, narrow funding models, and competition for government contracts and funding. This was evident across all organisations but was especially marked in victim services in the form of an intensified pace & volume of work, and accountability to funding bodies.
- Differences in work conditions were observed across the victim and perpetrator service sectors, suggesting a gendered demarcation between women's work (victim support – caring work, feminised and devalued) and men's work (perpetrator accountability – challenging, 'man-to-man').
- The weight of responsibility associated with managing risk was especially acute for workers in victim services but relatively absent in perpetrator services where 'high risk' matters (i.e. immediate safety concerns) were diverted to a designated partner contact worker.
- The work for men's workers/services largely ended when a perpetrator chose to disengage. A perpetrator's resistance or non-compliance generated, not an increase in workload and intensity, but instead, either a cessation of contact altogether or a shift towards less challenging conversations.
- Community and social activism were central to the work in Aboriginal FDV services as workers dealt daily with the enduring and deeply entrenched impacts of colonisation.

Analysis and Interpretation

The findings underscore the interconnectedness of FDV work and its workforce with the gendered and raced structures that generate and perpetuate gendered violence. The ways in which work – all work but especially FDV work - is 'done' and experienced are shaped by gender and have impacts that are uniquely gendered, highlighting the need to interrogate the everyday practices that sustain gendered and other violences. Conversations about FDV work and FDV workers nonetheless continue to focus overwhelmingly on both skills, capabilities and training, and challenges relating to staff recruitment and retention. Such approaches underestimate the significance of the sociocultural and institutional contexts that shape understandings of and responses to violence and, in turn, the work itself.

Conclusion and recommendations

This report has argued that the FDV workforce is constituted by gendered, colonial and neoliberal structures that reinforce raced and gendered privilege, thereby linking the experience and perpetration of FDV with institutional responses to FDV. Thinking about and strategising the FDV workforce thus requires strong and sustained attention to the interconnections between FDV as a gendered social problem and the conceptualisation and organisation of FDV work. This means taking seriously the ways in which political and sociocultural contexts, encompassing structural conditions, colonisation and profound, embedded social inequalities, continue to shape the work.

There is no question that adequately funding and resourcing FDV services is critically important. Strengthening the FDV workforce, however, and, in turn, responses to FDV, is not merely a funding issue but, rather, one that requires a fundamental rethinking of the enduring relationships between gendered, raced and classed inequalities, power and violence. Building a strong and sustainable FDV workforce, thus, demands a collective and comprehensive approach

that links the structural and sociocultural to the everyday experience of frontline workers. In the short term, strategies directed at strengthening the foundations for FDV work, as follows, may be valuable – not as a replacement for, but in anticipation of – future, transformational, change.

- Recognising and addressing gendered disparities in pay, conditions, and expectations within the FDV workforce.
- Strengthening funding and service models to address precarious employment and promote stability and continuity of services.
- Embedding intersectional and culturally responsive frameworks in FDV workforce planning.
- Taking actions to increase, appropriately fund and enable Aboriginal-led services.



Introduction

Family and domestic violence (FDV) is a widespread and intractable social problem in Australia with significant health, welfare and economic consequences. The most recent Personal Safety Survey, conducted by the Australian Bureau of Statistics and covering the period 2021-22, found that one in four (27%) women have experienced violence by an intimate partner or family member since the age of fifteen (ABS, 2023). Additionally, one in six women have experienced childhood abuse (18%) or witnessed parental violence (16%) before the age of fifteen (ABS, 2023).

FDV undermines women's economic security, housing stability and associated material resources (UNSW, 2019). The burdens of FDV are also carried by employers through decreased staff productivity and increased turnover, and by the community through pressures on health systems, welfare services and criminal justice responses. It is a leading contributing factor to preventable disease in Australia (AIHW, 2018), adding more to the burden of disease for women aged 18-44 years than any other risk factor (AIHW, 2019). In 2021-22, 3 in 10 (32%, or 6,500) assault hospitalisations were due to FDV, with the overall rate of FDV hospitalisations almost three times as high for women than to men (AIHW, 2024b).

Inequalities associated with a range of factors, including socioeconomic status, cultural background and disability, expose certain groups to "overlapping and/or increased sources of discrimination and marginalisation" (AIHW 2024b), associated with diverse vulnerabilities and increased risk and severity of FDV. Thus, social inequalities fundamentally shape the risk, experience and impacts of FDV. For example, women living with disability or a long-term health condition are twice as likely to experience physical and/or sexual violence by a cohabiting partner. The risk is particularly high for women living with an intellectual or psychological, as compared to a physical, disability (ABS, 2021).

Aboriginal and Torres Strait Islander women are substantially more likely to experience FDV, and 33 times more likely to be hospitalised due to FDV, than non-Aboriginal women (AIHW, 2024c). FDV also more frequently goes unreported by Aboriginal and Torres Strait Islander women due, in part, to the continuing impacts of colonisation and background of harm related to policing and government interventions (Nancarrow, 2019). Paying attention to intersectionality thus highlights the interrelated and compounding nature of vulnerabilities; for example, the experience of FDV for Aboriginal and Torres Strait Islander women is not only shaped by the cumulative impacts of colonisation and trauma but also intersects with gender, racism and rurality, among other factors. Relatedly, the higher risk associated with FDV in rural and remote locations crosscuts with factors such as greater access to firearms and limited access to support and other services (AIHW, 2019).

While FDV has been extensively researched, relatively little is known about the nature of FDV work – beyond the listing of generic tasks including crisis management, risk assessment, group work, counselling, support, and so on – nor the workforce that undertakes this work. While the FDV workforce is increasingly recognised at both the Commonwealth and state/territory levels as a key piece of the puzzle in addressing FDV in Australia, there remains limited understanding of the work itself, how it is done and experienced, why it is done in particular ways and its structural and organisational contexts. This is a knowledge gap that has also been observed elsewhere; Macy et al (2009), for example has noted this in the US context, albeit referencing only FDV victim services:

The current state of domestic violence and sexual assault service delivery can be described as a "black box" because the inner workings of the services, the critical service practices, and the crucial components of effective services remain largely unknown. (Macy et al., 2009, p. 361)

The complexity, nature and experience of FDV work has been both undervalued and largely unexamined by governments and funding bodies in Australia. Efforts to support and strengthen the FDV workforce, however, must be informed by detailed and contextualised data and robust theorising of the purposes, forms, and contexts for the work. Continuing to rely on this, already stretched, workforce without understanding and directly responding to its complexities – beyond the narrow confines of capabilities and training – will reinforce, rather than counter, the structural, societal and cultural practices that constitute and perpetuate FDV as gendered violence.

Methodology and methods

This project used a layered qualitative design informed by rapid ethnography, a multi-method approach to data collection that generates extensive information from numerous sources and perspectives over a relatively short period of time. Rapid ethnography was chosen for its capacity to capture the complexities and conditions of work, encompassing both workplace culture and individual practices (Baines & Cunningham, 2011), as well as structural and discursive drivers. Thus, it enabled a focus across the macro and micro levels, on the social relations, structures, and institutions that organise the everyday world of individuals as evident in the micro-level experiences of workers.

In order to achieve an in-depth focus on the “local, ongoing practical activities of organising [FDV] work” (Acker, 2006, p. 442), and the ways in which these reproduce – or ameliorate – complex inequalities, the research team partnered with four key organisations operating across multiple sites in Australia. Data collection activities, for each site, included:

- document analysis of key organisational policies and processes;
- time spent in organisations observing daily operations; and
- multiple interviews and focus groups with 126 participants over the period August 2022 to September 2023.

Targeted questions were used at each site to ensure a strategic focus on the project aims and research questions, providing a consistent framework for the fieldwork, interviews and focus groups:

- **Who** does the work? (e.g. roles, socio-demographics, divisions of labour);
- **What** is the work? (e.g. programs, formal and informal tasks, clients, what is done, what should be done);
- **Where** is the work? (e.g. geographical location, local contexts, on-site/off-site, technologies);
- **How** is the work organised? (e.g. practice frameworks and modalities, organisational structures and policies, funding); and
- **Why** is the work organised as it is? (e.g. discursive, logical/practical, historical drivers).

All participants were provided with information and consent forms prior to the research team attending each site. Informed consent was further confirmed before each interview and/or focus group. Extensive field notes were taken throughout the data collection process and targeted discussions with other FDV-related organisations and stakeholders across Australia, including service providers, government agencies, peak bodies, and networks, also occurred over the duration of the project, to both inform and contextualise the analysis of data.

All interviews and focus groups were audio recorded and transcribed. Using an open-coding procedure, the researchers first coded a subset of the transcripts individually, followed by a comparison of themes and emerging concepts. After reaching an agreement on broad themes, all of the transcripts were then coded in NVivo. All participants were assigned a pseudonym (refer Appendix B) and these are used throughout this report.

Ethics approval was obtained from Flinders University Human Research Ethics Committee (Project ID 5195) and the South Australian Aboriginal Human Research Ethics Committee (Project ID 04-22-993).

Part 1

Thinking about gender, violence
and FDV work

Centring violence

While the focus of this project is FDV work – its conditions, how the work is organised, the workforce, etc. – it is also, simultaneously, about violence. Thinking about, questioning and theorising violence, both that directed at women and children and more generally, has been a constant, running – like a needle with thread – throughout. Violence, as we have understood it, constitutes the social relations of gendered, raced, classed inequality, encompassing the governance and perpetuation of, and resistances to, violence, including in the form of labour markets. Violence, then, is not just a ‘thing’ that happens and to which the workforce responds but, rather, is structural and cultural, symbolic even, as well as interpersonal.

Johan Galtung’s distinction between ‘direct’, ‘structural’ and ‘cultural’ violences, which he depicted in triangle form (see Figure 1), provides a useful way to think about the relations that enable, embed and perpetuate violence. **Direct** violences are those acts or events that are visible (or tangible) and widely recognised as ‘violence’ in its interpersonal, group or collective forms. **Structural** violence, however, refers to social arrangements that are “embedded in the political and economic organization of our social world” (Farmer et al, 2006, p. 1686), advantaging some groups and not others via, for example, access to goods, resources and opportunities including political power/agency, education, health care, and legal status (Fraser & Seymour, 2016). Thus, while direct violence “shows”, structural violence is “silent, it does not show – [...] it is the tranquil waters” (Galtung, 1969, p. 173). **Cultural** violence, however, was described by Galtung as “those aspects of culture, the symbolic sphere of our existence”, including religions, ideology, language, dominant knowledge, and so on, that are “used to justify or legitimise direct or structural violence” (Galtung, 1990, p. 291). Cultural violence, he argued, makes direct and structural violence “look, even feel, right, [or] at least not wrong” (Galtung, 1990, p. 291).

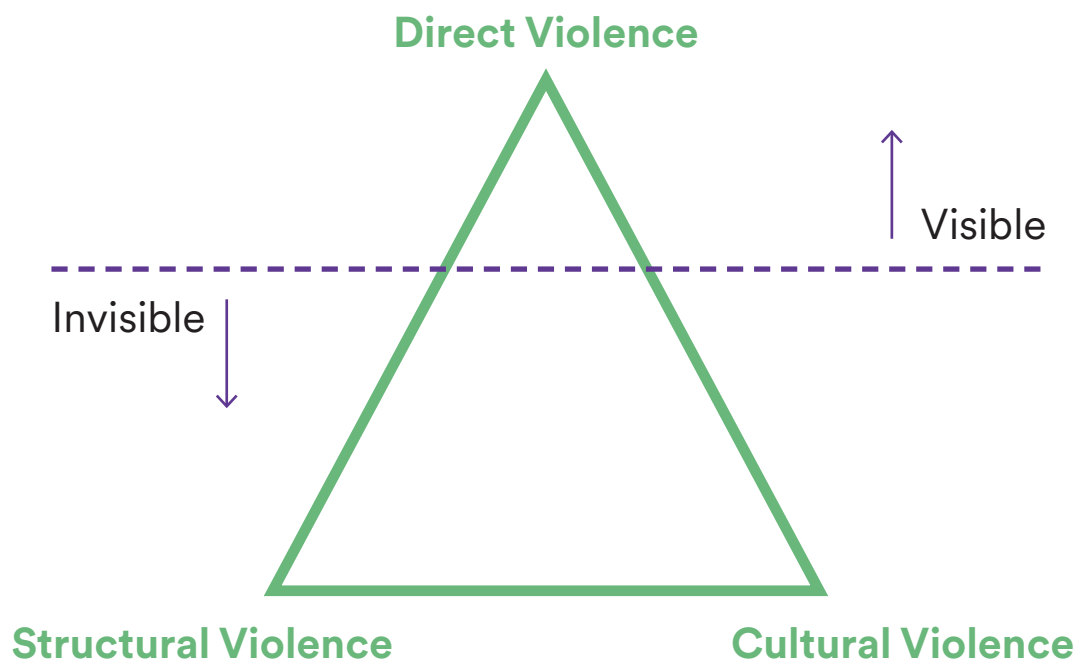


Figure 1

Galtung's work has been used to theorise the nature and conditions of work in caring professions, such as nursing and aged care, in which poor working conditions are understood as – and may be experienced as – structural violence (Banerjee et al, 2012). Likewise, the dynamics of neoliberal strategies in workplace settings, through institutional and social practices, create “persistent [and] systemic devaluation, marginalization or exploitation”, recognisable as forms of violence “even in the absence of direct physical harm” (Choiniere et al., 2014, p. 40). Thus, the organisation of work and conditions in sectors that are characterised by “heavy workloads, low levels of decision-making autonomy, low status, rigid work routines and insufficient relational care”, not only constitute “sources of suffering” but also prevent workers from “providing the kind of care they know they are capable of” (Banerjee et al, 2012, p. 391).

In a different context altogether – but illustrating the resonance of structural violence as a concept – Farmer (1997, p. 272) highlights how localized “suffering”, such as that associated with disease, reflects and intersects with the “larger matrix of culture, history, and political economy” that constitutes structural violence. The relationships between violence, the economy, polity and civil society are, thus, fundamental to this project, as are the connections between neoliberal modernity and increasing global, national and local inequalities. This is reflected, to some extent, in the National Plan's (Commonwealth of Australia, 2022) framework for the governance of FDV in Australia which acknowledges the critical role of polity, civil society and the economy in, either, enabling or constraining FDV work, workers and the workforce.

Organisations, violence and inequality

Thinking about gender, violence and work in this project has necessitated a stepping away from the visceral impacts of physicality, of risk and danger, perpetration and intent, etc., to reflect instead on the ‘quiet’ violences of business as usual. This means noticing and paying attention to violence in organisations, not as aberrant acts or exceptions to the norm but, instead, as the tip of an iceberg; as Costas and Grey (2018, p. 12), put it, the “blood and bruises” that permeate organisational life.

Hearn's work on gendered inequalities and/as violence acknowledges the social and cultural contexts for violence while highlighting the specifically gendered forms and manifestations of violence woven into the everyday logic and practices of organisations. Organisations, for Hearn (1996, p. 43), are “sites or structures of violence”; violence is embedded in “managerial and work cultures, [and] in the ordinary enactment of authority”. Importantly, and of direct relevance to FDV work, gendered power relations are reproduced and reinforced in “dealing with the violence of others” and “talking about violences” (Hearn, 1996, p. 55), as well as through the “differential experiences of violence” (Hearn, 1998, p. 197) that are brought into the workplace.

Acker (2006) also focuses on the inherently gendered nature of organisations and the ‘inequality regimes’ – or “loosely interrelated practices, processes, actions, and meanings” (p. 443) – that reinforce and embed class, gender, and racial inequalities. Thus, Acker's work alerts us to the wide-ranging ways in which inequality is built into and maintained in organisations, encompassing:

systematic disparities between participants in power and control over goals, resources, and outcomes; workplace decisions such as how to organize work; opportunities for promotion and interesting work; security in employment and benefits; pay and other monetary rewards; respect; and pleasures in work and work relations (Acker, 2006, p. 443).

In this context, Acker's distinction between an ‘occupation’ and a ‘job’ is important for recognising the subtle yet powerful ways in which inequalities are sustained. An occupation, in Acker's (2006, p. 443) explanation, is a “type of work”, and a job is a “particular cluster of tasks in a particular work organisation”. People may share an occupation (or profession), such as social work for example, but their individual jobs might look very different; thus, jobs and occupations may be “internally segregated by both gender and race” (Acker, 2006, p. 443). In other words, work – in this case FDV work – demands *different things of men and women*. Divisions of labour within bodies or sectors of work, then, are neither neutral nor arbitrary but “entail differentiated violence on male and female bodies” (Hearn, 2012, p. 10).

Walby's (1990) 'six structures of patriarchy' complements Acker's inequality regimes, highlighting the multiple and interconnected sources and relations of patriarchal – that is, specifically gendered – power in society:

Six structures of patriarchy

1. Production relations in the household
2. Paid work
3. The patriarchal state (including policies and laws)
4. Men's violence (patterned and systemic)
5. Patriarchal relations in sexuality
6. Patriarchal cultural institutions (e.g. media, religion, and education)

In drawing attention to the interrelatedness of work, organisations, social institutions and violence, the work of Walby and Acker, together, emphasises the importance of interconnections and continuities for understanding complex problems. Organisations, thus, reflect and reproduce broader (gendered, raced, classed) power relations across the institutions of the family, state and labour market. These are power relations that are both deeply embedded and intractable or, as Collinson and Hearn (1996, p. 73) put it, “multiple, shifting but tenacious”.

Work

Work itself is also highly gendered, reflecting and reproducing broader “social structural divisions of labour, power and cultur[al] hierarchies” (Martin & Jurik, 1996, p. 31) that are, themselves, intricately connected with the gendered power relations constituting the family and the state (Seymour, 2009). Thus, the “micropolitical operations of [gendered] hierarchy and advantage” (Eveline, 1996, p. 68) are fundamental to both work and the organisations in which (paid) work takes place, as is the broader neoliberal logic through which these are “increasingly integrated into the fabric and structure of capitalism” (Baines & Cunningham, 2020, p. 540).

Care and support work is widely recognised as feminised work; ‘feminised’, in this context, denotes both the overrepresentation of women in this work and its gendered association with the domestic sphere as ‘women’s work’. Traditionally seen as an expression of women’s innate femininity – rather than labour that can or should be quantified and recognised, the advancement of neo-liberalism and new managerialism has further contributed to the devaluing of care work, both paid and unpaid. As observed by Cortis and Blaxland (2024, p. 90), “historical legacies of higher attentiveness to the features of male jobs” have manifested in “limited differentiation of skill” within care and support work, thus compounding the undervaluation of these areas of work. The undervaluing of care work across the wider social services sector is evident in employment precarity, low pay and status and the normalisation of unpaid labour. Importantly, the poor working conditions associated with care work have largely been seen, not as structurally and societally embedded, but as ‘women’s issues’ (Baines et al. 2014; Baines & Cunningham 2020). As Whitman (2018, p. 270) points out, “neoliberal constructions of the ‘good citizen’”, in countries like Australia, are “tied directly to engagement with the labour market”, thus providing a fundamental basis for the devaluation of unpaid labour.

Care and support work in Australia

Survey research recently undertaken by Cortis and Blaxland (2024) confirms that, of the more than 300,000 people employed in the Australian social and community services sector, “around three quarters are women and 95% work in private, non-government organisations, including charities” (p. 11). While the services delivered by the social and community sector provide a range of essential supports to individuals, families and communities, the “over 900 unique formal job titles” (p. 7) reported by the 3,122 workers who responded to the survey, highlight, both, the challenges of defining ‘the workforce’ and the often arbitrary connection between job titles and the actual work that people do. An especially notable aspect of Cortis and Blaxland’s report is the attention they direct towards the highly skilled and complex nature of the work, countering the common perception of care and support as low skilled and non-specialised. Instead, in observing that survey respondents were, mostly, highly qualified, experienced and working under limited supervision, they emphasise that:

workers shared sophisticated skills in interpersonal communication, empowering others and engaging with empathy and understanding in the lives of people experiencing significant challenges. These were practiced in different ways, applied according to complex professional judgment about client’s circumstances and needs, and knowledge and experience of navigating policies and systems of support. For many, these skills are particularly evident when they help de-escalate a situation or work with someone who is agitated or distressed – something 44.4% of the sector say they do on most days. They are also evident in workers’ contributions to statutory systems and government effectiveness. (Cortis & Blaxland, 2024, p. 90)

Many of these skills and responsibilities were not “fully recognised” in the relevant Award, however, leaving workers “highly vulnerable to underclassification, a form of undervaluation which is institutionalised and maintained by current regulatory arrangements” (Cortis & Blaxland, 2024, p. 92).

In its Draft National Care and Support Economy Strategy 2023, the Australian Government acknowledges the “undervaluation and underpayment of care and support workforces [as] a pervasive issue influenced by the historical context of care and support being provided, unpaid, by women from within the home” (PM&C, 2023, p. 30). It also recognises the specifically gendered implications given that women, not only, constitute the majority of the care and support workforce but are also “more likely to provide unpaid care when formal services are not available” (p. 1). Not considered though, is the institutionalised competition (tendering for funds, etc) and associated demands for cost efficiency and risk management that drive, intensify and maintain these conditions (Baines et al., 2014, Charlesworth et al., 2015).

The undervaluing of care work is both central to the entrenchment of gender, raced and classed inequalities, and antithetical to social justice. Care work “reflects, reproduces, and reinforces normative cultural perceptions about traditional gender identities” (Lavee & Kaplan, 2022, p. 1476) and, in this, enables the reproduction of normatively gendered roles, expectations and organisations (p. 1473). Unpaid work – for example, in the form of (unpaid) overtime and/or on-call work – and ‘invisible’ work are both important parts of the picture. Work that is invisible is that which goes beyond the job description, encompassing those “unidentified, unrecognized, and informal practices and services” that are not generally recognised as ‘work’ (Lavee & Kaplan, 2022, p.1465). As with invisible work in the household, there are multiple layers of invisibility; work might be invisible both to “the self” and to “society in general” (Lavee & Kaplan, 2022, p. 1469). As Lavee and Kaplan (2022, p. 1467) point out though, invisible work plays a crucial role in sustaining stretched and under-resourced organisations. These are dynamics that play out in particular and under-researched ways in FDV organisations and work settings.

Theorising family and domestic violence work

Theorising FDV work requires engaging with the constitution, practices and logic of FDV work, both in general and as expressed in specific sites. This recognises that dominant – societal – discourses of gender and violence, as well as work and labour, shape the institutional logics of FDV responses, service systems and service delivery – both across the state and/or sector and within individual agencies (refer Figure 2). Thus, as Hearn et al (2016) argue, violence and inequality (including structures of gender, ‘race’, class, etc.) are interlinked and perpetuated both societally and institutionally.

Discourses: Gender, work, violence

While all work is fundamentally gendered, FDV work is a distinctively gendered practice shaped by the interconnecting discourses of gender, work and violence, including societal discourses that shape expectations of and conditions for the workforce (Baines, 2016). These very same discourses also shape societal understandings of FDV. Beliefs about what constitutes FDV, what FDV looks ‘like’, etc. are thus intimately bound up with the “historical intersections of gender power, social divisions, ideology and hegemony” (Hearn, 2012, p. 12). Moreover, different “namings, framings and definitions” of violence and FDV generate different explanations “that are also more or less gendered and/or intersectional” (Hearn, 2012, p. 8).

FDV is defined, perpetrated and policed in a context of multiple, ignored or socially sanctioned types of violence and social processes that are themselves gendered (Seymour, 2009). Exemplifying the utility of a discursive focus, for example, Price (2012), argues that the “narrowing of violence to the private sphere is itself violent” (p. 104); that is, in reducing violence against women to the domestic sphere, dominant discourses of FDV negate the “violence generated by structures, institutions, and histories” (Price, 2012, p. 2). In this context, focusing on the interconnections between the structural, discursive, institutional and interpersonal highlights the ways in which reductive understandings of FDV (i.e. emphasising discrete incidents rather than patterns, and so on) are reflected in the increasingly narrow scope of FDV work.

Theorising FDV – and FDV work – thus requires a shift in focus, away from behaviours, incidents, and explanations, towards recognition of FDV as a “deeply embedded political-economic-cultural phenomena with wider social formations” (Hearn, 2012, p. 9). Societal, government and organisational understandings and responses to violence (including FDV) are, therefore, tightly bound up with “social divisions and inequalities, class positions and other social intersections” (Hearn et al., 2016, p. 523). It is in this sense that this inquiry into FDV work and the FDV workforce is also an interrogation of the society in which we live.

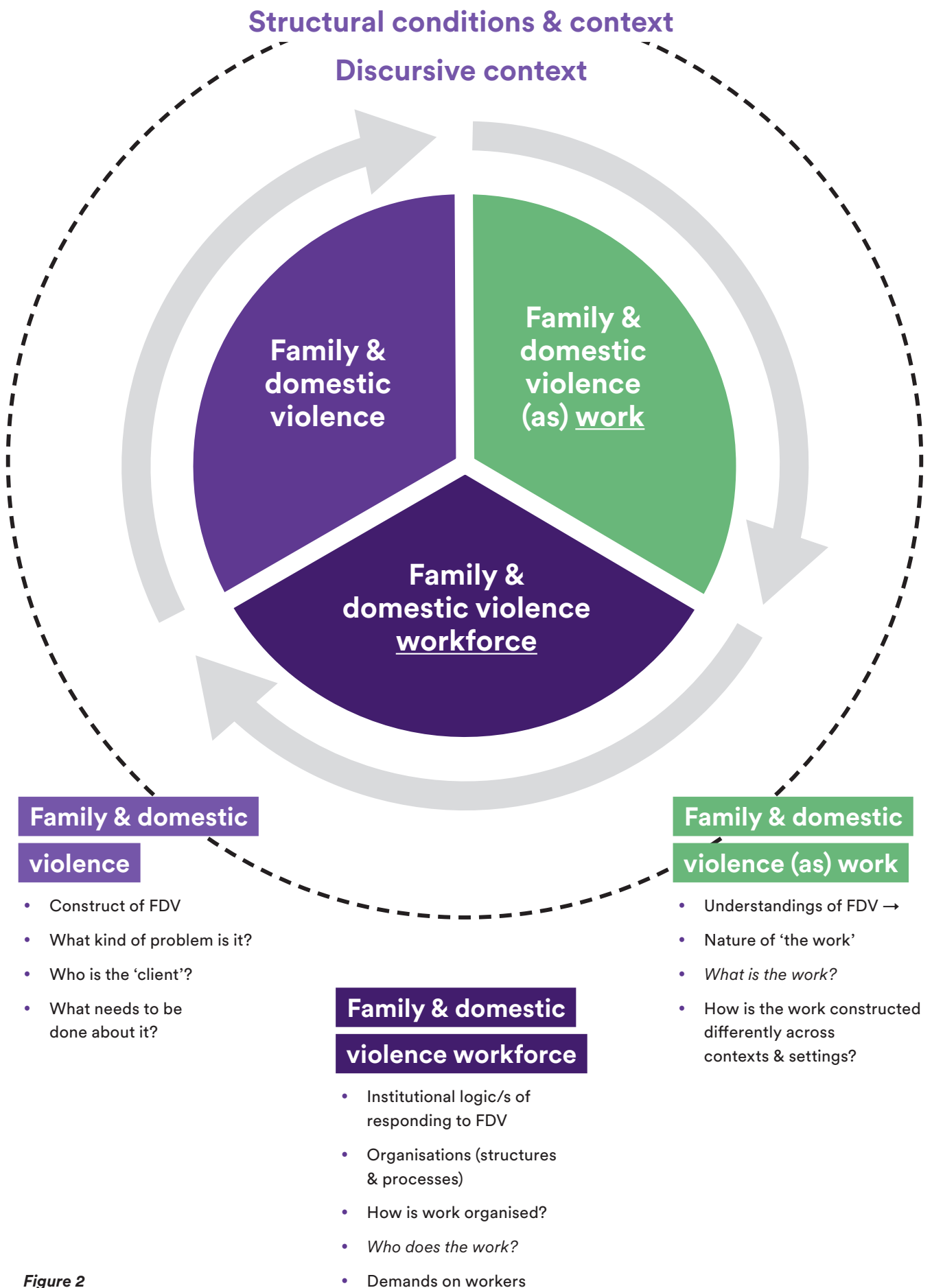


Figure 2

Histories of FDV work

Contextualising FDV work historically is critical for understanding how things have come to be the way they are, whether as continuities or breaks from the past. Work with victims and work with perpetrators of FDV, for example, have arisen in particular political and social contexts, each with their own distinct histories and social movement alignments.

Work with victim-survivors

The history of work with victims is also the history of feminism and feminist activism in Australia, and is, in turn, linked to the emergence of FDV as a distinct social problem:

In Australia, as in the UK and elsewhere, it was women who had experienced gendered violence who brought it to the attention of the Women's Liberation movement in the early 1970s. Australian feminists were amongst the first to develop the term 'domestic violence', inaugurating an enormously generative cultural shift in comprehending its causes, prevalence and features, as well as an entire sector dedicated to addressing it. (Curthoys, Kevin & Simic, 2021)

In this context, the 'refuge movement' emerged alongside the "mostly overt radical feminist objectives" (Woodlock et al, 2023, p. 2) of women's liberation from patriarchal oppression; in establishing refuges for women and children escaping abuse, women's and children's safety was, "inexorably linked to their broader freedom" (Woodlock et al, 2023, p. 2). The participation of victim-survivors was also central; in contrast to the professionalised services of today, refuges/shelters emphasised peer support and solidarity, being "for survivors, run by survivors and their allies" (Wood, 2017, p. 310).

The crucial role played by women-only and women-led organisations in, not only activism and policy advocacy, but also the establishment of emergency/crisis accommodation and support for women experiencing FDV is well-recognised in Australia (Putt, Holder & O'Leary, 2017, p. 17). Originally "small, standalone services" operating as "inner city or suburban communal houses" (Murray et al., 2022, p. 4), most refuges were "grassroots women's organisations, with collective models of decision-making" (Putt, Holder and O'Leary, 2017, p. 17; see also Murdolo, 2014). The early focus on 'freedom' has since fundamentally shifted, with gender mainstreaming and the professionalisation of services culminating in an explicit emphasis on the separation of "feminist activism from direct service work" (Woodlock et al., 2023, p. 2). Coinciding with the emergence of neoliberalism, the growth of professional responses to FDV throughout the 1970s and 1980s have also been fundamentally shaped by the demands of competitive government funding (Woodlock et al., 2022).

Women's FDV services today are more likely to be larger organisations with "more formal governance and management structures, more professionalised workforces and with contracts and funding from government" (Putt, Holder & O'Leary, 2017, p. 17). Baines (2022, p. 2995) observes that the movement away from community and activist-based responses has also been accompanied by a growing emphasis on criminal justice responses to FDV, culminating in an "uneasy partnership with the carceral state". Thus, while feminist responses named and legitimised FDV as a significant social and political problem, "they also inadvertently reinforced conservative law-and-order agendas and enabled individualist rather than structural solutions" (Baines, 2022, p. 2996). Accordingly, most FDV victim services in Australia now have a narrow risk / safety remit in line with targeted funding arrangements, thereby decentring feminism and supplanting its focus on broader political and social change.

Work with perpetrators

The history of women's FDV services and refuges in Australia highlights the interconnection of societal change, the actions, activism and advocacy of social movements, and policy development. This has also been evident in other contexts such as the evolution of distinct men's and women's health policies in Australia, with the first National Women's Health Policy launched in 1989 following the sustained pressure generated by grassroots, largely feminist, activism (Seymour, 2018). Like FDV policy, women's health policy also emerged within the context of broader social change arising from public challenges to the male-domination of the State, reflected in the "increased representation of women and formation of feminist policy machinery" (Herrett & Schofield, 2015, p. 562). The National Male Health Policy, launched in 2010, was also the result of "many years" of male activism and men's health advocacy, "driven by grassroots men's groups" (Collins, McLachlan & Holden, 2011, p. 62) and culminating in the emergence of a "united men's health advocacy front" (Smith et al, 2009, p. 431). Spurred by the strong interest of professional organizations and academics and the establishment of national advocacy bodies such as Men's Health Australia, Federal funding and initiatives followed with the appointment of National Men's Health Ambassadors, a Senate Select Committee on Men's Health, and a National Men's Health Roundtable (Smith et al, 2009, pp. 431-2). Thus, whereas the women's health movement "arose from a broad political base in which health was only one component" the men's health movement was "initially as much a product of governments and health service providers [...], as it was of the grass roots" (Broom, 2009, pp. 270-1).

Lacking the foundation of a "broad, sustaining social movement" and "coherent social justice ideology" (Lumb, 2003, p. 4), men's activism in Australia has continued to be fragmented, encompassing both pro-feminist and anti-feminist (or 'men's rights') perspectives (Seymour, 2018a). Brown and James (2014, p. 171), for example, point to the influence of a "small number of men, most of whom were involved in men's self-awareness groups" and critical of the impacts of patriarchy in their own lives. More broadly though, men's collective responses to social changes have been of particular significance. For instance, "no-fault divorce" in the 1970s led to a "dramatic increase in women leaving marriages" and, in turn, the downgrading of women's government policy units and introduction of reforms promoting family values that were "sympathetic to men's claims of being 'silenced' by women's groups" (Brown & James, 2014, p. 180). In this context, the relative lack of attention to perpetrators as a distinct 'client' group and slow progress towards accessible and widely available perpetrator interventions is perhaps not surprising, and provides critical background for our discussion of specialist perpetrator services, later in this report.

Men's behaviour change programs

Men's behaviour change programs emerged in the late 1970s and early 1980s in response to growing recognition of the problem of violence against women; since then, however, men's programs in Australia have "developed slowly and in an ad hoc manner" (Mackay et al., 2015, p. 10). As in the UK, FDV activism and practice in Australia in the late 80s/early 90s mainly focused on the safety and protection of women and children:

Feminists and women's groups rarely dealt with abusive men beyond the drive to bring criminal sanctions for domestic abuse offences into the policy arena. The concept of 'working with men' was a huge cultural shift for some feminists and women's groups concerned with domestic violence. (Phillips, Kelly & Westmarland, 2013, p. 5)

The Duluth Abuse Intervention Project, established in Minnesota in the 1980s, was one of the first coordinated community responses to domestic violence, and was developed with the understanding that domestic violence was a "cause and consequence of gender inequality" (Kelly and Westmarland 2015, p. 40). As Phillips, Kelly and Westmarland (2013, p. 6) point out, it is likely that the Duluth program's "feminist credentials" had a significant influence on the willingness of some women's organisations to collaborate and support men's programs.

According to Hearn (1998), the emergence and growth of men's behaviour change programs was rooted in:

faith in personal change, whether of liberal individualism, the counselling society or indeed psychoanalysis; the ineffectiveness of custodial and other criminal justice interventions; costliness and low cost effectiveness of such interventions; the search for causes of and allocating responsibility for men's violence; and the continuing interaction of feminist and pro-feminist politics. (Hearn, 1998, p. 174)

While men's programs in the US developed in parallel, if not in collaboration, with women's refuges, this was not the case in the UK nor, arguably, Australia, due in part to the women's led and women's only nature of the refuge movement. Instead, Hearn (1998, p. 174) observes, men's programs were taken up for other reasons, "as part of pro-feminist politics, as a self-help movement (comparable to Alcoholics Anonymous), [and] as an element in mental health provision". The theoretical underpinnings of contemporary perpetrator interventions thus range from psychoanalytic to structural and pro-feminist approaches and are likely to vary in line with "sources of funding, relationship to the state, style of working, and gender politics" (Hearn, 1998, p. 174).

Perpetrator interventions for non-mandated clients have, at least in South Australia, traditionally been positioned in the community health sector. Since 2011, however, alongside the mainstreaming of privatised, individualised, Medicare-funded services, government priorities and funding have shifted away from community approaches. This has, not only, impacted on the time and scope for political engagement but also eroded practitioner networks and collaborative work across professions, agencies and sectors (Wendt et al., 2019, p. 35). At the same time, the emergence of standardised, programmatic – and generally cognitive behavioural – interventions, promising cost-effective and measurable outcomes, have captured the attention of neoliberal policy makers. In their framing of FDV as an individual problem, though, such approaches detach men's use of violence from its socio-political context.

The FDV sector?

As reflected in their distinct histories, the victim (or women's) and perpetrator (or men's) sectors have developed in a binary fashion such that 'men's work' and 'women's work' have been understood as separate and largely disconnected domains of FDV work. This separation has also long been evident in the body of literature concerning FDV (see Haines et al., 2022). Echoing this binary, tensions have also existed for Aboriginal services striving to respond to family violence in culturally appropriate ways. For example, there has been little acknowledgment, let alone documentation, of Aboriginal ways of working with family violence (Carlson et al., 2021). In addition, the reliance on short-term funding contracts and pressures associated with KPIs and strict eligibility criteria, shaped by the political ideology of the day (Baines, 2016), have further hindered efforts to understand FDV work more comprehensively and bridge the division between men's and women's services.

As a social problem FDV continues to attract substantial media and public interest, characterised by heated, often polarised, debates and political grandstanding. Although positioned alongside gender (in)equality, at least at the policy level, without an explicit focus on the broader structural, political and societal arrangements that constitute inequality/ies, including institutional cultures and the distribution and differential valuation of work (such as caring work) (Seymour, 2018b), FDV is invariably reduced to the attitudes and behaviours of individuals, thus further fuelling the simplistic and divisive nature of much debate ('good' men & 'bad' men; #notallmen; #menarevictimstoo; etc). This fundamentally restricts the scope for exploring the diverse and nuanced ways in which gendered (and other) power relations "play out in the everyday realities" (Castelino, 2014, p. 11) of men's and women's lives. This, then, is the context within which FDV work takes place and, as became apparent in the fieldwork for this project, is reflected in work environments marked by increasingly fragmented feminist and backlash politics.

The FDV workforce

While descriptive statistics have captured socio-demographic information (Cortis et al., 2018), there has been no comprehensive or national analysis of the nature and experiences of FDV work, nor the interrelationship with (and between) workers' capacities, needs and experiences (Merchant & Whiting, 2015). There is, nonetheless, increasing acknowledgement across Australia of the imperative for a skilled and capable FDV workforce. The Royal Commission into Family Violence in Victoria, for example, drew attention to the expectations placed on the workforce, referring to the “complex set of high-level communication, organisation and management skills” (RCFV, 2016, p. 174) required of specialist FDV workers, as well as,

detailed knowledge of the dynamics of family violence, what risks look like, how to communicate with victims without causing more trauma, and how to help victims develop a detailed plan for their ongoing safety (RCFV, 2016, p. 173).

Work with perpetrators is also a key responsibility of the specialist FDV workforce, and one that warrants closer attention. Thus, efforts to strengthen the workforce, as acknowledged by the Royal Commission, must do more than focus on skills and capabilities in isolation. Instead, workforce development strategies must be comprehensive, inclusive and informed by systematic research (Victoria State Government, 2016). Family Safety Victoria's 2017 release of capability frameworks for workforces both preventing and responding to FDV further reinforced this message (Victoria State Government, 2019). “Strengthening the sector [and] building the workforce”, in both size and capacity, are also highlighted as key priorities in the most recent National Plan (Commonwealth of Australia, 2022, pp. 55-6). While many of the references to workforce issues in the National Plan relate specifically to victim services, perpetrator services are also acknowledged, for example, in the recommendation to “invest in the development and sustainability of a specialist workforce to work with men using violence, including in men's behaviour change programs and other perpetrator interventions” (Commonwealth of Australia, 2022, p. 115).

The Australian FDV workforce: Strategies and planning

While acknowledging the work of states and territories in contributing to the FDV workforce, the DFSV Commission (2024, p. 79) emphasises the importance of a national approach to capacity building for the specialist and non-specialist workforces that includes nationally coordinated workforce development and investment. The DFSV Commission (2024) advocates “careful design and planning” by governments, as well as training, capability development, and so on, but also cautions against workforce strategies that overlook factors such as “pay and conditions, workforce health and wellbeing, and career progression and satisfaction” (p. 73):

The domestic, family and sexual violence workforce cannot be developed in isolation from existing national and state and territory efforts to develop the wider social and community services sectors. Domestic, family and sexual violence is an intersectional problem and all parts of the social sector workforce need to be operating well to have a positive impact on the rates of domestic, family and sexual violence across the country. (DFSV Commission, 2024, p. 74)

Focusing on the FDV prevention, rather than FDV response, workforce, Our Watch's (2023) report also contributes to understanding the FDV-related workforce in Australia. The predominantly female and highly qualified prevention workforce, according to Our Watch (2023, p. 26), encompasses a diverse range of roles and sectors but is currently “small, specialist, highly feminised, values-based and mainly concentrated in the state of Victoria”. Echoing concerns regarding the broader FDV workforce, the report highlights the need for more “national and jurisdictional” workforce data to inform workforce planning (p. 7), and links difficulties in attracting and retaining qualified workers to “low remuneration and short-term contracts” (p. 8). Emphasising the “great strengths within the skills, experiences and expertise of the workforce” (p. 57), Our Watch further points to the “unique wellbeing challenges” faced by the prevention workforce including those associated with “having to deal with resistance and backlash” (p. 8).

Specific references to FDV workforce development also appear in the strategic plans of some states and territories; these are summarised in **Appendix C**.

Workforce challenges

Existing strategies for developing the FDV workforce, as discussed above, share an overriding focus on skills, capabilities and training. Understanding workforce challenges in terms of worker deficits, solvable through training and standards, however, ignores the gendered nature of FDV as well as the sociocultural and institutional contexts that shape understandings of, and responses to, violence.

Expectations placed on the FDV workforce are multiplying and intensifying alongside growing appreciation of the complexities and intersections of FDV; these demands are often unsupported, both materially and symbolically, in organisational and sector-wide structures and processes. Demand for services across the FDV sector continues to outstrip available funding and resources, while issues including insecure funding, low remuneration, burnout, lack of role clarity and limited access to professional development (Slattery & Goodman, 2009) have profound implications for attracting and retaining FDV workers. Compounding the pressures relating to the complex and challenging nature of FDV work, those working at the coalface are likely to face economic, psychological and professional challenges rooted in the gendered specificity of the work (Cortis et al., 2018). The potential for indirect trauma, such as vicarious trauma and secondary traumatic stress, is also well established (Tarshis & Baird, 2019). Supporting and strengthening the FDV workforce – and attracting and retaining current and future FDV workers – is a critical priority that requires careful consideration, taking into account the nature, structures and organisation of the work.

The lack of national data on FDV services (AIHW, 2024) is an important barrier to understanding the breadth and detail of FDV work and demands placed on the FDV workforce. The AIHW (2024) points out, for example, that the Australian and New Zealand Standard Classification of Occupations, used in the Census of Population and Housing, does not contain FDV-specific occupation codes. Further, while surveys of FDV services and workforce have been undertaken, many of these are either/both state-specific and/or restricted to the victim services sector. A notable exception is the National Survey of Workers in the Domestic, Family and Sexual Violence (Cortis et al, 2018), as discussed in the preceding section, and specifically designed for the purpose of understanding the workforce. Until recently, there has been no indication that this survey would be repeated; data gaps such as these have critical implications for achieving a comprehensive and up-to-date understanding of FDV services and, in turn, accurate and informed workforce planning. Earlier this year, however, the Federal government announced the commissioning of another national survey in support of a “robust workforce that is supported with the skills and qualifications to prevent and respond to gender-based violence” (Ministers for the Department of Social Services, 2024).

Specific workforce challenges were identified by the House of Representatives Standing Committee on Social Policy and Legal Affairs (SCSPLA, 2021) in its inquiry into FDSV, including “significant workforce shortages and a lack of coordination and resourcing to support retention, skill development and leadership” (p. 306). Having heard about the “incredibly disruptive” nature of the competitive funding model (SCSPLA, 2021, p. 307), the Committee considered that providing “longer-term funding to specialist service providers” could alleviate challenges to “workforce security and professional development” (p. 337). Cullen et al. (2022, p. 67) have also highlighted “inadequate and short-term funding cycles” as a key concern, not least in the constraints these place on the workforce’s capacity for effective collaboration. Together with the impacts of resourcing on workforce competency and capability, this makes for a “high degree of variability” in the quality, capability and practices of FDV services for both victim-survivors and perpetrators (Cullen et al., 2022, p. 67).

Further challenges highlighted in the National Plan include that FDV workers are “under-recognised and undervalued”, under “immense pressure”, and often have to learn specialist skills “on the job”, resulting in “worker burn out, vicarious trauma and risks to worker safety”. Reference is also made to the “challenges and barriers to attracting, developing and retaining skilled and qualified staff in regional, rural and remote communities” as well as the lack of “clear career pathways into the sector”. (Commonwealth of Australia, 2022, p. 55). Staffing levels, turnover and leave, as well as workforce capacity and wellbeing, all impact on service capacity. Service-level data such as average worker caseloads, experience levels, and role vacancies can all provide a useful indication of workforce capacity and wellbeing, however,

as emphasised by Safe & Equal (2023, p. 16), “additional and compounding system barriers” experienced by victim survivors must also be taken into account to capture the impacts of “navigating those barriers” on workers.

Currently, the clearest indication of the state of the FDV sector comes from Victoria. Recent research by Safe & Equal (2023, p. 7) highlighted high staff vacancies and a high proportion of entry-level staff, concluding that the family violence sector in Victoria is:

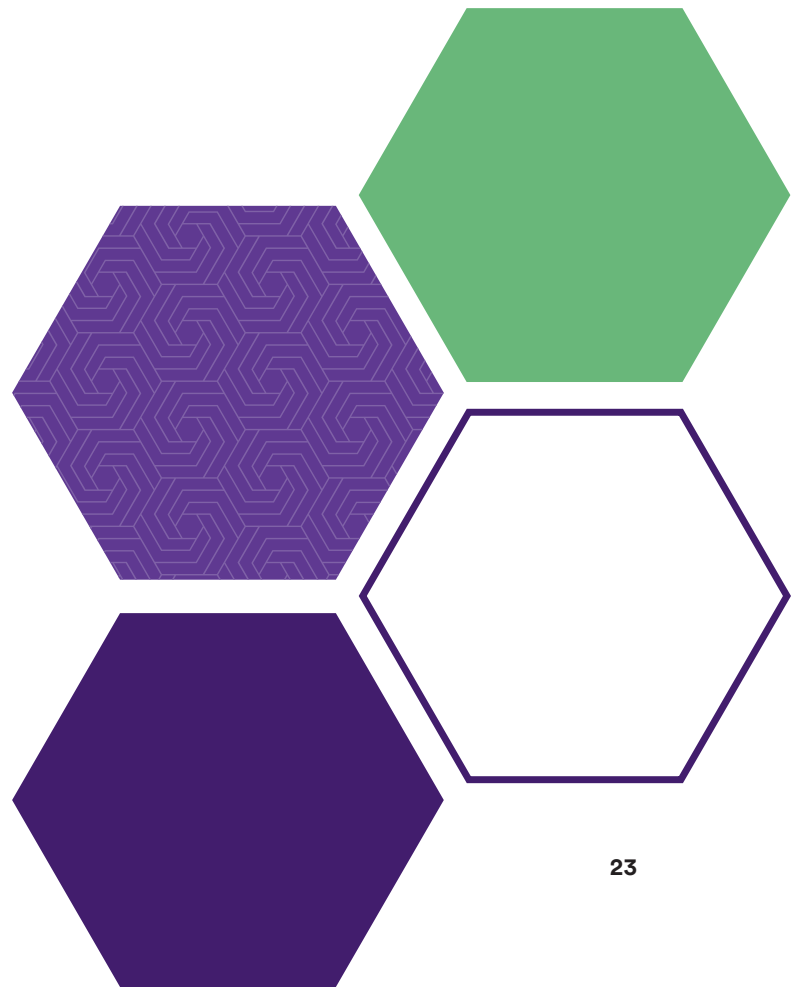
experiencing a critical workforce shortage, and that the employment and retention of senior staff continues to decline. These shortages are due to a multitude of factors, including short-term contracts creating insecure work; inadequate pay; limited career progression pathways; and exceeding levels of demand that contribute to fatigue. (Safe & Equal. 2023, p. 17)

Safe & Equal (2023, p. 17) also noted the

challenges of recruiting and retaining skilled and experienced specialist practitioners in rural and regional areas, where there are workforce attraction and recruitment issues across a range of sectors; and of attracting and developing specialist family violence practitioners with Aboriginal and Torres Strait Islander cultural knowledge and lived experience. (p. 17)

Similarly, Family Safety Victoria’s (2023) *Family Violence and Sexual Assault Workforce Pulse Survey Report 2022* indicated that the top barriers to “working optimally” reported by workers (in order of frequency) were:

- Staffing issues (short staffed);
- Too many competing priorities;
- Corporate processes (including administrative burden);
- High / complex case loads;
- Administrative processes (including leave and HR requirements);
- Decision making and authorisation processes;
- Communication processes;
- Poor work-life balance; and
- Technology limitations.



Who is the workforce?

The Royal Commission into Family Violence differentiated between four ‘tiers’ of the FDV workforce (broadly defined). The Tier 1 workforce, our focus here, includes the specialist workers whose primary role is direct service provision with victims and/or perpetrators of FDV (Victorian State Government, 2016), including crisis response, high-risk assessments, accommodation support and counselling (Wendt et al., 2017). Tier 1 work sites are a heterogeneous set of agencies with distinct, yet interconnected, mandates, practices and agendas.

As discussed in the previous section, the lack of national level data on FDV services leads to a lack of accurate and comprehensive information regarding the FDV workforce. Cortis et al.’s (2018) *National Survey of Workers in the Domestic, Family and Sexual Violence*, prepared for the Commonwealth Department of Social Services, was specifically designed to build this evidence base. Consisting of two survey instruments – one targeting workers and the other services – the survey was distributed to 1,007 FDV services across Australia, with a completion rate of 31.8% (or 320 services). 1,157 employees completed the worker survey. As Cortis et al (2018, p. 20) note, however,

[the] study sample had a strong focus on Commonwealth funded services and programs. This has implications for coverage of perpetrator services, the majority of which are delivered in law enforcement, criminal justice and correctional services funded and delivered by state agencies. While perpetrator responses delivered by the non-government sector were targeted, services funded and delivered by state governments were not. As such, workers in some perpetrator services may be under-represented.

Thus, while the national survey provides a detailed snapshot of the workforce in FDV victim services, there are limitations in its representation of workers in the perpetrator sector.¹ This reflects the broader knowledge gap, particularly at the national level, regarding the characteristics and conditions of the FDV perpetrator workforce.

Overall, the *National Survey of Workers in the Domestic, Family and Sexual Violence Sectors* revealed a Tier One workforce that is predominantly female (83%), aged 35-54 (49.8%), and highly educated (over 90% have a post-school qualification). In, addition:

- 1 in 5 workers had caring responsibilities;
- 1 in 12 identified as LGBTIQ;
- 1 in 13 spoke a language other than English at home;
- 1 in 20 were from Aboriginal and Torres Strait Islander backgrounds; and
- 1 in 25 identified as having a disability.

Most were working full time (61%). For the remainder, reasons cited for working part-time included “caring responsibilities or other personal reasons” and “industry-related factors including the need to reduce exposure to the trauma and stress involved in their work, or because current levels of service funding were not sufficient to cover full time positions” (Cortis et al, 2018, p. 9).

1. For example, only 30 (2.6%) of the 1,157 survey respondents reported that they worked in a specialist perpetrator program setting (Cortis et al, 2018, p. 22).

The survey findings regarding job quality and employment conditions were especially telling:

Almost half of workers said they feel emotionally drained from their work (48.2%) and almost the same percentage said they felt under pressure to work harder (44.5%). Many were worried about the future of their job (44.5%) and a substantial proportion did not feel they were paid fairly (37.7%). More than 2 in 5 respondents said they worked unpaid hours at least once a week. Workers are highly exposed to bullying, harassment, violence and threats. Half of workers said they experienced these behaviours from a client in the last 12 months. More than a third of women had experienced bullying, harassment, violence or threats from a colleague, supervisor or manager in the last year, as had a quarter of men. Bullying, harassment, violence and threats from a client was more common, and particularly high among those working with perpetrators. Among those in daily contact with perpetrators, 65.7% had experienced bullying, harassment, violence or threats from a client in the last year". (Cortis et al, 2018, pp. 10-11)

More recently, Family Safety Victoria's (2023) *Family Violence and Sexual Assault Workforce Pulse Survey Report 2022*, while limited to Victoria, captures the workforce across both victim and perpetrator services. 1,049 workers from more than 100 funded agencies were surveyed, representing an estimated 35% of the workforce in Victoria. While workers in specialist family violence services were most highly represented, 110 (10%) indicated that they worked specifically in family violence perpetrator intervention. Here, the workforce data largely mirrored the National Survey, that is: 87% female; median age 40-44; 5% identifying as Aboriginal or Torres Strait Islander; 15% speaking a language other than English at home; 10% having a disability that impacted on their work; and 81% both with a graduate or postgraduate qualification. Interestingly, 22% of survey respondents indicated that they intended to leave their current role, and 8% their current role and the sector, in the next 12 months. Reasons for plans to leave included career prospects (31%), excessive levels of demand (29%), insufficient income/salary (23%), lack of advancement opportunities (23%), not feeling valued by the organisation (15%), and negatively impacts of the job on health and wellbeing (14%).

While recognising their limitations, these descriptive statistics paint a picture of the FDV workforce that highlight its institutionally gendered and raced structures. In this project's focus on diverse forms and arenas of FDV work, we are interested in the relationships between these – their interconnections, commonalities and distinctions – as well as the interactions both between agencies and between individuals and agencies (Hearn, 1994). Thus, we challenge the separation of perpetrator work from victim support work and seek, instead, to understand the constitution, practices and logic of the FDV workforce, both as a whole and in specific sites.



Theorising the FDV workforce

As a social institution, the FDV workforce is constituted by gendered, colonial and neoliberal structures that are sometimes in tension but also work to reinforce raced and gendered privilege in ways that link the experience and perpetration of FDV with institutional responses to FDV. The FDV workforce, thus, sits in a contested space between the gendered and raced specificity of FDV and FDV responses, and the broader neo-liberal structuring of work, and in particular FDV work, with raced and gendered impacts. A strategy that separates the workforce from these processes and centres its efforts for change on the capacities of workers will thus reinforce, rather than counter, the existence and effects of violence.

Our focus here on the intersections between FDV and the social institution of work/employment, requires paying attention to the discursive, social structural and material forces that shape policy, services, organisational practices and workforce conditions (Baines, 2016). This recognises both the inherently gendered nature of organisations and that workplaces are sites “in which stereotypes of masculinity and femininity are imposed and constructed, where the interface between men–women is pervasive” (Wilcox et al., 2020, p. 710). The ways in which work is ‘done’ and experienced, whether in the FDV context or not, are shaped by gender and have impacts that are uniquely gendered, highlighting the need to interrogate the everyday practices that sustain gendered and other violences.

Kaplan (2022, p. 864) discusses how the blurring of “boundaries between visible and invisible work” are embedded in job descriptions. For example, the comparison of job statements, in [Appendix A](#), highlights gendered differences in the articulation of perpetrator work and victim work. Provided as an indicative example of a typical position statement, the disparities in language and detail evident here result in a considerably longer job description for victim workers, with 231 words used to communicate ‘position purpose’ (as compared to 66 words for the perpetrator worker), and 24 dot points (as compared to 7) making up the ‘key accountabilities’. Likewise, there are 11 (as compared to 8) ‘competencies’ listed for victim work, each of which are expressed in complex, multi-part sentences. Combined with the higher salary range for perpetrator work, the jobs look quite different; whereas perpetrator workers appear to have a defined role, with clear areas of responsibility and lines of accountability, the role of victim workers, described in great detail and strongly emphasising relational and affective skills, seems to be all-encompassing. Indeed, it is the lack of detail in the job description for perpetrator work that is so telling, bringing to mind Acker’s (2006) observation concerning the ways in which gendered expectations are, both, “reproduced as different degrees of organizational class hierarchy” and “reproduced in everyday interactions and bureaucratic decision making” (Acker, 2006, p. 449).

Understanding FDV work and its workforce thus requires positioning it within the broader context of histories of work and its connections with other (feminised) workforces and related (feminist) struggles. Making these links is critical, foregrounding not only the importance of structural and social contexts but also the possibilities for change and ‘equalities’ more generally. This is to say that, while this project focuses on the FDV workforce, its concerns are much broader, reflecting the violence of gendered, raced, classed structures and imperative for collective action.

Part 2

FDV work and the FDV workplace
Findings

Summary of findings

Participants

126 individuals directly participated via interviews and/or focus groups, representing 28 different services or programs across the four organisational sites. Categorised by role, as depicted in Figure 3, participants included case worker / case managers (n=80), managers (n=20), team leader or other senior roles (n=17), CEOs (n=3), and various other support roles (n=6).

A pseudonym has been nominated for each participant for ease of reference throughout this report. A full list of participants and their roles is provided in [Appendix B](#).

- The median and mean age of participants was 39 years (range between 22 to 67 years old).
- 116 identified as female and 10 identified as male.
- 10 participants identified as Aboriginal or Torres Strait Islander.
- Of the 108 participants who provided further demographic information:
 - The duration of their employment at the organisation ranged from 3 months to 31 years, with a median of 5 years and a mean of 7 years;
 - The majority of participants were on permanent contracts (n=78). 34 were employed on fixed term contracts, with just one on a casual contract;
 - The majority of participants were employed on a full-time basis (n=69). Of those who were employed part-time (n=45), most worked between 16 to 35 hours/week (n= 41) with 2 participants worked 15 hours or less;
 - 27% identified as having caring responsibilities (n=29);
 - 15% identified as LGBTQI (n=16);
 - 3% identified as having a disability (n=3); and
 - 42% had a postgraduate qualification (n=45). An additional 5 participants were currently undertaking postgraduate study.

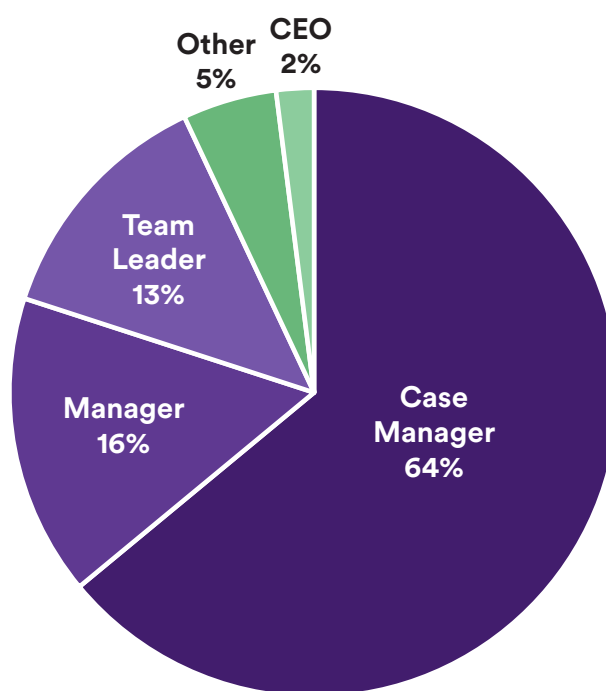


Figure 3: Participant roles

Overall themes

The research generated a wealth of rich and insightful data across the participating organisations. The findings encompass insights regarding both the FDV workforce as a whole and elements that are unique to specific sites. Figure 4 depicts our understanding of relevant conceptual interconnections, providing context for the key – overarching – themes as summarised below. These themes will be discussed further in the remaining sections of this report.

- The diverse sociocultural and institutional contexts within which organisations operated shaped understandings of violence as well as perceptions of the skills and capacities that constitute, or are valued in, domestic and family violence work.

- FDV and FDV work was spoken about differently depending on the target population, the services being provided, and the worker's own previous experience.
- FDV services (like other social welfare services) are subject to budget rationalisation, narrow funding models, and competition for government contracts and funding. This was evident across all organisations but was especially marked in victim services in the form of an intensified pace and volume of work, and accountability to funding bodies.
- Differences in work conditions (and perhaps pay) were observed across the victim and perpetrator service sectors, suggesting a gendered demarcation between women's work (victim support – caring work, feminised and devalued) and men's work (perpetrator accountability – challenging, 'man-to-man').
- Workers in victim services talked about the weight of responsibility associated with managing risk; the feeling that they – personally – carried the risk in relation to women and children's safety. This was not evident in perpetrator services where 'high risk' matters (i.e. immediate safety concerns) were diverted to a designated 'women's worker' or 'partner contact worker', generally within the organisation. Because this worker was invariably a woman, primary responsibility for women's safety was, in effect, shifted to women, thereby relieving men's workers of this highly stressful and crisis-laden area of work.
- Related to the above, the work for men's workers/services ended when a perpetrator chose to disengage. In others, a perpetrator's resistance or non-compliance generated, not an increase in workload and intensity, but instead, either a cessation of contact altogether or a shift towards less challenging conversations.
- Workers in Aboriginal FDV services talked about the impossibility of separating the personal, professional and community. They talked about the enduring and deeply entrenched impacts of colonisation and the constant battle against systems that were designed not to work for them. Community and social activism were central to their conceptualisation of the work.

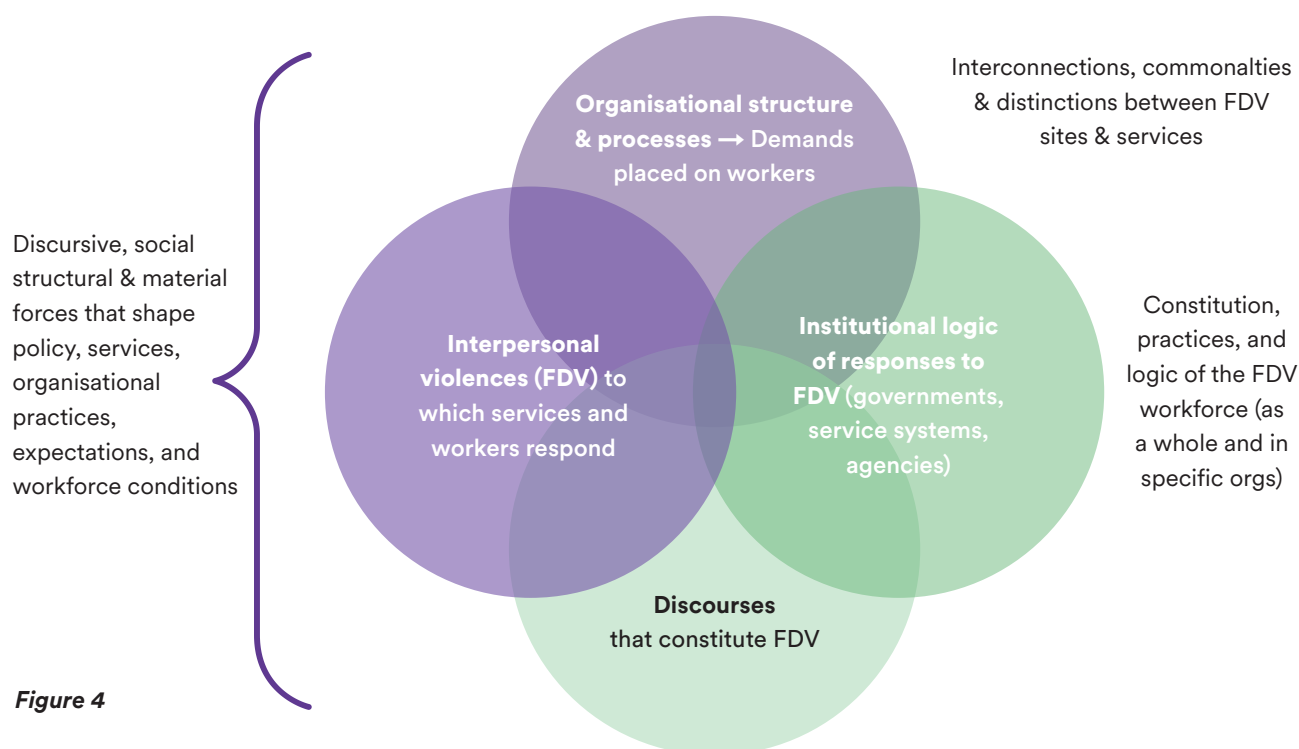


Figure 4

Women's specialist FDV services

Women's specialist FDV services (or 'victim services') have been described as the "backbone of the FDV sector" (Putt, Holder & O'Leary, 2017, p. 8). While a range of government and non-government organisations provide support and other services to victim-survivors, our focus here is on those specialist services which have FDV as their core business. Following Putt, Holder and O'Leary (2017), we take seriously the need to document the "exact nature" of what FDV workers do, in order that this work be "better understood and valued by governments, other organisations and wider communities" (Putt, Holder & O'Leary, 2017, p. 94).

Putt, Holder and O'Leary (2017 p. 26) have described women's specialist FDV services in Australia as, largely, "independent, community-based, often small but specialised, dependent on government funding, [and] providing multiple services and programs". Alongside a "significant and rapid rise" of demand for services in recent years, the sector has undergone substantial change; from the original "grassroots" organisations and collectives, "rooted in the feminist activism from the 1960s on" (Putt, Holder & O'Leary, 2017, p. 13), to organisations, largely NGOs, with "more formal governance and management structures, more professionalised workforces and government funding to provide contracted services" (p. 17).

An overview of key dimensions of analysis is provided in [Appendix D](#) (Data mapping: Victim Services).

The work of care/ing

... the never-ending, vital and rarely accounted for care work that makes life happen (Oscar, 2024).

Exploring the nature of FDV work with victim-survivors involves asking questions that are both straightforward, generating a description of tasks and duties, and significantly complex, raising issues of politics, identity, the resonance of gender(ed) experiences and so on. Much of this chapter is taken up with the latter, however, addressing the former – the constitutive elements of FDV work with victim-survivors – is a good place to start. First though, it is important to 'set the scene' in terms of the context for understanding or making sense of FDV work as work. Positioning FDV work within the broader body of literature and theorisation enables us to make connections that encompass the structural, the discursive, and the material. At the same time, recognising parallels across, what might appear to be, distinct and disparate realms suggests the potential for a solidarity of interests and agendas.

Work with victims of FDV is, we argue, care – or caring – work. The gendering of care and care-work is a well-established body of research literature and provides critical context for theorising FDV work, emphasising its origins in women's (unpaid) activism and commitment to women's collective empowerment. The literature on 'social reproduction' – describing the work that has traditionally been done by women for low or no pay – provides an especially useful framework for thinking about care work and care workers. The lens of social reproduction, as explained by Hester and Srnicek, (2017, p. 375) recognises the "intricate and intimate ways in which historically gendered caring activities are tied to the imperatives of capitalism". Importantly, the tasks of social reproduction, while essential for the proper functioning of a capitalist society, are both under-recognised (if at all) as work and devalued as 'women's work'. This makes sense within the capitalist logic of the valuing – and, hence, remuneration – of labour that is profit producing.

The politics of care

The undervaluing of caring work sits alongside its association with femininity and essentialist assumptions about women's innate qualities, thus it is fundamentally intertwined with the politics of gender and intersectional power relations. Caring work is, by its very nature, relational, affective and spatially immediate; it is also constructed as something that women do *because they are women* and, hence, carries substantial ideological baggage concerning the 'proper' organisation of society, etc. Women working in caring occupations, then, are, not only, doing what comes naturally but also are fulfilling a role that is crucial to the prevailing social order. Following this logic, because "caring matters so much" (Tronto, 2013, p. 8) to women, as both a natural affinity and a moral responsibility, it need not be well-paid; the work of care/ing, is (or should be) its own reward.

Allard and Whitfield's (2024) discussion of the interconnection between work ethics, the ethics of care, and the emotion of guilt is especially useful here. Emphasising the resonance of "affective and moral capacities" in care work, they show how a gendered "care ethic" shapes workers' sense of personal and moral responsibility, expressed through close connections with care recipients and grounded in "attention, commitment, and respect" (Allard & Whitfield, 2024, p. 674). In this context, the experience of guilt relates to the inability or failure to provide (enough) care – which, given the overloaded state of the sector, is almost an inevitability. What Allard and Whitfield describe as the personalisation of moral responsibility, thus, relies on the gendering of care, collapsing the distinction between a 'good' care worker and a 'good' woman. This reconfiguration of 'care ethic' to 'work ethic' (Allard & Whitfield, 2024, p. 666), while not necessarily a job requirement, is nonetheless useful to the organisations that employ care workers.

Who does the work?

While extensive information is available for some states, most notably Victoria, Putt, Holder and O'Leary (2017, p. 22) point to the lack of national data regarding the specialist FDV victim services workforce. That women make up the majority of the workforce is uncontested, however, as is the proportionally high numbers of casual and part-time workers (Putt, Holder & O'Leary, 2017, p. 31). Despite data gaps at the national level, Putt, Holder and O'Leary (2017) highlight the findings of the Victorian Royal Commission on Family Violence as likely indicative of national FDV workforce trends: "ageing, largely tertiary-educated, and about one in four are planning to leave the sector in the next 2 years. More than half are employed part-time, and they undertake significant amounts of unpaid overtime" (Putt, Holder & O'Leary, 2017, p. 22).

Other, more recent, data from Victoria may also be suggestive of the national picture. For example, the Victorian government's second census of the specialist family violence response workforce, the majority in victim-survivor services, highlighted a workforce that is 87% female, 12% male, and 5% Aboriginal and Torres Strait Islander (Family Safety Victoria, 2023). Significantly, most respondents were fairly new to the role, with 67% reporting less than 5 years' experience. Safe and Equal's 2023 survey of FDV service organisations confirmed these findings, with 29% of services reporting that most of their FV case management staff were 'entry-level', in their first two years of specialist family violence practice. Services reporting a majority of entry-level workers also reported average caseloads that were high to very high (Safe and Equal, 2023, p. 16). High staff vacancies were also reported across services and location (p. 7).

What is the work?

In their national survey of women's specialist services across Australia, Putt, Holder and O'Leary (2017) asked FDV victim services organisations for detailed information about the work they do. While this varied across services, the provision of information and referral was, by far, the most common activity reported (95% of respondents), followed by community education (70%), outreach services (70%), court support (70%), counselling (70%), and crisis accommodation (53%). Services were also asked to nominate what they considered to be the "three main characteristics of a women's specialist FDV service". Falling into six broad categories, the identified characteristics included "service focus, understanding or knowledge of FDV, types of services, practice qualities, staff qualities and collaboration" (p. 26). Service focus, in relation to the centrality of women and children's safety, was, however, the "most important defining characteristic", while crisis response or accommodation and support were most likely to be named as key characteristics with respect to service type (Putt, Holder & O'Leary, 2017, p. 26).

Confirming these survey findings, the FDV victim services participants in our research emphasised the immediate and often urgent nature of their work, saying, for example, that:

It's very hard to switch off and clients will often ring and be wanting a crisis response, an urgent response right then and there. [Marion]

In this respect, workers described their sense of absorbing the pressure and urgency experienced by victims/clients, in order to respond to their immediate needs. Sasha explains:

Like, I mean, these women are absolutely flat-chat trying to protect their safety 24/7. Having another process or thing to do is probably, you know, could be too much. [So] we try and take that off their hands. I'm really conscious of, yeah, just not overloading clients – and we've been talking about that a lot recently. About safety planning in person with them, we can throw so much information at them, but we're now looking to kind of change our process and to do like a printout of what we've discussed and give to them. Something they can look at later and reflect on, just yeah, anyway we can, to minimise that kind of added stress. [Sasha]

The tension between clients' immediate risk and safety needs and their recovery and well-being, post-crisis, was also a strong theme throughout participant accounts. Reflecting the dominant policy focus on women leaving FDV relationships and, in-turn, the structure and funding of victim services (including the focus on accommodation, as discussed later in this chapter), this was a source of significant frustration for participants, as exemplified here by Leonie:

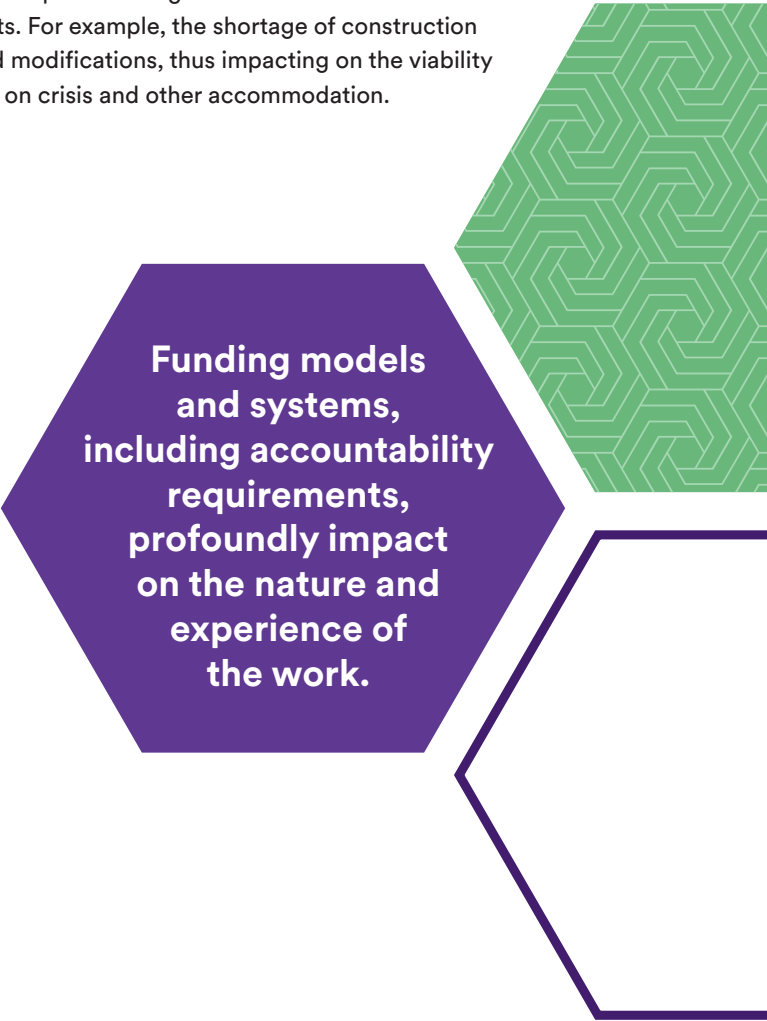
[...] obviously women who are fleeing domestic violence need to be supported in that. But I think the more that gets awareness, I don't think a lot of the funding has been put into [other areas]. Yeah, because obviously it's focused on what can we do right now, when you're in emergency, but not really thinking about the longer-term effects. We know the cost of domestic violence is huge for long term effects, but I think maybe that's not been a focus because it's not immediate [Leonie]

Systems and bureaucracy

FDV services, across the board, are subject to changing funding models and competition for government contracts as well as tendering for short term funding to provide defined services. As is also the case in other human services, FDV work increasingly involves a matrix of administrative minutiae and contract management alongside an impenetrable regulatory framework (see Carey, 2008). Respondents to Putt, Holder and O’Leary’s (2017, p. 20) survey, for instance, nominated “meeting or managing demand” and “limited resources and funding uncertainty” as their most significant areas of challenge. Participants told us that bureaucracy significantly impacted on the nature of their work, substantially adding to the challenges of addressing clients’ complex needs. Of particular significance was the interrelatedness of broader systems and, seemingly unrelated, trends and events. For example, the shortage of construction materials, post-Covid, had implications for housing repairs and modifications, thus impacting on the viability of Safe at Home programs and, in turn, increasing the demand on crisis and other accommodation.

The pressures associated with the increasingly bureaucratic nature of the work were consistently raised by the participants in this study. These, not only, made their day-to-day work more difficult but also contributed to a sense of disconnect from, what they saw as, the ‘real’ purpose of their work - standing alongside women experiencing FDV. This reflects the neoliberalisation of care which, as discussed by Hunter (2021, p. 345), encompasses the “marketized institutional contexts” in which “human fear, shame and anxiety are capitalised on as a means to reinforce the sorts of social distancing between welfare providers and users” that enable “increased efficiency, effectiveness and economy”. This means that the disconnect that workers talk about is less an unintended consequence – or something that more funding will solve – than it is a constancy that is ‘built in’ to the system.

Participants’ sense that they had to be the ‘catchall for everything’ to compensate for systems limitations, the lack of accessibility and/or appropriateness of services, restrictions on eligibility, and so on (see also [Balancing acts](#)), was also consistent across sites – and a source of considerable frustration and stress, as captured below:



Funding models and systems, including accountability requirements, profoundly impact on the nature and experience of the work.

I actually want to speak to the funding body and I want to know what [they know] about DV. And if none, how do they make the decisions about what DV work should look like? Because if you’re not doing the work and you’re not understanding the work, how do you consciously decide what money should be spent? The increase of admin, which has happened over the last four or five years, to the engagement with the clients, it’s kind of like 60% admin, 40% engagement. [...]. There is this real disconnect about what actually happens in a DV service and the patriarchy making decisions about that. Because what percentage of men are making these decisions? What percentage of women who’ve experienced domestic violence are making these decisions? It’s clear, the work that we do, there’s a real disconnect. [Sally]

The demand just always outweighs the capacity. [...] We get like 35 referrals a month and we can only allocate 15. And so that's every month we accrue another 15. [Mindy]

Some of the not so good I think is the amount of work that we have to do and the amount of referrals that come through and just the staffing. I think there's just constantly understaffed for whatever reason here in terms of funding and those kinds of things. [...] we do feel like we're constantly on the back trying to get all of these women called. [...] We're just constantly feeling like we're not catching up with how many referrals come through. [Leonie]

And I'm going to say that we'd also need the workforce to meet demand as well because that is quite often here on the ground and I'm not going to ignore that, that people are so busy and they're exhausted and they're overwhelmed. [Indi]

Participants also noted the impacts of broader policy and systems change on collaboration. Highlighting the enabling effects of interagency relationships, for example, participants contrasted, what they saw as, the currently siloed and disconnected context with their previous experiences of organisations working together effectively; when “we knew who was there [and] they knew us” [Laura]. This is consistent with Putt, Holder and O’Leary’s (2017) finding that collaboration, or working with other agencies and services, was rated as the least important characteristic of a FDV victim service (p. 26), suggesting that the deterioration of interagency connections and relationships reflects a broader trend nationally.

The politics of paperwork

Administrative requirements – including paperwork, data entry, having to work across data systems, etc – were uniformly highlighted, across sites, as both time-consuming and frustrating elements of FDV work. While, mostly, recognised as a necessary element for ensuring accountability, participants were nonetheless concerned about the impacts for direct practice and service delivery. As Vanessa observes, “over the years, there’s less time per client, they’re not getting access to their worker as much as they need it and as much as workers would want to give it”. Importantly, as Maddie, another participant, points out, while the push to be “accountable and structured in the ways that we approach things” has been central to the professionalisation of the DFV workforce, this has come at the cost of “some of that grassroots stuff”. The demanding nature of DFV work, and its impacts on workers, as articulated by a different participant, was also critical here:

I think it also – I mean I’m not speaking just for me. I don’t know if I’ve got the energy to take that one on. I think we fight it every day in a small level. I mean we do that work every day on a micro level. But if I’m thinking about do I attend rallies? Do I write letters to MPs? Do I do that macro work? No, because I ... Because I’m tired. [Mia]

Making sense of the administrative burden in much human services work, Baines (2022, p. 2988) talks about how workers are increasingly “responsibilised for the delivery of services and the documentation that ensures continued funding for their workplaces”. Thus, as organisations are pressured to “tightly quantif[y]” their services, risk and responsibility is transferred from the government (as funders) to managers and supervisors and “down to front line workers” (Baines, 2022, pp. 2987-88; see also Rogowski, 2020).

Professionalisation

While professionalisation has been broadly embraced in the advancement of occupational identity and status, including in social work, the fine line that exists between professionalisation and deprofessionalisation has also been recognised. Ernst and Tatli (2022) observe that knowledge – and claims to expertise in particular – are a “key determinant” (p. 192) of professionalisation. Professionalisation, it is argued, is closely tied with the “scientific capital of evidence-based knowledge” (Ernst & Tatli, 2022, p. 198) and, as such, the pursuit of “efficiencies and measurable outcomes” embedded in “positivistic, modern empiricism, and neoliberal ideologies” (Lee & Johnstone, 2024, p. 1384). It is in this sense that the emphasis on evidence, processes, procedures and outcomes represents the (de)politicisation of, both, social problems and the work that goes into responding to these. Thus, the quantification of work can render invisible its more complex dimensions while reducing it to distinct, technical ‘tasks’ (including actuarial assessment tools, electronic record-keeping, data entry, etc).

The “recognition and accreditation” (Payne, 2009, p. 353) of caring skills have been widely advocated as a response to the devaluing of gendered care/ing work. As Payne (2009) points out, though, this has opened the door to debates centring on “whether such attributes as patience, tolerance and cheerfulness are really skills at all or are best viewed as personality traits or dispositions” (Payne, 2009, p. 357). While positioning care/ing work as a reflection of one’s “ethical and moral self [...], the kind of person [you] are” (Payne, 2009, p. 357), is clearly problematic, so too is redefining inherently relational and affective work as merely a set of tasks. Likewise, whereas professionalism in FDV workforce strategies commonly takes the form of an emphasis on skills and competency standards, the language of competencies has also been widely critiqued as a “governmental tool for the regulatory control of professionals” (Rogowski, 2020, p. 104). These are complex issues; it remains the case that, as Meagher (2002, p. 15) observed almost 25 years ago, the “production-based frameworks” that characterise human service delivery have “limited capacity to grasp adequately the core activities and dispositions of social service work at the level of direct practices”.

Going above and beyond

The volume and diversity of daily demands was a theme that was common across sites and programs. Participants talked about the variety and ‘always on’ nature of the work, such that:

You can be packing food one day, packing up a house the next day, doing an intervention order, consoling someone that’s just been assaulted, writing critical incident reports – everyday is different. And you need to be prepared to drop whatever you’ve planned and roll with what’s happening. [Esther]

That these demands manifested differently across program areas was also evident, with participants – many of whom had worked in different roles across more than one area – highlighting the variations in pace and intensity associated with, for example, emergency accommodation (“a lot more crisis stuff”), and “therapeutic, helping them feel safe, work”, as compared to transitional and supported accommodation (“more case management, clunky housing system sort of stuff” and “a lot of mental health work”).

Services are operating in a reactive environment, marked by crises and demand for rapid responses to victims' immediate or urgent needs. This is at the expense of more proactive or change-oriented actions such as therapeutic intervention as well as broader activism and advocacy work.

The expectations associated with on-call work emerged – almost uniformly – as an especially stressful dimension of the job, with particular implications for workers' support needs including debriefing and strategies for self-care. Issues of concern included the unpredictable nature of on-call work and its far-reaching impacts on people's personal lives (particularly those who are parents), and the pressures of working 'alone' and outside of business hours. For example, one participant referred to the specific demands of after-hours and on-call work, observing that "as soon as you take it home, as soon as it's after hours, the pressure is very different, the levels of anxiety are very different" [Gina]. Another participant explained that, when she is on-call, she avoids going out:

I know like, with weekends and stuff, I'm like, I don't want to go out, because if I'm out and then I get an intake [...] you feel like you have to be able to respond straightaway. [...] For me, personally, I'm like, well what if it's something really risky, what if I miss it? It's just, yeah, that feeling of carrying a lot of risk. [Sadie]

The expectation that on-call duties be managed in addition to the standard workload also seemed to contribute to the feeling of overwork – and, as work spilled over into their personal / home life, over-load. In addition, shiftwork, especially at night, came with its own challenges including those associated with solitary work, having to navigate systems (including Google maps), and pressurised decision-making in crisis situations: "problem-solving on your feet".

Staff want to do good work. And I think that's the thing I constantly hear, I – 'there's just too much for me to do'. And I think there is, I think, yes people can work smarter and all of that sort of stuff. I think there also is, is hand on heart stuff, some days are more productive. [and some days] I procrastinate and all that. But if you, if you want to do a bit of a pie chart, no, there's way too much. [...] if you want us to do this work then, then how do we do it well? Because that's what staff want. I constantly hear that; 'I'm not doing my best work' [Helen]

Complexities

Complexities associated with the multiple and intersecting needs of the client group were a consistent theme in the participant accounts. Participants in case management positions talked about the challenges of being "required to cover all the needs" of clients – including physical and mental health, substance use, homelessness, immigration issues, disability, and pet care – while navigating systems and services that are, themselves, under stress. Dealing with these multiple and often overlapping needs could get in the way of addressing FDV; for example, the FDV work could get "overshadowed" by mental health issues because "it isn't appropriate to address the DV stuff when their mental health is not great" [Jasmin]. Participants also drew attention to the inherent complexities of the work, particularly given the common co-occurrence of DFV and issues including substance use, mental illness, disability, and so on. As explained by one participant, describing a typically 'complex' case:

Mental health said they couldn't help her because she had a drug problem. Drug and alcohol said they couldn't help her because she was too unwell, because she had a mental illness. Homelessness said she wasn't applying for private rental. [...] Then she had physical health issues, so she was in and out of hospital. Plus DV, plus the – her perpetrator was also her drug dealer. [Mia]

Paradoxically, then, the perception that some clients are 'too complex' to help means that "those most in need of support are least likely to access it" (Murray et al., 2022, p. 10).

[There are] clients you can focus on who really need the DV support [... but] we get these other people that come through who are really not ready to take the journey and there's other forces that are getting them to contact [the service]. [...] When you're supporting a high risk DV client who really needs to flee and is focused on being safe and safe for their children that's the most rewarding work ever. But it's when you're getting these other clients that present with significant complexity, don't really want the DV support, just want a house at the end of it and they're the ones that take up all your time, that's what makes the work hard and not enjoyable. And I'm not saying that there's more deserving DV clients than other, but when there's – there is a difference... [Lexi]

Hanley and MacPhail (2023) point to two key issues that, while in the context of FDSV services in rural NSW, are highly relevant here. Firstly, "increased funding pressure" has resulted in service organisations becoming increasingly "focused on individuals who meet specific criteria" (e.g. women within a particular age range); and secondly, a "reduced ability to assist FDV clients who have complicated and multiple needs" (Hanley & MacPhail, 2023, p. 2542). This is especially the case for particular client groups; participants across several sites, talked about the dire situation of women with no income – those on dependent spouse visas, for example – who were not eligible for many services despite living with high levels of risk. Here organisations with a strong social commitment to women's safety felt compelled to provide a service but, operating in a neoliberal, corporatised environment, were forced to absorb the expenses.

So, we've got a woman on site with no income at all and she has no exit outcomes because we're paying for her food, we're paying for her electricity, we're paying for her rent. So, until we can get her onto special benefits through Centrelink, and that means applying for a change in her visa status, this is her only exit. This is where she'll remain until we can find another exit for her. [Laura]

Thus, despite these "narrow organisational mandates", Hanley and MacPhail (2023, p. 2542) observed "a willingness to bend the rules in the interests of assisting women and families" even though this resulted in an "increased workload for which the organisation cannot account". (Hanley & MacPhail, 2023, p. 2542). A key finding of Safe and Equal's (2023, p. 6) survey targeting specialist FDV case management (victim) services, for instance, was the significant time spent by FDV workers on activities that, while "critical to supporting victim survivors", were "not captured in current targets or reporting, and therefore not adequately funded". In this context, the state reliance on 'goodwill', in the absence of a "systemic response" (Murray et al., 2022, p. 11), highlights the 'invisible work' undertaken at the organisational level, as well as that performed by individual care workers. Sage and Esther, for instance, provide an example of an 81-year-old woman who had come through the shelter more than once. On this occasion, the woman had left the crisis accommodation, however:

on the same afternoon [we] got a phone call to say she's been re-assaulted. And so [we] opened it up the same day so that she didn't have to come back through the system – because, being 81 years of age, she just didn't have – English is her second language, she uses her daughter [to translate]. Her perpetrator is not only her husband but then, when he stopped perpetrating and we got him taken away, the son then picked up being a perpetrator. So, you had all these different elements. [Sage]

Esther goes on:

And all she knew was her house. So, bringing her into a motel and then trying to get her into a shelter was doomed to fail. [But] the system doesn't allow for you to work differently – you have to constantly manipulate the system to be able to provide support to women that actually need it. [...] So much of our work is invisible. [Esther]

Invisible work

The concept of 'invisible work', as introduced in Part One, refers to practices that are not formally recognised as work – and don't appear in job descriptions – but are nonetheless critical to the everyday functioning of the organisation. Lavee and Kaplan (2022) argue that the performance of invisible work is a central means by which gendered organisations and services are reproduced. Workers might undertake invisible work through the investment of time (e.g., staying with or visiting clients after hours); emotional resources (e.g., providing psychological support); instrumental resources (e.g., assisting clients with bureaucratic tasks such as filling out forms); and material resources (e.g., giving cash or buying food or medicine for clients and their families) (Lavee & Kaplan, 2022, p. 1467) – all of which were discussed by the participants in this study. Esther expressed this so vividly that they are worth quoting at length:

It is really difficult. We don't have an admin. We answer the doors. And remember, five acres, eleven units, toilets, blockages, pruning, every bit of maintenance that needs to happen, staff are dealing with it. [...] [E]verything has a flow-on effect. That's what people don't understand. If we just came in and did case management, beautiful, I can put that in a box. You can tie your ribbon at the end of the day, job done. But it's not. It's the crisis. It's the woman who's just been booted out from motel. It's the – It's actually the cost of caring. I think that if we did stick to our job descriptions and if we did stick to what is expected of us, we would get most of what we had to do done. But we don't do that. We don't do that very well here. [Esther]

Lavee and Kaplan's focus on the discursive frames used by workers to justify this work is especially relevant – and clearly resonates with our participant observations and conversations. That invisibility is articulated in gendered terms is also critical, not least in the sociocultural negation of work by "making it appear natural rather than attributable to individual effort and skills" (Kaplan, 2022, p. 863). A key finding of Lavee and Kaplan's (2022) study was workers' use of the "discursive frame of individualism", attributing their 'above and beyond' efforts to their "personality, their unique traits, and the values they were raised upon". By framing this as "personal will", individualist discourses, not only, masked structural constraints but also provided workers with an "important sense of autonomy" in this "highly constrained environment" (p. 1469). Like Allard and Whitfield's (2024) 'care ethic', Lavee and Kaplan's identification of a "discourse of devotion to work" is also highly evocative. Thinking about the work "as a calling or vocation deserving single-minded allegiance" and "the right and moral thing to do" (Lavee & Kaplan, 2022, p. 1471), they argue, provides workers with a sense of meaning and purpose –

Why do we commit so much? We just do. [Vivian]

It's that sort of analogy, you're walking along the river and you see drowning people. And you're like, ooh what's happening here? So, you pluck them out, 'good 'ol me kind of thing', on your way. And then all of a sudden, oh there's more. And so, you're plucking them out and then someone else goes back up to see, well the bridge is broken but they've got no choice but to jump into that water. So, I feel like it's, it's that sort of stuff. [Helen]

Balancing acts

FDV work cannot be disentangled from its broader socio-political context, highlighting the ways in which violent practices, including FDV, interconnect with “social divisions and inequalities, class positions and other social intersections” (Hearn et al., 2016, p. 523). Embedded globally, nationally and locally, structural inequalities provide the context for ‘complexities’ that overlap and, despite siloed services and systems, cannot be disentangled (Bullock et al. 2020, p. 853). Alongside the “gradual economisation of the welfare state”, as observed by Phillips and Heward-Belle (2023),

the nature and capacity of services traditionally driven by women’s movement activists (advocate-providers), social justice, or specifically faith-based missions have now become less feminist, less social justice oriented, more corporatised, and, in some cases, completely generic homelessness services (Phillips & Heward-Belle, 2023, pp. 225-226).

Housing or safety?

The overriding focus on housing outcomes was identified by participants as a key challenge and was raised consistently across all sites and services. Consistent with a policy positioning of accommodation as the solution to FDV, as observed by Putt, Holder and O’Leary (2017, p. 13), while “advocacy and empowerment of women” remains at the heart of service delivery, on a daily basis it is crisis accommodation and support that constitutes the bulk of FDV work. The positioning of FDV as a housing issue, predicated on women leaving the abusive relationship, was seen as fundamentally problematic, with participants highlighting the pressure placed on women and the time demands of the ‘red tape’ and ‘bureaucracy of housing’ that eroded the capacity for therapeutic engagement and support. This was seen as having significant implications for the quality of the worker-client relationship as well as job satisfaction. Participants told us that –

we spend more time operating as housing workers and less time doing the DV work. [...] That’s not the passionate side of the work. [Vanessa]

[..] housing and homelessness [is] probably the biggest, one of the biggest, pressure points. And I know staff lose sleep over the fact that. So, there’s no houses, there’s [no] private rental and I just think that’s there’s no answers. And there continues to be no answers. From government to respond to – just the lack of resources and the divide, this is growing bigger and bigger. So, and then that’s where clients will ring up and they’ll be abusive and it’s really. [Marion]

Participants also emphasised the difficulties associated with the 'housing crisis' – the “lack of long-term, affordable housing options” (Safe and Equal, 2023, p. 11) – in Australia. Despite the priority placed on housing outcomes for women experiencing FDV, the lack of available 'exits' from shelter and other forms of temporary accommodation made this impossible to achieve for many (see also Murray et al., 2021). A closely related issue – and what might be seen as a natural consequence of the housing crisis – was the perceived increase in women 'using' FDV as a way to obtain accommodation. This meant that some women, who may or may not have been experiencing FDV, were approaching services seeking access to housing but had no desire or intention to engage with FDV workers. This made it difficult for FDV workers to engage constructively with these women, while also further contributing to the accommodation bottleneck and, thus perpetuating the problem. As one participant put it, “there's no solutions in [this] space, people are basically just running in one spot” [Vanessa].

There is a shift away from the 'specialist' FDV role (victim support, therapeutic counselling and education), towards case management focused on FDV-related accommodation needs.

Closely linked was the perceived disconnect, and continuing tensions, between the housing and FDV sectors, conceptualised by many participants as a 'clash' between housing and women's safety. The tensions – both ethical and practical – associated with the conditions placed by housing authorities on women and children in crisis, were also consistently raised. Participants talked about stress of managing – or, what felt to them like, policing – these requirements, further contributing to the pressure on FDV victims:

You tell them the mutual obligations and advise them that if they don't meet the obligations [...] then they're homeless. [Sabrina]

[W]hat we often discuss and debrief about is that the housing authorities can often take on roles that feel really similar to perpetrators, in the form of being very controlling. We've had them ask for client's receipts before to say, what are they spending money on? I know that myself, I have spoken to the housing authority and said 'Look, I am really concerned that if you're putting these conditions on a client who's just fled a really financially abusive relationship, that it's actually going to be quite triggering and traumatising for them'. It's really frustrating trying to work with that. [Gina]

We were getting more feedback from [housing authority] saying you need to do this, [...] and get all of those documents in at certain intervals of time. And we were saying, there's certain clients who can do that, certain clients have the capacity to do that, depending on their situation. But the majority of our clients don't, within the timeframes they've given. [Thalia]

Tensions associated with working across different systems and organisations – such as having to negotiate conflicting policies and procedures – were also discussed:

[T]here's this real disconnect between [housing authority] and DV. They're focusing on housing here, and money, and how much money's being spent in motel. And we're focusing on risk, and safety, and trauma informed. And it's just constant fighting up against each other constantly [Lorraine]

There's a real dichotomy between homelessness and domestic and family violence. And I know we always talk about housing first versus safety first [but] I don't think that's where it ends. I think that's, that's the obvious place but where we have – for example – a conversation that we're having with the community housing provider at the moment – guidelines around supported housing tenancies, where clients must engage with us, otherwise we can't provide them with that tenancy. The tenancy provider has those guidelines but don't have the support function attached to it. So, where we're saying, this person's not engaging, and we don't want the lease to continue because they need to find other accommodation – she's not looking for a house, that kind of stuff. They're actively saying, well, our guidelines say that we can't exit [her] into homelessness. So, there's a real tension between the work in the different sectors and that's not – it's not because staff don't want to be on the same page it's because their guidelines are different [Maddie]

The strong orientation of FDV services towards accommodation and escaping violence, in line with policy and funding arrangements, also fundamentally shapes the scope and parameters of the work. This was especially apparent in work with clients who were not seeking to end their abusive relationship, creating tension for workers and services. Given high demand on services, this also left workers having to make difficult decisions about who should – and shouldn't – receive a service –

Yeah and that's where we go back to them – we will work with you in motel but –and it's okay to love him still, but if you are wanting to re-enter that relationship we are not the service. And if she says no, I want to keep working with you – which is fine – we will keep working and go around that, but if it then becomes a pattern, we are like okay we are not the service for you. But then she might never have contact with him again ... It really is just about, are we the right service or not? [...] it's definitely about her safety [but] onsite here, it's the added safety of everyone else. [...] like I have got a woman at the moment who will go and see him because they share a child together. We get it, she wants him to be part of his life, she still loves him. She is incredibly trauma bonded to him, but she is – [...] she is still saying 'I don't know why I am doing this; I don't want to be in a relationship with him'. [Janine]

'We're not funded for that ...'

The policy and infrastructure for FDV services in Australia, including competition for contracts, short term, outcome-focused funding, and alignment with housing and homelessness, means that organisations are perpetually drawing boundaries around their work. This was a source of considerable frustration for workers, especially those who could recall how things used to be. Participants talked about services that were previously provided, such as outreach services and therapeutic and educational groups for women, that had disappeared, alongside rising intensity and complexity of demand –

we used to do much, much more outreach work. [...] We don't now, like we're unable to, and I think we found when we do pick [up] those outreach clients [...] they are the ones that actually need the support, they're the ones that really are higher risk, but we're unable to do anything but try and push them – not push them but refer them to other services. But I think if we had more staff and more finances, we could do that, I do think there's a massive gap... We get, you know, we still get lots of calls from women, 'can you help me with ...?'. [...] there is no one else that fills that gap. So, we could refer them to, you know, DV counselling ... or something in women's health or something, but it's that actual, practical, 'I need some support to navigate the world, how do I get a house? how do I get out of here? what do I do?'. [Jocelyn]

Because we've been told we're not funded for that, and we don't have capacity anymore, because there's just too much work. And I mean we stopped during COVID obviously for obvious reasons. But we used to have a dedicated community engagement manager role here. And she did all the group work, and that kind of stuff. But now we just – we don't have that role. So, we lost that role. And we don't do any groups now. And we know the importance of groups. Everybody knows the importance of the work – but we can't do the group work anymore because we're not funded to do groups. [Lorraine]

Importantly, a number of the participants expressed their frustration with the restrictions imposed by funding limitations – with what they were not funded to do but did anyway:

It feels like without the education groups, it feels like we're missing a foundation. It's like we're doing everything but that really solid domestic violence education foundation. It's a lot more of a struggle to get that when you're busy putting out fires around housing, mental health. It also means that by running a program you've got a specific worker who does that [...] But now, without it, we're having to do that as well [Thalia]

But we do have a broader sort of purpose and have very much invested in and kept a, I don't know, kept a focus on addressing issues of gender inequality more broadly and that isn't always an easy thing to continue to invest in because we're never really funded for that. [Vivian]

Our team is chronically under-resourced, as is everyone in the family violence sector. The way that we are, as a national peak body, so we don't receive national peak body funding but we function as a national peak body in terms of policy work that we do. [Jemma]

Baines (2022) proposes that ‘out of scope’ work such as this – requiring the bending of rules, advocating, filling the gaps, and so on – can be understood, in the context of care/ing work, as a form of “gendered resistance”, understood as resistance to “larger and local expressions of state and social uncaring and austerity” (p. 2991). Conceptualising this as resistance highlights individual and collective agency in the face of overwork and potential exploitation; asserting the “need to care because society no longer does” (Baines, 2022, p. 2990) thus centres “ethics and values” while also claiming solidarity with like-minded others. Importantly, these “everyday acts of rebellion against uncaring” may be deeply sustaining for FDV workers, enabling them to keep going until “larger social transformation comes about” (Baines et al., 2010, p. 462). In their recent study, Woodlock et al. (2022, p. 4414) observed something similar; that participants actively resisted the “transactional requirements of neoliberal care work” and, in turn, the “individualising and alienating neoliberal order”, instead centring “relational care ethics”.

Emotional labour

Discussions of care/ing work commonly draw on Hochschild’s (1983) concept of emotional labour to consider the ways in which workers manage their own and other people’s feelings as part of their job in a transactional exchange. Building on this, Ward, McMurray and Sutcliffe (2020) conceptualise emotional labour as “gendered edgework” that, in the context of violence, entails the “ability to navigate the ‘edge’” in managing the emotions of self and others (p. 85). Thus, they argue that applying a gender lens to “embodied performances of emotional labour” illuminates the ways in which “both men and women purposefully control their emotions” in the face of violence (Ward, McMurray & Sutcliffe, 2020, p. 93). This shifts us away from the equation of emotional labour with ‘women’s work’, to, instead, engage with “masculinity and femininity in emotional labour repertoires” (Ward, McMurray & Sutcliffe, 2020, p. 86, emphasis added).

Notwithstanding the agentic potential of ‘over and above’ acts, as discussed in the previous section, these remain mostly invisible and unrecognised. In the current context, thinking about emotional labour brings to mind the complex and nuanced nature of care work as well as the toll it can take on workers. Such work is, of course, the bread and butter of social work and FDV work; importantly, though, it may be that it is less the emotional labour itself than the “lack of discretion or autonomy” (Payne, 2009, p. 350) over its performance that is particularly salient for worker wellbeing. This is exemplified in Jemma and Tamara’s account of how the work spills over into their lives:

We all went out for drinks on Thursday last week and were all joking about, it’s a real conversation killer when you meet someone and they’re like so what do you do, and you’re like I work in the family violence sector. I don’t talk about my work. I have a few friends who work in the sector, not here, but I don’t really talk about my work that much. [...] it’s just depressing and I don’t want that to be who I am. [Jemma]

You know, I’ve still been shut down many a time and stood over and spoken to quite terribly because of my opinion [about FDV]. [Tamara]

Expertise and specialist knowledge

Participant narratives reflected a discomfort with, what was perceived to be, an erosion of the ‘specialist’ nature of the work; this was closely linked to the overriding focus on accommodation, discussed above. Most considered that FDV work is specialist work, with a distinct knowledge and skill set, particularly in the areas of risk, safety and trauma:

Well, the level of expertise needed, so like I said, in actual fact, it takes a lot of investment to get a worker to a point that you’re like, you’ve got it right, because the work is hard. This is not just, I’m just giving some food to a client, this is really hard [work] that takes a lot of skill. [Vanessa]

Some participants talked more broadly about the diminishment of specialist knowledge and status in FDV work, highlighting gaps in tertiary education –

I mean, we actually see a gap in social work now. We don’t believe that specialisation on family violence or gendered focus is embedded in curriculum anymore. [...] Because we, that’s our passion because we notice it even through student placements. Students aren’t getting that political analysis or that family violence specialisation, that’s why we’re so invested in it, [...] because it is so intrinsic to what we do, those values. [Alice]

Interestingly, while an understanding and analysis of gender was implicit – or, at least, implied – in most participants’ accounts, relatively few explicitly identified as feminist. Clearly evident was a shared commitment to women and children’s right to safety, however, this was not necessarily expressed in terms of feminism nor the significance of structural power relations. Largely, the participants who called themselves feminist had been working in the sector, and specifically in FDV victim services, for longer and, with the foreseeable retirement of women leaders, worried that feminist understandings were at risk of being eroded in the FDV sector. Pointing to factors including sociopolitical trends characterised by highly contested gender and backlash politics, they considered that the loss of nuanced understandings of power had significant implications for the future of the sector.

For those participants who described themselves as feminist, having a feminist lens or perspective was tightly bound with the specialist status of the work:

...the feminist background and qualities that we all hold, as workers for [victim support organisation], is really important, in particular [with] ensuring that they’re not – that a perpetrator is held accountable. Yes, we’re trying to invite them to change, [but] you know, it’s at the forefront of our mind, as feminists, to hold them to account for that. And just say, hey, her name is – if you choose not to use her name, we can’t continue to have this conversation, you know. [Tamara²]

And so that’s why we hold onto the specialisation. We don’t want, we want our staff to hold the position around, our philosophical position, around family violence and hold that in their work because that, holding on to that is an empowering, it gives a message of empowerment to victim survivors. [Vivian]

2. Note that Tamara’s role involved working with both victims and perpetrators.

I've always just loved working with women and I am really passionate about equality and women's rights and I sort of really enjoy that crisis feminism space. [...] because obviously here you get to follow people through and see where they end up, with all your hard work, but being able to attach a different meaning, I can just make someone's day a little bit better or give them a little bit of information. [Janine]

Maintaining a focus on gender was, for some, a constant pressure. Keeping gender central, as emphasised by Sonia and Helen, was hard but necessary work –

We are constantly turning that traditional patriarchal victim blaming narrative on its head and demonstrating why that exists, how it creates risk, and the current climate of reforms that we're in... we need to show our colleagues and our partners how we can do this better. That's where we need to be really strong advocates, and that comes with practice. [Sonia]

I feel like we need to do it more than ever but that's because the way society sees family violence as a whole. It's that old thing of, you say, "Why doesn't she just leave?". They never ask you why does he hit her – "Why doesn't she just leave?". So even that sort of, that's where we are with society, so we're forever having to fight against that. [Helen]

Historically workers in the FDV victim services sector (victim services) have had a strong feminist approach, this informing both how they did their work and what constituted the scope of work. Focusing on social justice and social change was thus seen as a legitimate part of the work, running parallel to crisis and counselling services. In line with the increasingly dominant influence of neoliberalism, and in particular the shift towards minimal government, substantial changes to the nature, funding, organisation and delivery of human services have occurred. This has, in turn, driven changes in the conceptualisation, and hence the organisation, of human services work. Competitive contracts and tendering are also likely to play a critical role in muting the political voice of the FDV sector (Ishkanian, 2014). In the victim services context, the work has become progressively more differentiated and narrowly defined; alongside the depoliticisation of FDV and FDV responses, the emphasis on quantifiable tasks and outcomes, worker competencies, and workforce capacity has fundamentally transformed the 'grass roots' – activist – spirit of FDV work.

Most participants talked about the education and training provided (or facilitated) by the organisation as well as experiences of mentorship and support. Some could name their mentors or other people that had influenced them and shaped their thinking and practice. Many also reflected that much of their learning had been 'on-the-job', often from women who had many years of experience in the area. Interestingly, both this 'on-the-job' learning and formal training were largely framed as specialist knowledge in a way that, likely unintentionally, neutralised and distanced it from a specifically feminist perspective. Matilda, for example, talks about both:

Absolutely, so definitely the field practice knowledge [was on the job]. But also attending training. I've done things like engage with the Red Rose Foundation training, or strangulation, and different things like that, different forums, on brain injury and strangulation. I would say definitely on the job. [Matilda]

There was an overall tendency to focus narrowly on violence as interpersonal (private, domestic) rather than structural and institutional.

This reflects a broader trend across Australia in the depoliticisation of FDV and related shift in how FDV services define and position themselves (Putt, Holder & O’Leary, 2017; Woodlock et al., 2022). Putt, Holder and O’Leary (2017, p. 31), for example, observed that, while many FDV services see themselves as having a feminist-informed philosophy and aims, few actually identify themselves as feminist services. Similarly, only 42% of respondents to Victoria’s census of the specialist family violence workforce indicated a commitment to gender equality as their motivation for doing the work (Family Safety Victoria, 2023). Interestingly, however, 70% said they were committed to preventing and/or responding to FDV, suggesting that decontextualised understandings of FDV are increasingly taking hold.

Surviving the work

[W]e see such violence, such specific violence, rape with weapons, you know assaults with baseball bats, and this is, we, people are like, ‘oh, does strangulation happen often?’. Every day, every day, and that’s not an exaggeration, every day someone will call and they have been strangled. And so, I think there is that part of the conversation and that part of the work that is missing – that currently it’s one woman a week dying but it’s multiple women daily being raped and strangled. [Alex]

I respect so much the, the practitioners doing the work, the coal face of the work. Being abused on the phone and all of that sort of stuff, it’s really, it’s hard work. And I think the messaging around that is really important that we, we value that, we don’t expect them to burn out, we don’t want them to burn out. [Helen]

The intensity of FDV work was a clear theme across all sites. Participants reflected on how overwhelming it can be to deal with crisis after crisis, emphasising the importance of manageable caseloads for having a sense of control and achievement in their work. Thus, intensity, in this context, related to both the work demands (‘overload’, volume, etc) as well as the nature of the work itself, encompassing the emotional content, “frontline trauma”, difficult interactions, and so on. Participants talked about the investment in “every clients story, and journey” [Lorraine] that underpins the work of ‘caring’, and the particular challenges faced in the DFV sector. Mia goes on to describe it as like a “conveyor belt” in that “we literally see the same name come through 5 times” [Mia]. Participants also referred to the “cumulative weight” associated with the “duty of care” [Frankie] they felt they carried – and the perennial question, “have I done enough?”. This seemed to be felt in a way that was highly personal, as captured in Maddie’s observation that, while not necessarily at a conscious level, “people are scared that they’ll say or do the wrong thing [... they] are scared that they will be held personally liable for things”.

The immediate and cumulative impacts of working with victims of FDV services has been noted in a range of forums (see, for example, Gilbert, 2020; Slattery & Goodman, 2009). For example, 78% of the respondents to Victoria’s *Census of Workforces that Intersect with Family Violence 2019-20* reported experiencing “moderate” work-related stress, while stress levels for a further 33% were “very high – severe” (Family Safety Victoria, 2021, p. 15). Of those workers reporting high stress, 84% attributed this to the high volume and demands of the work and 48% to poor management and/or organisational issues. Only half (50%) of the respondents reported (usually) having sufficient time to complete their tasks. Also in Victoria, Safe & Equal (2022, p. 14) highlight limitations on service provision and duration, necessary for managing the excessive pressure on services, as a significant point of stress for practitioners, forcing them to prioritise brief crisis intervention rather than long-term safety and recovery.

Risk and responsibility

Workers in victim services talked about the weight of responsibility associated with managing risk. Closely aligned with the duty of care, discussed above, this was manifest in the feeling that they – personally – carried the risk in relation to women and children’s safety. Tensions were evident in the pressure felt by many participants to be the “safety net” – alongside the niggling worry about whether it is “going to fall back on us if something happens” [Emily]. This worry is implicit in Deborah’s observation that:

I guess the, the worst-case scenario of what can happen – and the risk that practitioners sit with – is around what did we do to keep the woman safe? Well, we partnered with her, we respected her decision making, that sort of thing. [But] it doesn’t sit, it probably doesn’t sit very well in a coroner’s court. [Deborah]

Systemic and structural stressors across the human service sector (funding, cut-backs, lack of services, etc) further intensify the difficulties and demands of the work.

Similarly, Esther talks about how the handling of critical incidents illustrates this overriding sense of responsibility:

[Critical incidents are] framed [around] what have you done? So, most times, when there’s a critical incident, we write what’s happened and what we’ve done and then the department comes back and says it’s not a critical incident [because] there’s been no failure by the service to provide a service. Well, we bloody knew that but it doesn’t mean that a critical incident hasn’t happened! For us, our life has been turned upside down, and [same] for the woman and the family. There’s that real lack of acknowledgement about what effort has gone into that work [...] And at the end of the day, it makes it feel like the buck stops with us – so that responsibility falls [on] us. So, if something happens to a woman, you’re constantly going ‘should I have done something differently?’; could I have done something more?’ Who else goes home at the end of the day thinking, should I have done something else? That shouldn’t happen but it does. [Esther]

At the same time, participants – generally those with more experience in FDV work – talked about the need for balance in the work, recognising the implications of doing ‘too much’ for “creating dependence for clients”. As Maddie explains:

One of the biggest kickers for staff [is] where I will hear, ‘I must feel I am doing my best’, but supporting them to understand they don’t have to do everything, and how to balance good work with current clients and pick up new cases. [So] trying to balance the seriousness of those cases, otherwise the load...you need a good mix of risk. And it is not about finger pointing; bottom line is staff want to provide good support to clients [but] it’s about the collective working well too, not just the individual. [Maddie]

Here we see a senior worker seeking to reassure more junior workers that they need not bear the load alone while, with an eye to the (metaphorical) queue of waiting clients, simultaneously asserting the imperative to keep moving. In another example, a participant reflects on the ways in which their approach to FDV work has developed over time:

When I first started, I felt like that responsibility was –it definitely is – put on us a lot. I mean, I am always aware of, if this woman gets murdered they're going to look into everything I have done. Even if I have done everything perfectly I am still probably going to get criticised. But I think for me personally, at the end of the day, I feel really confident in my work. I feel really comfortable that I have fulfilled my role of giving this woman all of the information and making her aware of all of her options. At the end of the day, if something happens to her that's his responsibility, that's not mine. That if this woman, say for example, if I have given her all of the information in every possible scenario and she makes a choice one day to go to his house and he makes a decision to hurt her, that's not on me, and that's because she is a fully grown woman who is allowed to make her own choices. If she has that the information in that situation to, then, know how to keep herself safe and he has still hurt her, that's on him. He's the only person accountable for that. Knowing that we have done everything that we can, I think, takes that off – we can only do so much. [Janine]

Especially interesting here is how Janine – correctly – sets out the limits of her responsibility, yet at same time, expresses an inherently individualist logic of personal responsibility. While primarily addressing the perpetrator in this scenario ('that's on him'), references to adulthood ('she is a fully grown woman') and the choices available ('who is allowed to make her own choices') also responsibilise the victim/client. In this sense, Janine's response vividly captures the struggle at the heart of this work – to maintain a structural focus while living with the everyday reality of the messiness of human lives.

We look out for each other: The team

Many participants talked about their own workplace as supportive, highlighting, in particular, the strength of local team relationships. They also valued the importance of being able to contact other professionals, not on site, especially when they felt they needed support with decision making. More experienced staff emphasised the value of broader networks of professional support for newer staff, supplementing on-the-job learning and providing space to de-brief, discuss and critically reflect on practice. Overall, though, the significance of the team environment was unanimous across all the participants. The relationships between team members were critical for surviving the work as expressed by Vanessa,

I do believe that the team is what keeps people slightly okay. [...] If you felt like you were completely by yourself and you just came to work and you just did your work and went home you wouldn't survive this work. The ability to be able to have a laugh, have a debrief, have a – 'I need the afternoon off can you call my client' ... [Vanessa]

Team relationships represented 'looking after one another', the message that "no you're – this is not on your shoulders. You've got a team around you, you've got a system around you" (Mindy). Perhaps paradoxically, however, the strength of the team culture could also impose extra demands; the sense of obligation associated with covering for other workers who are on leave, sick, etc. Kaplan (2022, p. 862) considers the potential for teamwork in caring occupations to impose another form of invisible labour. Here, Kaplan draws attention to the work associated with "cultivating employee relations, [and] maintaining a positive atmosphere" as well as "supporting, encouraging, and mentoring coworkers" (p. 862). This commitment to "not letting the team down", in this study, had impacts, not only, for individual workloads – in contributing to the "enormous backload of work" [Gabrielle] to be done – but also the prioritisation, and ability to take advantage, of opportunities for self-care, reflection, professional development, and so on.

Not just a job

Scholars of care under capitalism, (see The work of care/ing) have emphasised the ways in which care work muddies the distinction between the personal (or private) and the professional. As work that involves "constantly bearing witness to violations and violence", the implications for women working in FDV work may be especially stark because that violence is being "inflicted either on people that we know, or people like us" (Vidal & Tolmay, 2015, cited in Bandali, 2020, p. 241). As observed by Bandali (2020, p. 246), references to 'passion' and 'commitment' can be "used to perpetuate and justify the personal/professional boundary blur", thus undermining the profound impacts across all aspects of workers' lives –

Sometimes, if I think too deeply about what we actually are doing, which is trying to prevent men from murdering the women who love them, it's like, it makes me not want to get out of bed [...] And so I think anyone who works in this type of sector gets really good at compartmentalising. [Jemma]

Ironically then, in NGOs and workplaces such as FDV services, the focus on gender equality and social justice ('the personal is political') sits uncomfortably alongside the "working mentality" of "putting the work first" that enables the "perpetual exploitation of women's labour" (Bandali, 2020, p. 245). Moreover, because it is not able to be contained to 'work', care work also impacts on, and exacerbates, the unpaid caring workload carried by many women.

Sustaining the workforce

Participants also reflected on the practices within organisations that they consider are important to building sustainability in the FDV workforce. First, many identified the importance of career pathways – in the potential to progress as a professional, experience different roles, and build new skills and knowledge within the sector. Diverse career pathways could involve anything from working directly with men who use violence or longer-term recovery work with women and their children, through to project work, education / training and leadership or management. Within the context of competitive tendering, though, losing highly trained people to other organisations was a constant worry for some:

I worry about, for our workforce, I think of some of our best workers – you could only do that direct work for so long [they] end up going into, say, project coordinator roles, those things which are fantastic and it's great but you lose all of that really good skill and good quality practice. [Vivian]

Supervision was also valued by many participants who talked about the importance of opportunities – and 'permission' – to talk about and reflect on gender, power and violence. The significance of reflective practice for enabling practices of self-care and self-awareness – which are central to sustaining the workforce – was also highlighted. Making time and space for supervision within the pressures of day-to-day work was, nonetheless, a challenge –

It was no structures around, no clinical supervision, no meaningful reflective practice. It was just respond, respond, respond. And I think, I don't know, I think there's steps towards changing that but I think we've got a long, long way to go in that. And I don't know how – I don't think it's possible within our current funding structure. [Frankie]

Some participants argued that sustaining the workforce requires truly valuing – and rewarding – the specialist knowledge it has built over decades. For some, this meant establishing an evidence base showcasing the quality of this knowledge, while, for others, it was important to challenge the politics of neo-liberalism and managerialism by emphasising the structural and sociocultural context for FDV and its impacts on families and societies. Other participants considered that the combination of specialist knowledge and complexity of the work warrants higher pay and access to advanced training. While acknowledging that organisational practices are key enablers of workforce sustainability, they argued that professionalism, qualifications, and market reward should all be prioritised, requiring investment in the workforce without compromising feminist values and principles.

Specialist FDV services for perpetrators

Work with perpetrators has increasingly been prioritised in responses to FDV but the tendency has been to think about this work in isolation from the wider sector, with a strong focus on behaviour change programs. Perpetrator accountability (“People who choose to use violence are held accountable”) is named in Australia’s National Plan as one of its six “cross-cutting principles”, recognising that “violence against women and children will not end without a clear and sustained focus on perpetration” (Commonwealth of Australia, 2022, p. 73). Only two of the Plan’s 21 objectives, however, directly address perpetrators; across the four ‘domains’ of the national framework, enhancing the “accountability of people who choose to use violence and address misidentification of perpetrators” (p. 20) appears in the ‘Early intervention’ domain, and improving “justice responses to all forms of gender-based violence” (p. 21) in the ‘Response’ domain. In this context, accountability is linked with legal and criminal justice responses and associated with denunciation, punishment and/or intervention in the form of mandated or non-mandated programs.³ While the Plan emphasises the importance of diverse perpetrator interventions “delivered across mainstream and specialist services” (p. 74), our focus here is on specialist perpetrator services including individual and group interventions, prevention and training.

Perpetrator services in Australia

There is limited data on perpetrator services in Australia (AIHW, 2021). Moreover, the data that is available is “collected and reported using different definitions and practices”, hence it is not comparable across states and territories and “cannot be used to provide an overview of the sector” (AIHW, 2021, p. xi). As observed by Chung et al. (2020, p. 14), “comprehensive and consistent” information about men’s behaviour change programs, for example – including demographic data, numbers of perpetrators entering, withdrawing, and completing, etc. – is vital for ensuring an informed approach to policy, planning and investment in this space.

AIHW’s summary of the situation in Australia is short and to the point:

Perpetrator interventions are fragmented and multi-sectoral. Currently, there is limited visibility of services that provide targeted perpetrator interventions outside police, courts and selected men’s behaviour change programs. The system is fragmented, and services are administered by a range of government and non-government agencies. There is limited visibility of specialist family and domestic violence services and this can make it difficult to assess the performance of perpetrator interventions within the context of family and domestic violence service system more broadly. Further, the diversity of service providers operating targeted perpetrator interventions means that data collection and reporting capabilities will vary. There is also limited visibility of how perpetrators move through the intervention system. (AIHW, 2021, p. 41)

A summary of the ‘users of violence’ consultation, undertaken by the Department of Social Services (2018) to inform development of the final action plan for the previous National Plan, highlights critical issues that remain relevant. Key themes discussed by the stakeholders in attendance, including service providers and peak bodies, fell into five main areas: 1) the importance of a coordinated, joined up service delivery system; 2) workforce capability; 3) perpetrator accountability; 4) primary prevention; and 5) community-based approaches.

3. Refer to Chung et al. (2020) for a critical exploration of perpetrator accountability systems and the distinction between perpetrator accountability and perpetrator responsibility.

Each theme includes issues that are of direct relevance to, and reflect the findings of, this project. For example, service providers' "lack of knowledge about men's behaviour change programs, safe referrals and perpetrator accountability" (DSS, 2018, p. 6) was identified as a particular challenge impacting on service delivery. Relatedly, the need for clearer understanding regarding perpetrator accountability - and what this means in practice - was emphasised, as well as "what collective responsibility means for generalist services" (p. 7). Ongoing funding for men's behaviour change programs was a strong priority, with reference made to the lack of perpetrator services and "very limited funding in most jurisdictions", which, in turn, "compounds difficulties in recruiting and retaining staff" (p. 6). Integration with services for victim-survivors was also identified as a critical gap, with particular emphasis on the importance of "more nuanced conversations" when women choose to stay in abusive relationships. Particular gaps in services for CALD men were also discussed and the need for a "long-term strategy over 7-10 years for workforce development, training and equipping workers in CALD communities" (DSS, 2018, p. 9).

The challenges of staff recruitment and retention were also identified by Cortis et al. (2018) through their consultation with sector stakeholders for their national survey, noting that:

Finding quality staff to work in men's behaviour change programs was described as 'incredibly difficult'. Sudden injections of funding for men's behaviour change and other perpetrator interventions was seen to create sudden demand for organisations to recruit new practitioners, who may not be ready to work and may need substantial training and supervision. (Cortis et al. 2018, p. 101)

Workforce perspectives canvassed by Cullen et al. (2022) have highlighted shortcomings in perpetrator responses including "insufficient services to meet demand" and an overriding focus on "averting risk [rather than] generating lasting behavioural change" (p. 54). Insights from the sector emphasised the need for perpetrator programs to be "longer and more intensive" (p. 53) and provide supports to perpetrators that are both long-term and trauma-informed (p. 53). Chung et al. (2020, p. 13) also argue that, because perpetrators attending programs are "typically marginalised individuals with intersecting issues" including child protection involvement, poor mental health and alcohol and other drug ab/use, specialist perpetrator services carry a "heavy burden" to "address far more" than FDV behaviours –

This is not a reflection of the workforce; the studies for this research involving practitioners and policymakers found highly committed individuals who were often limited by the policy silos that funding is delivered in, with varying responsibilities placed on them for different types of service delivery. Therefore, in order to have a more responsive set of DFV perpetrator interventions, services must have the flexibility to address mental health, alcohol and other drug concerns, and the life crises which often stem from being on a low income, such as the risk of homelessness and a lack of access to regular transport. (Chung et al., 2020, p. 13)

Men's work?

Acker's (2006) distinction between an 'occupation' and a 'job', as discussed in Part One, is an important starting point for thinking about FDV work, alerting us to the subtle yet powerful ways in which jobs can reflect and embody – as well as generate – gendered division. While ostensibly equivalent fields of practice, what constitutes FDV work – how the work is seen, done, described, experienced and organised – differs substantially across the victim and perpetrator sectors, vividly illustrating its "internally segregated" nature (Acker, 2006, p. 443). Thus, while the context of care/ing work makes sense in our theorisation of FDV victim services, we have found this less useful in our analysis of work with perpetrators – both as this has been presented to us and in our own observations – as discussed later in this chapter.

As “persistent features of labour markets” (Moskos, 2020, p. 528), sex-differentiated patterns of employment are enabled by “essentialist notions of gender appropriate work” and “deeply entrenched in the social organization of work and labour markets” (p. 541). While men can (and do) work in female-dominated occupations such as social work, Moskos (2020, p. 530) argues that masculinity is “challenged when men cross gendered work boundaries” unless the tasks “can be aligned — either by men themselves or by managers and/or clients — with male essentialist traits” (p. 540) including “physical strength, being an authority and/or disciplinary figure, being less at risk (or having more capacity to deal with risks) and presumed knowledge and/or expertise” (p. 538). Christie’s (2006) work on men in social work is now quite old but nonetheless offers insights that remain relevant, especially given the continued underrepresentation of men in ‘helping’ professions. Highlighting the normative association of men workers and work with aggressive or violent clients, Christie observes that the “differentiation between men as violent or protecting” is central to everyday practice, enabling male workers to distance themselves from other men’s violence while also enacting masculinity as “heroic men of action” (Christie, 2006, p. 402).

It is in this sense that work with violence, in this case, with FDV perpetrators, may be seen as ‘men’s work’ – which isn’t to say that only men do this work. It shows how (re)constructing “what the work involves [...] in ways that are consistent with gender essentialism” (Moskos, 2020, p. 540) – such as through an emphasis on strength, risk, authority, etc. – enables male workers to be accommodated in female-dominated professions without disrupting the gendered status quo. Hanlon (2024), for example, drawing on research such as Cottingham et al.’s (2015) study of men in nursing, observes that, by “reframing emotional labor in terms of instrumental and technical competence”, men are able to affirm, both, their masculinity and their dominance relative to women (see also Dahlkild-Öhman & Eriksson, 2013). As evident in certain areas of social work, including perpetrator intervention, these reconstructed elements of work become “specialized areas” and “male dominated, while the original occupation remains female dominated” (Moskos, 2020, p. 541).

Overwhelmingly, then, research shows that men “take their gender privilege with them into women’s work” (Moskos, 2020, p. 530), thus reproducing gendered divisions of labour. For Hyvönen (2023, p. 186), while the appeal of care/ing work for men can be understood in the context of perceived threats to the “legitimacy of men’s social dominance”, it also perpetuates and obscures power and inequality. For example, Nentwich and Hsu (2023, p. 316) argue that entering a female-dominated occupation can bring status for men, allowing them to claim a “privileged position”. Further, by “distancing themselves from female colleagues and female-connoted tasks in their jobs” (Nentwich & Hsu, 2023, p. 315), men are able to both secure a “certain masculine identity” and manage any “identity dissonance”. Rather than challenging or ‘undoing’ gendered assumptions and expectations, these may instead be reasserted, even solidified. As Hanlon (2024, p. 1682) puts it, then, “[a]ny simplistic notion that doing caring equates with equality and destabilizes hegemonic masculinity is untenable” (see also Schwiter, Nentwich & Keller, 2021).

An overview of key dimensions of analysis is provided in [Appendix E](#) (Data mapping: Perpetrator Services).

What is the work?

Perpetrator work encompasses a range of roles including men’s behaviour change – group programs or work with individuals, brief intervention, case management, assessment, and telephone lines (counselling and referral). While only a minority of the respondents to Cortis et al.’s (2018) national survey of workers in the FDSV sector worked with perpetrators, the majority (60%) of these worked directly with individuals. Of the remainder, 16.4% worked in direct practice with both individuals and groups, 4% with groups only, and 9.5% in ‘other’ areas including family dispute resolution, assessment and referral to perpetrator programs, parenting interventions, family therapy, capacity building work with staff, and legal advice (Cortis et al., 2018, p. 43). A similar spread of roles was reported across the participants in this project. Interestingly the participants, some of whom had worked in both victim and perpetrator services, talked about FDV work as a continuum, with perpetrator services at one end – focused on trying to stop the violence – and victim services at the other – dealing with the after-effects of violence.

Distinct to perpetrator work was the dominance of telephone work; most contact between workers and clients was via the telephone, with little conducted face-to-face. While this likely reflected, at least to some extent, the post-Covid context, it also highlighted differences in the organisation of services – certainly as compared to victim services. Workers on phone lines, for example, answered calls from anywhere in Australia, relying on directories of, and/or liaison with, local or other accessible services for referral purposes. Many of these workers also worked remotely, either via a space in another organisation or from their home residence. Other services offered appointments, enabling direct contact with a FDV worker over a series of sessions, but all by phone. Some participants had mixed feelings about this:

What I do get is men who will say, 'where is the face-to-face office? I prefer face to face'. They may have trust issues. I had one man who said –you know, his English was quite good – but he said, 'I need to see your facial expression to know that I can trust you, because I can tell when I'm looking in someone's face'. And I said, 'look I totally understand, and unfortunately I can't offer that to you, but I'm hoping by my tone of voice –and you can ask me, what does my face look like right now?' I try and be transparent. So, yep, I do think that face to face [...] would be helpful. [...] I want to see their, what they're doing, I want to see is this person's leg tapping?, are they fairly unregulated? I want to see how they react. I want to see if they're looking or not looking. And especially with culture, people with diverse cultures or backgrounds, to be able to look and see. [Sally]

A typical day would likely involve 2 – 4 phone appointments, follow-up and other calls, database entry/recording, meeting/s and, sometimes, training. A typical telephone appointment (or session) would go for 30 minutes, with 30 minutes allocated for preparation and 30 minutes for documentation. Comprehensive assessment appointments involved use of a risk assessment tool to determine low, medium or high risk status. Work associated with perpetrator accommodation programs included organising bookings and checking in with clients.

Perhaps the most striking aspect of the perpetrator work, based on what we heard and observed, was its order and relative predictability; that is, on the whole, client contacts were prearranged, conducted by phone, sessions were relatively short and limited in number, and the organisation of the workday allowed for preparation, planning and follow-up. The focus of sessions was relatively broad and mostly determined by the individual worker. Brenda, for example, described telephone contact, via the phone line, as follows

I mean we average at about six sessions. Some of them will drop out after one or two, because they're not really up for it, for one reason or another, and some of them – I've got a couple at the moment, who I'm seeking extensions for, where we might go to eight sessions just because they're engaging well, and they seem to be sort of getting something good out of it. I think in theory we can only go up to a top of 10, but [...] that hasn't happened often – I don't think I've ever made it to 10 sessions. Basically, there will be men either ringing up wanting a referral to a Men's Behaviour Change Program, or to whatever [...] they're not always sure. But [...] you've got a moment of opportunity to try and talk to them about what's happened, and that they could change it, and 'if your –if the [affected family member] was here right now, your children, what would they say?' [...] then, even doing safety planning with them on the phone, sometimes. So, sometimes those calls can be lengthy. Other times they just brush you off, because they don't want to go there. [Brenda]

On other occasions, callers presented with,

more of a crisis. [...] And personally, for me, that was great, because it's looking at how can you change that narrative, or how can you work with someone to help them recognise that narrative, but also look at their readiness for counselling. [If] their focus is on getting food, clothing, shelter, sometimes it's just about getting that. But there is great opportunity to work with people – and I had some good opportunities working with men who actually came forward a bit more and moved in the change direction. [Sally]

A typical brief intervention session, as a prearranged appointment, could involve motivational interviewing, recognising body signs, patterns of thinking and 'dangerous thinking', emotional awareness, the anger iceberg, and conflict resolution. Participants described sessions as largely client-led; as expressed by Richard, "my sessions, I feel, need to be tailored by what they want, so it's more beneficial for them". Importantly, the parameters of the work were quite clear in that "if he [the perpetrator] is not willing to engage [we] will close it" (Vivian). In other words, the work for men's workers/services ended when a perpetrator chose to disengage. Relatedly, a perpetrator's resistance or non-compliance generated, not an increase in workload and intensity, but instead, either a cessation of contact altogether or a shift towards less challenging conversations. As Nina explains:

it's their choice if they want to engage or not. We offer support for men who want to make a positive change to their behaviour because they have hurt their loved ones in the past. And now [if] the motivation is that they want to make the positive change, we can help create referral pathways, predominantly with men's behavioural change program or any other supportive program, depending on the narrative. So, we lay out the foundation with them, very subtly, not with, like, you have a police report, you have to do this ... No, we leave the decision to them. And even if the courts have asked them to do a course, it individually comes down to a person being ready to get that help. [...] We do offer them that respect that, look, if you're not ready right now, take your time, think about it, come back to us. We will still be very happy to help you out. [Nina]

Gendered caring?

Social work and social care work remains a non-traditional area of employment for men. Moreover, in these contexts, men typically work in areas / roles that are associated with 'masculine' traits, such as "disciplining, controlling, intervening, [and] surveillance" (McLean, 2003, p. 64), and/or are considered specialist work. In our earlier discussion of FDV victim services, we drew heavily on research and literature concerning care/ing work; thus, it is worth considering, at the outset, whether men's work with FDV perpetrators can – or should – be seen in the same way. Here, Camilleri and Jones' (2001) discussion of the distinction between "caring for" and "caring about" is valuable:

'Caring about' is an intellectual activity. It does not denote intimacy but rather the opposite – abstractness and objectivity. There is no personal involvement and it denotes a sense of professionalism. [...] Caring about, therefore, seems to be embedded with a language that is similar to the descriptions of masculinity. It is a language in which power and control are central themes. (Camilleri & Jones, 2001, p. 28)

‘Caring for’, in contrast, invokes relationality, intimacy and connection, with a focus on the doing – the actual tasks – of care. Recognising that organisations – not least human service organisations – are inherently gendered, reproducing broader power relations, caring about people, thus, “becomes a ‘male’ task [... that] is elevated by its association with rationality and knowledge” (Gillingham, 2006, p. 83) as well as its differentiation from the devalued “female task of caring for” (see also Hanlon, 2024). In enabling the occupational segregation described by Acker (2006), this distinction between caring about and caring for provides a useful frame for thinking through the differences – both subtle and not so subtle – between, both, work with victims and work with perpetrators, and men and women’s ways of doing the work.

Men doing men’s work

In describing their individual (as compared to group) work with individual perpetrators, male participants focused on:

- **Strategies** – working with clients to develop skills (e.g. communication) and strategies (e.g. anger management), including the “traffic light” model and “strategies to approach, disagreements, arguments, or conflict” [Richard].
- **Homework**, hand-outs, and “growth work”.
- **Self-awareness** – including exploration of patterns of thinking and identification of “dangerous thinking” as well as bodily signs of stress.
- **Focusing on the positive**

[I] get them to, maybe, look at the positives. And if they can’t, then I – go through their narrative again – the notes I’ve made and if I can pick out any positives, I’ll tell them what I think the positives are. That kind of puts that positive spin on it and I think that can engage them a bit more [Richard].
- **Considering the ‘pros and cons’ of using violence**
- **Healthy relationships**

[G]oing back to the concept of power and control – ‘you said you did this, this, this. Now talking about healthy relationships, do you think that’s a healthy way to approach a relationship? What can you do differently?’ [Richard]
- **Rationality and decision-making**

You’re trying to get to the bottom of why he does, what he does and when he’s going to do [it]. [Arthur]

Bearing in mind that these are not necessarily reflective of the totality of their work, what is, perhaps, most striking is the emphasis on the individual (emotions, cognition, reactions, etc) and interpersonal (communication, relationship skills), as compared to the social or structural. Hearn (1998, p. 162) has highlighted how perpetrator interventions vary in the extent to which violence is “seen as separate from or an integral part of the man’s/client’s masculinity” and, hence, the potential for change. Here, the target for change seems to have been very much focussed on the individual perpetrator – his ability to understand, recognise, manage and control (himself); self-improvement and personal development. The objectivity and rationality, as discussed in the preceding section, also stands out – both in how workers talked about their work and their emphasis on discussion, logic and reason.

Also noteworthy was the ways in which participants talked about their work with perpetrators – across both individual interventions and group programs – using words like exciting, curiosity, investigation, prediction, stimulating, and fun. Some evoked almost a sense of male camaraderie in describing their enjoyment of group programs (MBCPs):

You know groups [are] really fun, it's a bit more, it's men with their peers. That's what I find rewarding. We've got a bunch of men and, you know, it's fun. [Peter]

Participants also referred to the work as 'mentally stimulating' and seemed to relish the challenging interactions with perpetrators. In describing work with perpetrators as something like a puzzle to be solved, these accounts emphasised stereotypically masculine traits such as reason and rationality, bringing to mind the gendered distinction between 'caring for' and 'caring about' (Camilleri & Jones, 2001), as discussed earlier:

It is, it's like I treat everyone like it, every man is an investigation. And you're trying to get to the bottom of why he does, what he does and when he's going to do. It's pretty stimulating work mentally, like, you get the problem solving and trying to figure out what a man's going to do, why he does it. [...] And it – when you find the answer it's really good or when you predict it, that he's going to do something, and you got it right. You know you feel really good about adding safety. [It's] not so much about being right [although] I like being right! [Arthur]

I like to go into lots of detail about it [the incident] and ask more questions because I think the more understanding I have of the situation and the relationship, the more behaviours I can pick out and think, oh, we can work on that. [Richard]

Women doing men's work?

Women and men's accounts of perpetrator work differed in a range of ways. Female participants distinguished between work with perpetrators and other areas of practice. In describing her experience of group work, for instance, Ella says:

I can sit for 2 hours in a group and just nothing else exists other than that group. It's just, I love group work, I love the dynamics, I love bringing women's and children's voices into that space, I like the challenges, I like – it's really interesting to see from when a man first comes through the door session 1 to session 20 and what that conversation and journey's been like for him. [Ella]

Yasmin, however, talked about her particular preference for perpetrator work and, in this, we catch a glimpse at the caring for/about distinction evident in her own assumptions about 'caring' work:

I feel like men's work, I like, because it suits my personality. I like, you know, caring and compassion but also, I like to have boundaries and I like structure and I like, yeah, curiosity and all those kind of things. That's me. [Yasmin]

Here Yasmin contrasts boundaries and structure – consistent with the stereotypically masculine ‘caring about’ – with ‘caring and compassion’. Importantly, in attributing her preference for the former approach to her ‘personality’, she – perhaps unintentionally – reduces the social to the individual. In comparison, Nina gives a more conventional account that resonates with the feminised ‘caring for’:

[Men] have negativity towards their partners. Some people are very, very, very pessimistic. You only have, only women get that help. I want to change that perception. It doesn't mean that we are going to put you in a cradle and rock your cradle. No, that's hard work. Someday, in an idealistic world, I would want them to realise that before raising your own hand, just have that empathy for your loved one. Don't take them for granted. Somewhere that motivation, it's a work in progress. We can't fix the world, but we can help change one person. It'll change one life. [Nina]

Interestingly, however, the emphasis on logic and rationality, discussed earlier, was also discernible in her account::

Like, let's just go back into that day, whatever happened. Do you think it could've been handled differently? We start from there. So, they get time to calm down, think about it. They [might] come up with their own answers [...] 'she does this; she pushes my buttons'. [...] We are not here to take her side. We are just trying to explain [...], because 50% could be an instigation from her. What happened there that she got so heightened? [Nina]

This – the attempt to reason with the perpetrator – was further evident as Nina went on to describe her response to a client's deflection of responsibility (“she [partner] did this, she did that”):

I was like okay, say, for example, you were just sitting on the sofa and watching TV and suddenly she starts yelling at you. How does that happen? How did that happen? It sounds a little off that two people are happy watching TV and suddenly it's one person starts shouting. What was your answer there? What did you do? 'She was suggesting something. I was telling her that that is wrong'. I was like do you think if you, for once, maybe you are right, but for once, if you would have let her do what she wanted to do, understand that it was the wrong thing to do, and then direct her to the right path, what did you have to lose? [...] Yeah. I was like, is it always necessary that [it's] your way or the highway? [Nina]

Participants also spoke about the importance of being able to contribute to gender accountability, particularly in the context of group programs, and felt acutely their responsibility to represent the interests of absent women and children. For example, having previously worked with victims of DFV, Sally recalled, “when I left the women's service, the women said, ‘if you're going, can you be our voice?’ And so, I take those words with me every day – ‘be my voice’”. Ella explains:

So, being able to be a woman, and I'm not saying it's easy at times, but being able to be a woman in that space where 13 or 14 men are. Bringing the voices of women and children is really critically important to me because, and even men will say that, 'I've never thought of that, I hadn't considered that'. [So] it's really good to have a women's voice in this space or a woman's perspective. [Ella]

While male worker, Joel, also talked about the necessity to “always be grounded in women and children’s voices”, he acknowledged that “not being grounded is, I think easier, especially for a man [...] [and] is why people can’t sustain it”. Thus, for Joel, effectively engaging with perpetrators “without jeopardizing risk and safety” was (or could be) what made the work challenging, rather than the profoundly personal – and heavy – load to carry, as described by women.

A number of participants talked about a broader perception that perpetrator work is less important than work with victims; Zara for example, described:

[getting] feedback from practitioners feeling like, oh, you know they don’t value my work as highly because it’s with men. [...] I think that makes it hard for some of that workforce to, kind of, feel valued in the same way. So, I think that’s a consideration because it does become – ‘oh well, you just do that sort of work, it’s not really important’; you know. Those kind of flyaway comments actually are really hurtful. [Zara]

In contrast, while this was also discussed by Joel, he saw it as a devaluing of the programs themselves, due to debates about their effectiveness, rather than a devaluing of the work of men’s workers – or of *his* work. The deep personal and emotional impacts of this work for women have been observed elsewhere (see, for example, Seymour, 2009) and, as argued by Renehan (2021), may relate to the struggle to maintain a balance between “challenging men and avoiding coming across as ‘raging feminists’” (p. 321) as well as its potential to trigger past traumas.

Why work with perpetrators?

A number of the women had come to the perpetrator field after working in victim services; for some, their experiences there, and/or their overall dissatisfaction with ‘the system’, directly motivated their decision to work with perpetrators –

I remember having come into [agency] from women’s work, and where I was –because I was doing partner contact work in my last role, and quite infuriated with the people who were running the men’s program, often for their lack of understanding of some of the dynamics of the work and the ways that the privilege and the expectations play out, and the need for sort of appropriate scepticism, I suppose, on the work that the men were doing. [Brenda]

Similarly, Matilda talked about, “this really fine line where you’re working in the system and trying to encourage women that you’re supporting to use the system, but also you have no faith in the system”. This led her to conclude that there is too much “money and time and investment with women and victim survivors” and not enough attention “where it should be” – on men who are perpetrating this violence. Similarly, Veronica observed that while work with victims is “incredibly important”, it doesn’t “do anything about the actual risk”, hence her commitment to doing “something about the person who’s [doing the] harming”. Billie spoke of her “rage” at “the injustice of it all – the fact that this is such a prevalent issue in our society and not enough seems to be happening”.

In general then, women’s motivations for doing the work were tightly bound with their politics and their acute awareness of the violence of gender as well as, for some, their own experiences of FDV (see Wood, 2017). Indeed, Brenda specifically refers to the “mixture of the political and the personal that really keeps me very engaged”. This contrasts with the more diverse motivations described by male participants. Belief in men’s capacity to change was seen as critical across the participants; Peter, for example, said, “Yeah, I wouldn’t do the work if I didn’t think there was a chance the men could change”, and Ella stated her belief that “all men should be afforded an opportunity to change”. For Peter though, this reflected his broader commitment to activism and advocacy across a range of issues including, but not limited to, gendered violence. Richard talked about how he loved “being a part” of work to address FDV:

It's like, if you shoot someone, yes you can bandage up the wound but if you've got – if that person's still got that gun, you can shoot again. It's about taking away that gun. [Richard]

Tim said he felt “drawn to the work” which he described as “really exciting to be involved with and really dynamic”. Thus, while men clearly communicated their commitment to the work, there was little of the embodied and profoundly personal sense of gendered injustice expressed by women. This gendered insight was also evident in, what seemed to be, women's more critical approach to perpetrator work and, in particular, its frequently individualised and psychologised focus, as discussed in the preceding section. Here, Sally provides an example highlighting how this can miss the mark:

Perpetrator workers included women who felt burnt-out and frustrated by their previous work in victims' or child protection services. Perpetrator work was, for them, a way to redress the lack of attention to perpetrators, while countering the over-focus on victims-survivors in a range of contexts.

[I've] had a man who [...] said, 'I've done 77 groups of Men's Behaviour Change Program, and my partner is just not up to speed. There needs to be a program for women, because I just can't communicate with her, because she's just not in her smart brain, you know, she's always in her limbic system'. You know, and he really came in and weaponised what he'd learnt, and I wondered how he'd managed to achieve 77 group sessions without being monitored. But [...] I was able to say, 'well if I was your partner, which I'm not, I would really have trouble relating to you, because you're only in your smart brain and you're not connecting on any emotional level or understanding, or connecting, and I'm wondering what that's like for you'. And he ended up in tears, because he said, 'well you're right'. And I said, you're just weaponising what you've learnt, and then using that, and then saying your partner's not connecting to you, but I said, my feedback is, 'I can't connect to you, because you're using all this stuff to undermine me or show me how good you are, and I'm wondering if you actually feel okay with yourself, like what does all this stuff mean for you that you need to have it, and then use it'. [Sally]

(More) Invisible work

Reflecting the gendered structures that shape our lives, both personally and professionally, we observed deeply gendered differences in the nature and experiences of perpetrator work. While it is absolutely the case that this is an area of work in which many workers feel deeply challenged, it nonetheless incorporates dimensions that are uniquely difficult for women. Ella, for instance, talked about the acute pressure of “being a woman” in a group of 13-14 men, in which “not only is it one man that's firing something left, right, and centre”, but 2 or 3 men might be doing this at the same time. Sasha expressed how difficult the work could be, saying that:

it really kind of skewed my view of the world [...] and] of men in particular. Just really working with men that do that every single day and running those programs is so exhausting and being a female facilitator in a male perpetrator group was just hard. [Sasha]

Bethany explained that perpetrator work was not something she could do on a long-term basis because,

... as much as I can stand my ground, it was quite challenging with the males, obviously they don't want to hear a female telling them, so to speak. [Bethany]

For Veronica, broader societal beliefs about gender made the work more difficult and, personally, frustrating:

Because there's nothing stopping them from lying to us, there's nothing stopping them from disengaging [...] I guess, well because of, like, society. Men give up, you know, they give up really easily, about lots of stuff. So, as soon as the external motivators go or child protection or corrections finishes, they just disengage and it's made no long term difference to safety. [Veronica]

Ella referred specifically to the “gendered nature of the work”, describing the,

challenging work with male facilitators, with that unintentional collusion that might go on in the room, or you know they'll say, 'oh I didn't know whether I should step in or shouldn't step in because I don't want to seem like I'm talking over the top of you' and then you get men that do just actually talk over the top of you. [Ella]

Participants also, however, described positive experiences of working with male coworkers, particularly those who “describe themselves as pro-feminist” (Brenda) and were open to critical feedback regarding their “awareness of male privilege”. Likewise, some of the male participants acknowledged the vital role played by female workers; Joel, for example, talked about the “privilege” of women’s “mentorship and guidance” which “is just essential to do the work”. Above all, this is work that, while critical to FDV perpetrator intervention, doesn’t appear in job descriptions and is expected of women, not men, who work in the perpetrator space: this is women’s invisible work. Consider, for example, Naomi’s account of the work that she does to support perpetrator intervention:

I'll go through, review the cases. So, we'll be looking at what's going on for the men, what have they mentioned in counselling sessions, and then doing some information gathering, so using [relevant technology] [...] to get all the information from child protection, the courts, police, and corrections as well, just to help inform our risk assessments, and then pass on any of that relevant information to the counsellors that might help them in terms of how they'll go around their counselling sessions with the men. [Naomi]

The work that Naomi describes is pivotal; synthesising multiple sources of information to identify and assess risk lies at the heart of perpetrator work. While the separation of responsibilities that Naomi alludes to here might have made sense for the organisation, it does suggest the reduction of, at least some, areas of work to sets of tasks that can be outsourced, detached from the ‘real’ work that ‘counsellors’ do. If so, this renders considerably more manageable the load associated with perpetrator work (or, generically, ‘men’s work’) while also invisibilising key elements, thus shaping what constitutes men’s work (and, by default, women’s work).

Risk

Across the fieldwork for this study, we have been struck by the ways in which the differences between victim and perpetrator focused work seem to align with a gendered binary. This was evident in the structure and predictability of perpetrator intervention work as compared to the messier and more chaotic nature of victim services, as discussed earlier in this chapter. This was most stark, however, in the management of and responding to risk.

Risk, for those working in victim services, is a constant; it is the everyday, bread and butter of the work. The same was not true for men's workers in perpetrator services though. Instead, 'high risk' matters – that is, concerns for the immediate safety of women and children – were diverted to a designated 'partner contact worker' (PCW) or victim liaison worker, generally located within the same organisation. These workers – invariably women, perhaps reflecting that the majority of victims of FDV are women – were positioned as largely responsible for risk responses and the enactment of safety measures. Thus, shifting responsibility for women's safety to distinct workers, in effect, not only insulates perpetrator workers from the confronting impacts of FDV but also confines PCWs (i.e. women) to the gendered and messy space of negotiating safety.

Richard, for example, described the process for responding to significant risk in his workplace:

So, any, any risks I pick up on during a call that I have either got from the client themselves or by checking our [database], I then bring that to my team leader and our [PCW]. Yeah, so, any concerns like, I go straight to [PCW], because again, [PCW] works with the [affected family members]. So, this might be something [the PCW is] already aware of but then if I can add extra information then that informs her risk assessment as well. So, the team is really good at all communicating with each other about any new risks. [...] the risk is shared - it's, it's a very coordinated response towards risk. [Richard]

Interestingly, despite his assertion that risk was "shared", Richard was nonetheless clear that "when it comes to calling the police, she [the PCW] takes on that responsibility". Naomi, as the PCW in this setting, also talked about how "sharing that risk with the government organisations like Police, Child Protection, takes the risk off us". It is this that makes it possible for FDV perpetrator workers – like Richard – to prioritise relationship building in their work with perpetrator.

It is important too that talk of 'shared risk' was not something we heard from the workers in victim services. Nor did this come through in the accounts of women working with perpetrators; instead, risk and safety was named as an unwavering concern –

Considerable diversity was evident in understandings of perpetrator work and its purpose. For some, the purpose of the work was to represent the perspective of women and children, ensuring that their voices were not lost. Others, however, emphasised the need to recognise and address the impacts and influence of childhood trauma on men's use of violence.

But I'm always looking at safety first. [...] So, I'm trying to find out some background in the initial session, the intake, so I want to hear – I'm looking for the risk indicators, I'm looking for the incident, I'm looking for his resources; so, what does he currently do right now and what are his resources? what's his safety plan for himself and his partner? So, I go there first. [...] Because I'm thinking risk; when you get off the phone, what's that going to mean for the affected family member and the children? [Sally]

Work with perpetrators of FDV, then, imposes different (gendered) loads for different workers; as Matilda puts it, this constitutes the “extra pressure because you care”.

How is the work organised?

The separated nature, and distinct structure, of specialist FDV victim services and specialist FDV perpetrator services, as highlighted here, is not unique to Australia. Hearn (2021, p. 26), for example, has commented on the “different systems, politics and policies” that distinguish perpetrator services across the world. This is reflected in – and reproduced by – separate funding arrangements, funding bodies, and governance structures, and manifests as differences in status, pay and employment conditions. Thus, the association of perpetrator work with better pay and conditions may be largely attributable to differences in the ways that the work is conceptualised and organised, suggesting a gendered demarcation between ‘women’s work’ (victim support, caring-for, feminized, and devalued) and ‘men’s work’ (challenging conversations with perpetrators, ‘man-to-man’, the ambiguity of accountability). This is not to suggest that either area of work is any more or less challenging, nor that any particular organisation or workplace is better than the other. It is, however, to draw attention to the gendered structure and organisation of FDV work, the ways in which it draws on – is premised on – gendered foundations, thereby perpetuating gendered and other inequalities.

Perpetrator services, like victim services, are also shaped by the neoliberal context, evident in the emphasis on violence as a choice made by individual men, exemplified by Jemma:

[T]he ethos of [organisation] is men's family violence is a choice by men so we need to work with men so they don't make that choice [...] And I think the other part of it is that it's kind of respecting men to be like, we believe that you can change. It's not like you're not just this horrible person who is beyond recovery. We think you can actually move past this, but in order to do that, you're going to have to be able to hold yourself accountable and commit to change. [Jemma]

This individualised conceptualisation of FDV and behaviour change also distinguished the strategies and self-improvement focus of perpetrator work, as discussed earlier in this chapter. Some participants also referred to the broader systems and structures, including the courts, police, media and societal perceptions, that regularly undermine perpetrator accountability. As Sally explains:

I'm not the lifesaver, we're a community. So, it takes a community to change a community. [...] so [we need to be able to] trust the other services, work together, not in parallels, work together, and then we can be that voice together, and hopefully we're in unison with what we're trying to achieve. [Sally]

The need for more integrated services was recognised by a number of participants; Kiera, for instance, made the point that:

Hav[ing] women's [victims] workers and men's [perpetrator] workers not even talking to each other – so what's the point of doing it? You need to talk, you need to consult, you need to share the risk. [Kiera]

Yasmin's frustration in this respect is clearly evident in her observation that:

I feel like, you know this – we've got a ... integrated service model but at times it feels like it's not an integrated service model, it's just that men come to I feel like, I want to say, it's like a big show almost. You know what I mean, sometimes I feel disgruntled because like we're not actually working – you know we're not hearing the voice of the woman. We're not working together. [Yasmin]

Further, Sasha, now in victim services but having previously worked with perpetrators, emphasised the value of FDV workers who have experienced both areas:

I feel privileged in that I've got both kind of lenses. In that, yeah, I've seen kind of their side of it, and, in a way, I understand, kind of, how [perpetrators] think and sometimes, why they do the things they do [...] And that's helpful, I think. Sometimes, in talking with staff, especially newer staff, like, talking about that, you know, that cycle of abuse from his side, and then what she might be saying on her side. And how they kind of interrelate is quite interesting, drawing those parallels as well. [Sasha]

The clear systemic and institutional division that exists between specialist FDV services for victims and those for perpetrators is a significant finding of this study. What is, perhaps, most significant, however, is that this is likely to be no news to anyone who works in the sector/s. We argue, though, that this should not be taken for granted; that it has important implications for, both, women and children's safety, and broader efforts to address and reduce FDV. Thus, rather than a single, unified FDV workforce, as things stand, two distinct workforces seems closer to the truth; this has critical implications for FDV work and FDV workers.

Specialist work

Whereas work with victims, as observed in this project, was associated with safety planning, crises and form-filling, perpetrator work was commonly spoken about in ways that framed it as specialist work. The DFSV Commission (2024), for example, considers that “working with people who use or have used violence requires highly specialised skills and capabilities”. This was reflected in participants' accounts of, what they considered to be, its distinctive aspects –

Even communication and interpersonal skills are so different. You know like general conversation – someone talks to you, you know, those kinds of things we all do. And that might be seen as collusion, like you have such – you have to be so mindful of such small things, yeah, just things like that, [...] it's almost like you have to unlearn everything you've learnt about you know social work, communication skills. [Yasmin]

Nina focused on ‘what it takes’ to work in this area, pointing to the limitations of university education as preparation for work with perpetrators. In doing so, Nina draws a sharp distinction between the standard (presumably non-specialised) social work approach of “having empathy towards people who are affected adversely”, and specialised work with perpetrators:

It takes a lot of maturity, a lot of understanding, and lot of cognitive expansion to come to a level of working with perpetrators. [...] So, it takes a lot of conditioning of the mind to approach every day a perpetrator with empathy, not telling them ‘good job buddy’, but telling them you used violence, how can you remove yourself from the use of violence and become a better version of yourself. There is a lot of past trauma [...], past childhood trauma that can drive a person’s behaviour. It is instrumental in that, complex trauma. [Nina]

Interestingly, while Alice also talked about the importance of “family violence specialisation” in university preparation – and social work in particular – their emphasis was on a gendered understanding of FDV:

I mean, we actually see a gap in social work now. We don’t believe that specialisation in family violence or gendered focus is embedded in curriculum anymore. [...] Because we notice it even through student placements. Students aren’t getting that political analysis or that family violence specialisation, that’s why we’re so invested in it – more than just sending someone off to do [training] – because it is so intrinsic to what we do, those values [Alice]

Other participants also stressed the importance of a shared understanding and language for centring gender, and voiced their concerns that this was being eroded in mainstream service provision.

‘We do need male workers’

Difficulties in recruiting and retaining male workers to work with perpetrators – or, as Vivian puts it, “find[ing] the right men and keep[ing] them” – was a consistent theme across sites, alongside the cost of training required to meet the minimum standards⁴. The Men’s Behaviour Change Minimum Standards, developed by Family Safety Victoria (2018), relate to the design, delivery and staffing of state government funded MBCPs in Victoria. Retention issues were also highlighted by Cullen et al. (2022, p. 22) and attributed to “poor pay, challenging work, limited organisational support and career pathways”. Participants referred to stigma as an important contributing factor; according to Alice, “it can be challenging for the men because there’s lots of perceptions and stereotypes of men who do this work”. Vivian further explained that:

[I]n terms of our Men’s Behaviour Change program we have two facilitators, one male, one female. And we do draw on sessional or casual staff to do some of that work and we certainly have some of our men’s workers who are employed full time as men’s workers who are female. But we do need male workers, partly because of the MBC model, and it’s not easy, it’s not necessarily easy to find the right ones. At the moment we have an opportunity to put in a funding submission for [program] that’s just opened last week. And my biggest concern about submitting for funding for that is workforce issues. I’m not sure that that’s going to stop us [...] [But] we need a men’s workforce strategy, that’s what we need. [Vivian]

4. The Men’s Behaviour Change Minimum Standards, developed by Family Safety Victoria (2018), relate to the design, delivery and staffing of state government funded MBCPs in Victoria.

The assumption that it is male workers that are needed in this context has been observed elsewhere and reflects the belief that the needs of male service users (boys or men) are best met by a “positive [male] role model” who can provide “balance and improve the quality of life” (McLean, 2003, p. 50). In this perspective, “increased clients’ contact with men” is inherently beneficial, providing both a “role model and/or exposure to being a man” (Moskos, 2020, p. 538). This relates closely to the valorisation of particular (stereotypically masculine) traits, such that “demand for these traits in turn increase[s] the demand for male workers” (p. 538). A “preference for male workers over similarly-qualified female workers”, according to Jones et al. (2019, p. 69), is often justified “in terms of heterosexual complementarity, or achieving a balance of male and female energy, traits, or skill sets”. Reflecting deeply essentialist assumptions about sex and gender, positioning men as a “scarce and valuable resource” in this context thus further renders invisible “women’s value” (Fahlgren, 2013, p. 22).

Notably, Hyvönen (2023, p. 179) has observed that men working in social work/care services increasingly “describe the care they can and should provide as assertive, controlling and problem-solving”, in contrast to “feminine modes of care” that are considered to be “soft” (p. 180). Fahlgren (2013) also points to the “normalisation processes” rooted in work practices that simultaneously enable the “transcendence of stereotypical ideas of a gendered division of labor (everyone can do everything; gender does not matter)”, while reinforcing ideas about gender complementarity – that “men and women are good at different things and have different value” (p. 29). We do not suggest that men and women in this sector – and those who work with perpetrators in particular – are anything other than fully committed to gender equality. We do, however, emphasise the potential for underestimating the embeddedness of gendered discourses; that “[f]ocusing only on what men say, how they judge themselves, and what their actions look like may overlook men’s [and women’s] material, embodied and affective attachments to less progressive trends” (Hyvönen, 2023, p. 180).

The need for a skilled workforce

The difficulties associated with ensuring an appropriately skilled perpetrator workforce sit alongside these recruitment and retention challenges. Skye considered that this reflects, at least to some extent, the demands of the workplace:

often the organisation does not support it. So, they will –they will expect people to do the training, but not give the time to do the training. [...] The message here is it’s not important. It’s a tick and flick, just go to it. [...] And, so, the only way to [fix this] would be, in the long run, to build a workforce [so] this becomes – not the sector that can’t get enough workers – but [the one that] has got really good workers, that the sector can actually hand pick who they want working. But how we get to that, I have no idea. [Skye]

Matilda referred specifically to the extent of “assumed knowledge within the sector” which can mask variabilities in worker competence:

[There is] a level of knowledge [that's] just not there. And so, we have a lot of people who are feeling very vulnerable in their practice, but aren't being supported by their organisation to develop their practice. And so, when we've been running some of the trainings, people are like, 'oh my goodness this is amazing'. And we've reflected on that going, wow we didn't think that was incredibly amazing. Like for us this is what we – we talk about. We talk about respectful engagement. We talk about what collusion could be. How do you even have a conversation? How do you set that up? And we were thinking – well I know I was thinking, for me that just seems really fundamental in terms of working with men who use violence. And I'm often sort of quite surprised at some of the feedback we get from participants in the – in the class, or in the sessions saying, 'this has just made so much sense to me. I had no idea about that. I didn't know how to frame that before. And I'm going to take so much from this'. And I think that's really humbling for us, because we know that we're having a – an impact on practitioners. But I think it also highlights the vulnerabilities of the sector when we have huge expectations, or assumptions around the knowledges that they already hold – because, realistically, a lot of people don't hold it. And we know this sector rolls over very, very quickly. [Matilda]

By way of context, in their 2018 survey of the FDV workforce, Cortis et al. asked perpetrator workers how “well-equipped” they felt for their practice with perpetrators (Cortis et al., 2018, p. 43). While 71% said that they felt well equipped to assess risk to women and children, and 68.8% to address complex issues and needs, only 42.5% reported that they felt well equipped to work with perpetrators who were resistant to intervention. In addition, only 51% felt well equipped to support behaviour change and 50.8% to evaluate the progress of perpetrator-participants. Moreover, only 16.7% of managers felt that their workers were well equipped (22.5% somewhat equipped) for work with perpetrators (Cortis et al., 2018, p. 79); thus, workers were more likely than managers/service leaders to rate themselves as well equipped for the work (p. 82).

Feminist practice/s

The influence of feminism was a strong theme across sites and was most strongly articulated at the organisational level and by senior leaders. The organisational culture was vital in signalling the centrality of gendered power relations to FDV, with the importance of a gendered lens communicated to workers as overarching values. As noted by some participants, however, it was often hard to ‘hold that view’ in mainstream settings:

I think we spend quite a lot of time at all levels reminding partner organisations why we’re doing that work with men and that we need to work really hard at keeping women and children’s safety at the centre of that work with men. Yes, we want to address trauma issues with men, change etc. but the core reason we’re doing it is because it keeps them visible. But we have to work really hard to continue to guide others that we’re working with to hold that view. [Vivian]

As a feminist-aligned man, Joel demonstrated an awareness of the authority that men’s voices carry in this context:

that’s certainly something I come up against and I know, for me, as one of a few male workers at [organisation], how often services say “I’ll talk to [Joel]” because they’re more comfortable hearing a feminist narrative from a man than they are from ... And so, I’ll come in and say the same thing that a women and children’s worker has been saying for six months [...] And it’s “[Joel], what an extraordinary thing to say!”. [Joel]

Tim also referred to reflecting on his “accountability – of what am I doing, as a white heterosexual male who is not experiencing gender inequality and ... haven’t experienced it”.

Other participants talked more directly about women and children’s safety than they did feminism – or even gender. Here there was a sense in which focusing on safety was more palatable – and less confronting – than gender or feminism; being “grounded in women and children’s voices”, as Joel acknowledged, “definitely makes the work way harder”.

The relative absence of ‘race’ and indigeneity in these discussions was also noteworthy. This mirrors the findings of other research concerning FDV work in colonised countries, highlighting the tendency for white workers to either avoid ‘race’ or discuss this in a way that distances “themselves from their own privilege” – by, for example, reflecting on the “discriminatory or problematic behavior” of other (white) workers (Rodney et al., 2024, p. 23). Rodney et al. (2024, p. 22), thus, argue that “there can be no real cohesion” within the FDV sector, “without addressing the experiences of racialized women and understanding the colonial project that informs the performance of whiteness”. We consider these issues, alongside the experiences of Aboriginal and Torres Strait Islander workers, in the final section of this report.

Specialist Aboriginal FDV Services

Despite the critical role of Aboriginal FDV victims services in the community, relatively little is known about their work, structure and organisation. While available FDV workforce data provides some indication of numbers employed across the sector, this tells us little about services for Aboriginal and Torres Strait Islander women. According to Putt, Holder and O’Leary (2017, p. 9), the research base is ‘thin’ and lacks detail regarding what Aboriginal FDV services “do and practice”. In highlighting “how much foundational information is unknown”, they point out that:

There is no national map and analysis of women’s specialist services and the work that they do, no analysis of need (from the perspective of Aboriginal and non-Aboriginal women seeking help for FDV), and no national map and analysis of specialist Aboriginal-led services responding to Aboriginal women seeking help as victim/survivors of FDV. There is hardly any information about the workforce for specialist domestic and family violence services: Their responses and practices with and for Aboriginal women specialist services responding to victim/survivors (Aboriginal and non-Aboriginal), who they are, what skills they use and need, what quality assurance regimes are required, and what professional competencies and development is needed. (Putt, Holder & O’Leary, 2017, p. 97-98).

Workforce data: Aboriginal and Torres Strait Islander employees in FDV services

4.9% (or 1 in 20) of the respondents (n = 1,157) to Cortis et al.’s (2018, p. 31) National Survey identified as Aboriginal and Torres Strait Islander, with relatively higher proportions working for services in remote areas (p. 73). Putt, Holder and O’Leary’s (2017, p. 22) own national survey, while restricted to specialist services for victims, found that 58% of services employed Aboriginal people or had dedicated positions. Services in country areas were more likely to have Aboriginal staff or positions (Cortis et al., 2018). More recently, 5% of respondents to a FDV workforce census undertaken by Family Safety Victoria (2023), identified as Aboriginal and Torres Strait Islander.

Services by Aboriginal people, for Aboriginal people

Talking about the Aboriginal and Torres Strait Islander workforce represents a critical shift in focus away from mainstream organisations as employers of Aboriginal peoples. Building capacity in the Aboriginal and Torres Strait Islander workforce is named as a priority, under Reform Area 3 (Reform institutions and systems), in the national Aboriginal and Torres Strait Islander Action Plan to End Violence against Women and Children 2023-2025. Importantly, increasing the “proportion of services delivered by Aboriginal and Torres Strait Islander organisations” is acknowledged as a key goal and the foundation for reform, requiring both that the community-controlled sector be expanded and government organisations transformed (Commonwealth of Australia, 2023, p. 44). This is especially critical given the recognition that targeted FDV services, such as Aboriginal Community Controlled Organisations, are “under more pressure than other specialist family violence services”, including higher average caseloads and higher percentages of direct referrals (Safe & Equal, 2023, p. 7).

Victoria is the only Australian state or territory to explicitly address the Aboriginal and Torres Strait Islander workforce in its FDV workforce strategy. In addition to improving the capacity of the mainstream service sector to work with Aboriginal service-users, building the Aboriginal family violence workforce is a specific focus, with proposed actions including increasing the number of Aboriginal workers through development of “new pathways”, “cultural supports and specialised training”, grants and traineeships, etc. (Family Safety Victoria, 2019, p. 477). In contrast, the Northern Territory DFSV Workforce and Sector Development Plan makes no specific mention of the Aboriginal and Torres Strait Islander FDV workforce or services, with the exception of a reference to increasing Aboriginal employment in the context of (generic) workforce recruitment and retention strategies (Northern Territory Government, n.d., p. 9).

The (colonial) politics of care

A recent report by Klein et al. (2023) on ‘caring about care’ discusses the politics of care in incredible depth, drawing attention to the important nuance and complexity of issues. Without wishing to undermine the overall depth and scope of this report, we are struck by their insights concerning the significance of ‘care’ for Aboriginal and Torres Strait Islander peoples; these resonate strongly with our findings in this study.

The gendered and devalued status of caring and care work has been a defining theme across this project. As Klein et al (2023, p. 19) point out, in a colonised country like Australia, the unpaid care labour of Aboriginal and Torres Strait Islander people is, and has been, “at the forefront of struggles and endurance against oppressive settler colonial structures”, including “settler-induced trauma, violence, state incarceration, and the removal of children by the state”. Research and literature on care, though, is dominated by “western and white feminist accounts of care” (p. 17) and this has shaped mainstream understandings of unpaid care “as a burden that is unrecognised, undervalued, and which women need to seek liberation from” (p. 12). Grounded in the elevation of paid work and subjugation of unpaid work (Klein et al., 2023, p. 121), this fails to capture the “vast and broad” meanings of care for Aboriginal and Torres Strait Islander women –

[W]hilst jobs and external accolades are not unimportant, and care loads can be extremely heavy and demanding, Aboriginal and Torres Strait Islander women place great value on family, community, culture, and Country. In this regard, the use of (white) liberal feminist thought to explain Aboriginal and Torres Strait Islander women’s care can result in harmful and inaccurate framings, which elevate paid and formal work over unpaid work across many policy settings including (but not limited to) social security policy, economic policy, employment policy, Indigenous policy, gender policy, and education policy. In doing so, these entrenched policy settings systematically marginalise all women, but particularly Indigenous women. (Klein et al., 2023, p. 12)

Thus, as Hall (2016) points out, while “violent colonial oppression and exploitation” is embedded within the work of social reproduction, so too is resistance; through the “creative labours of resistance, growth, and possibility”, Aboriginal and Torres Strait Islander women embody and stand up for “Indigenous, non-capitalist, non-patriarchal forms of caring, living and working” (Hall, 2016, p. 228).

What is the work?

Multiple parallels are evident in the descriptions of the work provided by Aboriginal and Torres Strait Islander participants and non-Aboriginal participants working in mainstream services, with core themes of crisis, care, and healing common across both settings. This is not unexpected given the focus on standardised systems and services, rules of eligibility, and so on, that characterise FDV service provision across the board. Aboriginal and Torres Strait Islander workers’ experiences of the work, however, including its challenges, impacts and implications as well as its specific contexts and meaning, represent critical insights for this project.

Crisis work

Crises dominated everyday work in Aboriginal FDV services, demanding that workers pay attention to the immediate needs of women and children including accommodation, clothing, health care, food, etc. These tasks also required workers to navigate mainstream service systems and maintain eyes on the perpetrator while remaining connected to women’s emotional, cultural and relational safety.

Aboriginal and Torres Strait Islander participants talked about the challenges of working in a system that is designed to work against them alongside the lack of understanding from broader, mainstream, services. The expectation that Aboriginal FDV workers ‘police’ their clients was named as a particular challenge.

Managing women and childrens’ housing needs was especially pressing and, given, the perennial shortage of crisis accommodation, often required negotiating funding for short-term motel accommodation with the relevant government agency. This meant that accommodation was conditional, with clients required to fulfil certain obligations in exchange for temporary shelter. Requiring that women ‘prove’ they are actively seeking alternate accommodation (eg via the private rental market), the onus was on women themselves to show that they are ‘worthy’ of assistance, a classic neoliberal move. Thus FDV workers are centrally positioned as the intermediary between client and government authority, fundamentally shifting the focus of their role from safety to compliance. Harper captures this dilemma in her account -

You need to start having conversations with her around rentals because – so you’re trying to do this best practice, crisis, trauma-informed work but we work in a system that means, even though I know that’s what she needs, I also know that if I don’t have this conversation with her about ‘hey, you need to start looking for rentals right now’, then she’ll get kicked out of that motel and she won’t be safe. Ultimately, we have to have those conversations because it links back into her safety and having somewhere to be. So, we advocate and then they fund that... We advocate for a housing needs assessment... We advocate when there is a vacancy in a shelter, or a transitional accommodation, and then [for the] furniture, household needs, schools. It is hard to build rapport with a woman when you are always talking about the next housing, rent, applications, And it becomes, your work just becomes solely about housing outcomes and there’s not much space for counselling or therapeutic domestic violence work. [Harper]

While this is so across FDV victim services and it is not restricted to Aboriginal services, its experience and implications are uniquely shaped – and intensified – for Aboriginal and Torres Strait Islander peoples in a colonised context. Encounters with government agencies – whether police or other agents of authority – are, for example, inherently fraught, inseparable from the legacies of Australia’s violent history of colonisation and dispossession. As expressed by Sabrina, this constitutes the everyday reality of having to “operate in a system that doesn’t work for us”. For Hunter (2021), this can be understood as the “tensions produced through negotiating between the demands of binary system logic and relational practice” (p. 358) within the context of service systems that deny interdependence. It also represents a point of connection – of racism, of discrimination – that joins worker and client; there is no divide between personal and professional, instead the personal is the professional is the political:

I would actually like to reflect on the conversation and how Aboriginal women are often discriminated against. I actually have a physical emotional response rising up in my body, because I understand what it means to be discriminated against. So how do women that don’t have a landlord to write a glowing support letter for them, land a property? How do women, Aboriginal women, traditional women, how do they go? There is next to no rental available, there’s a housing crisis, yet the colonial system keeps asking them arbitrary, meaningless things, but they have to keep doing it. So, we teach them how to deal with this, that they (the system) don’t care if you’re going to get a property or not, [but] we care and will advocate for a tenable option for you. [Sabrina]

Care and community

The centrality of care and community to participants' commitment to and experience of the work was a powerful theme. Care and community in this context were not isolated or abstract notions but tightly bound with accountability and the politics of connection – as expressed so powerfully by Patricia:

But this is what we have always done. It doesn't matter what role we're in, as Aboriginal people, we're a resource to our community. It doesn't matter if I work in a school or if I work at a car yard or if I'm a mechanic or if I'm a DV counsellor or what, you're a resource. So, we have to give back. So, that's our accountability. We do it because we're Aboriginal, that's our superpower! The past two hundred odd years, that have challenged us, that we have to then step into this space and we have to continuously prove our existence, our wealth, our worth. But we know our worth. [Patricia]

Aboriginal and Torres Strait Islander participants talked about their accountability to community and the impossibility of drawing a line between personal and professional. Political and social activism was also central to the work.

Bringing to mind Hunter's (2021) argument that "struggles to care in practice are often struggles against the dominance of [...] white sovereign affect" (Hunter, 2021, p. 358), Sandra explained that:

We are in a community that's connected in a most beautiful way. And I think about how our work and our place and what it is doing for our community because that's our story, it's about how do we give back to our community. [...] You gain strength from women in roles like this, I think it's a cycle being silently done for our people and how we give back and how we go through life. So, let's talk about spirit, let's talk about how we're guided and how we give back and we think about the story of that. It's really beautiful. So we're all connected and it's about where do we want to be. This is a silent truth. [Sandra]

Participants' involvement in FDV work, as they expressed this, was, thus, not merely a job but a profound expression of love, solidarity, and community. Further, in Sabrina's reference to Aboriginal women's "certain tenacity and resilience", we get a glimpse of, what Hall (2016, p. 228) calls, the "creative labours of resistance". Talking about her work with new employees, Sabrina explains:

I have taught them, role modelled resilience and tenacity. That's something that [other worker] and I, as Aboriginal women, have grown up with – and [another worker] too – [she's] grown up with that, being resilient, strong women. Adaptable [women] who have had to operate in a system that doesn't work for us. So, you can either choose to get caught up in why the system don't work for you, or you can choose to get on with it. [Sabrina]

Healing

Aboriginal and Torres Strait Islander participants, like other participants, were troubled by the dominant focus in FDV work on housing, outcomes and administrative accountability to funding bodies. Highlighting the specific implications for Aboriginal and Torres Strait Islander women, they emphasised that this came at the expense of peoples' need for community, connection, culture and spirituality; as Sabrina put it, "there's an element that's missing and that's the healing process. [...] we need healing led by Aboriginal people for Aboriginal people". Critically, healing was conceptualised not as an individual act or outcome but, rather, representing a complex bringing together of resistance, counter-discourse and identity.

In referring to the pressure on Aboriginal and Torres Strait Islander women, from child protection authorities in particular, to sever their relationships with perpetrators, Poppy talks about the importance of responding to FDV in ways that prioritise healing in families:

[By] working with families, healing families [...] you're setting up a bit of a base for healthier communities and healthier outcomes [...] I mean, most people would know within our communities we get tired of our children being removed. We get tired of the level of scrutiny that's placed on a mum who's having a child. We get tired of men or women being incarcerated. So, there's all of these things that community gets really tired [of] and really worn down and you get a lot of the emotional load that is being carried by women anyway. If men are incarcerated, 9 times out of 10 it's the women that are supporting them, the aunties, the grandmothers, the sisters, whatever. So, I think it's just about getting real on how do we make real change in community for our community. [Poppy]

Relatedly, Sabrina recounts that:

A woman said to me, I'm tired of people thinking because I'm Aboriginal, that violence is a normal part of my life. I was blown away that for her to heal, she needed something that was really appropriate for her, but yet the system didn't allow for that. And yet she could vocalise that and say that, that she didn't want to be in violence anymore. [Sabrina]

This vision of healing recognises and responds to the interweaving of FDV and colonisation and associated “systemic disadvantage, cultural dislocation, forced removal of children and the intergenerational impacts of trauma” (Blagg et al., 2020, p. 12). It also reflects the tensions between Aboriginal and Torres Strait Islander perspectives on FDV and dominant feminist accounts that focus on gender inequality, coercive control and patriarchy (see Blagg et al., 2022). Reliance on western constructs of gender and patriarchy, it is argued, risk erasing the “colonial experience”, thereby enhancing the “power of the very repressive instruments of the settler state that have acted as tools of Indigenous dispossession” (Blagg et al., 2021, p. 544). Klein et al. (2023), nonetheless, point out that hierarchical gendered relations came with colonisation; that is, “settler colonisation” brought “patriarchal attitudes and practices” to Australia (p. 123). Thus, “gender relations cannot be separated from issues of gender inequality” (Klein et al., 2023, p. 123), neither of which negate the enduring significance of racialisation and colonisation.

Sabrina’s reference to healing by Aboriginal people, for Aboriginal people is especially critical. Participants also emphasised the structural and systemic barriers that made it difficult to do the healing work that is needed to make a difference to women and children’s lives. The importance of Aboriginal and Torres Strait Islander designed and run responses, such as Aboriginal Community Controlled Organisations (ACCOs), grounded in community and healing through connectedness, has been emphasised elsewhere – including the national Aboriginal and Torres Strait Islander Action Plan, as discussed earlier. Blagg et al. (2018) also emphasise Aboriginal organisations’ interdependence with, and fundamental commitment to, community which lies at the heart of healing work. There are, however, relatively few ACCOs across Australia and even fewer dedicated to supporting Aboriginal FDV victims (see Putt, Holder & O’Leary, 2017). Data from the SNAICC (2023, p. 15), for instance, shows that only 11% of DSS funded Specialised Family Violence Services had ACCO providers. Likewise, there are few programs in Australia that have a specific focus on, let alone are led by, Aboriginal and Torres Strait Islander women (see Blagg et al., 2015).

Who does the work?

The tendering, contracting and standardisation of FDV services reflects the practices and impacts of colonisation that continue to inflict violence and inter-generational trauma on the victims (and perpetrators) of FDV (Nancarrow, 2006). This is evident in the lack of priority given to Aboriginal organisations – and Aboriginal understandings of violence – in mainstream FDV service provision (Blagg et al., 2018). Despite growing recognition of the specific challenges facing Aboriginal workers and organisations, there was relatively little discussion of these by non-Aboriginal participants in this research. The need for Aboriginal FDV services to be both run and staffed by Aboriginal people, however, was a strong theme among the Aboriginal and Torres Strait Islander participants. Reflecting the inherently political nature of the work, participants also talked about the challenges of recruitment and how they had learned, through experience, how important it was to consider the values and lived experience of potential workers, rather than just their qualifications. This recognises their efforts to counter the “nullification of lived experiences, and the denial of particularity and context” (Hunter, 2021, p. 346) that constitute the enduring effects of colonialism.



Aboriginal and Torres Strait Islander workers emphasised the significance of the cultural load they carry and, consequently, the necessity of cultural safety.

While, as indicated earlier, relatively little is known about Aboriginal services, Putt, Holder and O’Leary (2017) estimated that at least half of the surveyed FDV victim services employed Aboriginal people and/or had dedicated positions, however, this was less likely in urban, as compared to regional and remote areas. Importantly, they found that Aboriginal staff working in non-Aboriginal organisations were usually the “minority within a service” (Putt, Holder & O’Leary, 2017, p. 32). While the participants in this study worked in specialist Aboriginal services and, thus, largely, within a team of Aboriginal workers, the sense of minority status within the organisation and/or sector was, nonetheless, strong.

Carrying the cultural load

Klein et al.’s (2024) study of Aboriginal women’s care work resonates with the accounts of Aboriginal and Torres Strait Islander participants in this project. For instance, Klein et al. describe women’s experience of:

having to juggle various demands from their employers who on one hand employed Aboriginal and Torres Strait Islander women because of their knowledge and skill in the Indigenous sector, but on the other hand, did not adequately acknowledge, support or remunerate the skills for which they were being employed. (Klein et al., 2024, p. 129)

While Aboriginal and Torres Strait Islander participants in this project described generally positive relationships with their (non-Aboriginal) colleagues and managers, there remained a constant tension described by some as a ‘cultural load’. Cultural load, according to Klein et al., (2024, p. 129), is work that draws on Aboriginal and Torres Strait Islander peoples’ “intricate knowledge and connection to community” but is “taken for granted, overlooked, unremunerated or misunderstood”. Here Poppy, for example, specifically refers to the significance of cultural load:

So, if you have an Aboriginal person in this space, if you have a lot of non-Aboriginal staff, you don’t want someone to become burnt out with a whole lot of cultural loading and to become ... I see that happen in so many other sectors, government especially, where that person tends to be the be all and end all and there’s no downtime because you live and breathe it at work but the minute you step out, you’re going back and you’re living and breathing it in community, within your own family. [...] also it’s something that needs to be remunerated because I don’t think it is. [Poppy].

As evident in Poppy’s account, this may relate to the invisible burden of “cultural brokerage” (see Kirkham et al., 2018) as well as the need to mediate (by advocating, justifying, explaining, managing resistance, etc) between Aboriginal service-users and non-Aboriginal services and workers. While in a different context – concerning the experiences of Māori nurses in New Zealand – Komene et al. (2023) highlight the multiple manifestations of “cultural loading” including being expected to “fill Indigenous knowledge gaps and educate their colleagues” and act as “unofficial spokespersons” for Aboriginal and Torres Strait Islander clients (p. 2589). Komene et al. (2023, p. 2589) also refer to the labour associated with addressing the exclusion of Indigenous knowledges and values as well as the constant need to defend against “cultural compromise”.

In this context, the importance of culturally safe spaces is paramount, as reflected in participants’ accounts of working together in an Aboriginal-led setting:

Coming here is like healing. I couldn’t do this work if I worked in another team. I couldn’t do this work if I worked in a white workplace. Nobody else is going to have my back when I start ranting about whatever stupid thing the government’s done this day or whatever thing I see in the news. We do that filling up each other’s cup. And that’s what allows us to continue doing the work that we do. I show up for these women as much as I show up for the women who are my clients. [Cleo]

We are Aboriginal led, that's something that feeds our souls. It feeds our souls. We are passionate women who strive to make changes in a system that excludes... It's knowing that we've grown up black, who we are and how we represent our community. We're led to do this, our spirit, it's our accountability. [Sabrina]

Aboriginal women, leading change

Aboriginal and Torres Strait Islander participants were unequivocal in naming the sociostructural and political origins of violence, including FDV, in Aboriginal communities. Sabrina, for example, powerfully articulated the ways in which colonisation continues to shape the everyday and, hence, the indivisibility of the personal and political:

Violence exists within the Aboriginal community because violence was perpetrated against us. So, I go back to that statement before about, because we're Aboriginal, violence is a normal part of our life. That's such bullshit. That was learnt. We learnt that from colonisation. From trauma. But we're not unlearning it either. So, where's the system that teaches us to unlearn that? [...] [And] that's the really sad part of it, is that us, as workers, it's almost like we have an internal navigation [in] which we have an understanding what it means to be black. We have an understanding what it means to be Stolen Generation. We have an understanding of what it means to be in a domestic violence relationship. We have all these understandings and so what we do is we learn to teach, we've learnt to navigate it ourselves, so we teach women to navigate that themselves [...] because it's the first time that they've been able to think about themselves, focus on themselves. Because society has told us who we should be [...] because their perception and that stigma about you're black, you're Aboriginal, violence is normal. What a crock of shit! [Sabrina]

The recent Wiyi Yani U Thangani Change Agenda, described as a “visionary Blakprint for transformation” (AHRC, 2024, p. 18), outlines the “paradigm shift” (p. 8) needed to reshape systems, in the form of a series of “outcome visions”, related “systemic areas of change”, and the “signals” that will show that change is happening. Representing the collective voices of Aboriginal and Torres Strait Islander women and girls, and grounded in the recognition of their central role in “caring for children, family, kin and Country” (p. 7), the Change Agenda emerged from the earlier Wiyi Yani U Thangani Report (AHRC, 2020) which set out to “fill a major gap in the representation of the voices of women” (AHRC, 2020, p. 17). In this, it reflected the consistent message from Aboriginal and Torres Strait Islander women, that:

Piecemeal and disjointed governmental decisions that impact our lives are part of broader societal structures that have entrenched and perpetuated intersectional discriminations including racialised sexism, gender and wealth inequalities, intergenerational trauma and harms and violence against women and children. (AHRC, 2024, p. 8)

Firmly centred on systemic and structural change, its reference to “systems actors” reflects its emphasis on “people seeing systems and witnessing themselves as actors within systems, holding influence in different contexts, and understanding how they can contribute to change”. Encompassing both single systems actors and groups of actors, the Agenda prioritises “collaboration with many actors across layers of systems” (p. 23), from governments to corporations, educators to activists, and community organisations to the media. Of particular significance to this project is the Wiyi Yani U Thangani Change Agenda’s foundational emphasis on the centrality of care work (that is, women’s care work) to the “redefining and functioning of systems”, and, hence, the prioritisation of a “transformed care economy” (AHRC, 2021) including:

- Recognition (including defining and measuring) of the full spectrum of care work;
- Construction of economic models that are informed by, support and remunerate care work; and
- (Re)definition of mainstream services as culturally and gender responsive. (AHRC, 2024, p. 28)

Understanding the depth and complexity of work undertaken by Aboriginal women, for Aboriginal women, in the FDV context is critical. So long as this remains unrecognised in mainstream service models and funding arrangements, the load will continue to be borne by Aboriginal women and communities. As articulated so powerfully by the participants in this study, FDV is inseparable from – and interwoven with – the “protracted and ongoing violence of colonisation” (Blagg et al., 2020, p. 64) in Australia. Creating space for Aboriginal and Torres Strait Islander voices, grounded in this uncomfortable truth, is both necessary and long, long overdue.

Conclusion

Labour forces are core institutions of the gender order. The demographics and practices of the FDV workforce reflect gendered and raced structures, as do the service agencies/organisations themselves. The FDV workforce is not separate from the dynamics of FDV but rather is constituted by the very structures that shape those dynamics. Hanlon (2024) observes that few studies direct attention to the “gendering work” that workers – and organisations – undertake, shaping their role, its parameters and objectives. This project has sought to address this gap by focusing on the “relational dynamics of gender”, not only in the context of “practice between colleagues, service users, and workers”, but also “within occupational hierarchies, managerial, and governance structures” (Hanlon, 2024, p. 1685).

FDV work and its workforce is grounded in decades of feminist and Aboriginal and Torres Strait Islander activism, research and advocacy, centring structural, gendered, raced and other intersectional analyses. This foundation risks being eroded without strong and sustained attention to the interconnections between FDV as a gendered social problem and the conceptualisation and organisation of FDV work. Thinking about and strategising the FDV workforce must, therefore, move beyond the professional skills and capacities of workers, to instead take seriously the ways in which political and sociocultural contexts, encompassing structural conditions, colonisation and profound, embedded social inequalities, continue to shape the work, reproducing the very conditions that enable gendered violences.

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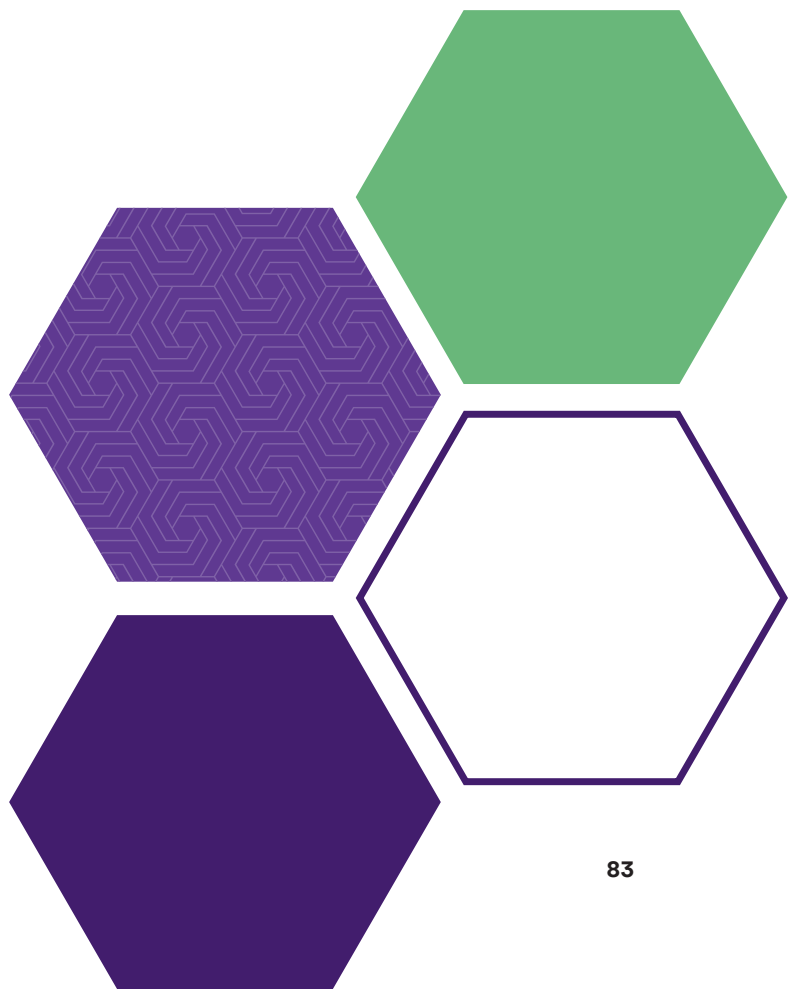
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Appendices

Appendix A

Perpetrator work	Victim-survivor work
E.g. Men's Worker	E.g. Women & children's Worker
SCHCDS Award level 5-6, \$90,085-\$102,771	SCHCDS Award level 5 \$90,085 - \$94,156
Position Purpose (66 words)	Position Purpose (231 words)
Key Relationships Internal x 2 External x 2	Key Relationships Internal x 2 External x 3 (+ various Govt depts)
Key Accountabilities (Total number of dot points = 7) 1. Intake and assessment 2. Facilitation 3. Counselling 4. Referral management (incoming) 5. Case management 6. Consultation 7. Coordination	Key Accountabilities (Total number of dot points = 24) 1. Client work (including 7 sub points) 2. Teamwork (incl. 2 sub points) 3. Training (undertake) (incl. 2 sub points) 4. Projects, processes & compliance (incl. 8 sub points)
Competencies • Group work programs • Understanding of family violence • Counselling skills • Organisational skills • Communication skills ('well-developed') • Information technology skills • Interpersonal skills ('Well-developed interpersonal skills with the capacity to liaise effectively with') • Experience of intervention models	Competencies • Teamwork (incl. information sharing, support others, show consideration, concern and respect) • Problem solving ('specialist problems') • Time management (efficient use of available resources, timely, etc) • Ability to manage tasks • Negotiation skills (re: 'delivery of conflicting time critical tasks') • Interpersonal skills ('ability to gain cooperation and communicate') • Attention to detail • Relationships (gain cooperation & assistance from other staff) • Responsiveness (to organisation & managers) • Judgement and decision making (with 'well-defined objectives re: method, process or equipment selected from a range of available alternatives') • Written communication skills (clear & accurate)
Qualifications/requirements Relevant tertiary undergraduate degree (in social work, psychology, counselling, or a related subject). Graduate diploma / cert qualification in men's family violence. 100 hours of experience facilitating men's behaviour change programs	Not included as a separate heading or section
Key selection criteria 8 criteria	Key selection criteria 14 criteria including – • relevant tertiary qualification in social work, psychology, community services &/or a related human services field • at least 2 years' experience in a family violence or related role.

Appendix B

PARTICIPANTS		
<i>Pseudonym</i>	<i>Role</i>	<i>Regional/Metro</i>
Alex	Victim Support	Metro
Alice	Victim Support	Regional
Amanda	Victim Support	Metro
Anita	Men's Worker	Regional
Anne	Victim Support	Metro
Arthur	Men's Worker	Metro
Avery	Victim Support	Metro
Barbara	Victim Support	Metro
Bethany	Victim Support	Metro
Bethany	Victim Support	Regional
Beverly	Victim Support	Regional
Billie	Men's Service (Support)	Regional
Bree	Aboriginal Service	Metro
Brenda	Men's Worker	Metro
Bridget	Victim Support	Regional
Brook	Victim Support	Metro
Byron	Victim Support	Regional
Caroline	Victim Support	Metro
Catherine	Victim Support	Metro
Charlotte	Victim Support	Metro
Chelsea	Victim Support	Metro
Chris	Men's Service (Support)	Metro
Cindy	Victim Support	Metro
Cleo	Aboriginal Service	Metro
Danielle	Aboriginal Service	Metro
David	Men's Worker	Metro
Deborah	Victim Support	Regional
Diane	Victim Support	Metro
Dorothy	Victim Support	Regional
Eileen	Victim Support	Metro
Ella	Men's Worker	Metro
Emily	Victim Support	Metro
Estelle	Victim Support	Regional
Esther	Victim Support	Metro
Evie	Victim Support	Regional
Felicia	Aboriginal Service	Metro
Fiona	Victim Support	Regional

Florence	Victim Support	Metro
Frankie	Men's Service (Support)	Metro
Gabrielle	Victim Support	Metro
Gena	Victim Support	Metro
Gillian	Victim Support	Metro
Hannah	Aboriginal Service	Metro
Harper	Aboriginal Service	Metro
Helen	Victim Support	Metro
Hilary	Victim Support	Regional
Holly	Victim Support	Metro
Hope	Victim Support	Regional
Indi	Victim Support	Regional
Isla	Victim Support	Regional
Jocelyn	Victim Support	Metro
Janelle	Victim Support	Metro
Janine	Victim Support	Metro
Jasmin	Victim Support	Metro
Jemma	Men's Service (Support)	Metro
Jenna	Victim Support	Regional
Joel	Victim Support	Regional
Joy	Victim Support	Regional
Kerri	Victim Support	Metro
Kiera	Victim Support	Regional
Kirsten	Victim Support	Regional
Kristina	Aboriginal Service	Metro
Kylie	Aboriginal Service	Metro
Lainie	Victim Support	Regional
Lexi	Victim Support	Metro
Laura	Victim Support	Metro
Lauren	Victim Support	Metro
Lena	Victim Support	Regional
Leonie	Victim Support	Metro
Lily	Men's Worker	Regional
Lorraine	Victim Support	Metro
Louise	Victim Support	Metro
Maddie	Victim Support	Metro
Malcolm	Men's Worker	Metro
Mariana	Aboriginal Service	Metro
Marion	Victim Support	Regional

Marlene	Victim Support	Regional
Martine	Men's Worker	Regional
Maryam	Aboriginal Service	Metro
Matilda	Men's Service (Support)	Metro
Matthew	Men's Worker	Metro
Meera	Victim Support	Metro
Meg	Men's Worker	Metro
Mei	Victim Support	Metro
Mia	Victim Support	Metro
Millie	Victim Support	Regional
Mindy	Victim Support	Regional
Monica	Victim Support	Regional
Nadine	Victim Support	Regional
Naomi	Men's Worker	Metro
Naomi	Victim Support	Metro
Nicole	Victim Support	Regional
Nina	Men's Worker	Metro
Pam	Victim Support	Regional
Patricia	Aboriginal Service	Metro
Peter	Men's Worker	Regional
Poppy	Aboriginal Service	Metro
Richard	Men's Worker	Metro
Rita	Victim Support	Metro
Ruth	Men's Service (Support)	Metro
Sadie	Victim Support	Metro
Sage	Victim Support	Metro
Sabrina	Aboriginal Service	Metro
Sally	Men's Worker	Metro
Sandra	Aboriginal Service	Metro
Sasha	Victim Support	Metro
Selina	Victim Support	Metro
Skye	Men's Service (Support)	Metro
Sonia	Victim Support	Regional
Sophie	Victim Support	Metro
Sylvia	Victim Support	Regional
Tamara	Both Victims and Perpetrators	Regional
Tamsin	Victim Support	Regional
Tessa	Victim Support	Regional
Thalia	Victim Support	Metro

Thea	Men's Service (Support)	Metro
Tim	Men's Service (Support)	Metro
Tina	Victim Support	Metro
Vanessa	Victim Support	Metro
Veronica	Men's Worker	Regional
Victoria	Victim Support	Metro
Virginia	Victim Support	Metro
Vivian	Victim Support	Regional
Yasmin	Men's Worker	Regional
Zara	Victim Support	Regional
Zoe	Aboriginal Service	Metro

Appendix C

FDV workforce development and planning: Australian states and territories

		Targets	Structure	Indicative Actions
NT	<i>The Northern Territory (NT) Domestic, Family and Sexual Violence Workforce and Sector Development Plan</i>	Workforce and Sector Development Workers “across the spectrum of prevention, early intervention, intervention, recovery and healing responses” - including “universal workers” (for whom FDV is not their core business), statutory workers, and specialised FDSV workers. (p. 3)	Three focus areas (p. 5): 1. Workforce Capability (Workers have the right skills and support to provide effective services)	• Foundational and advanced / specialist training • Practice and service standards
			2. Organisational Capability (Specialist FDSV services are accountable, sustainable, responsive to emerging needs, and support the health and wellbeing of their workers).	• Governance • Occupational health and safety wellbeing (prevention & management) • Staff recruitment, retention and supervision • Service standards
			3. Sector Development (The specialist FDSV sector is strong, sustainable, collaborative and integrated, so that clients experience a joined up system).	• Shared standards, training and practice tools • Interagency collaboration & information sharing • Communities of practice
WA	<i>Strengthening Responses to Family and Domestic Violence: System Reform Plan, 2024 to 2029</i>	System-wide reform Workers across the system including government, non-government and Aboriginal Community Controlled Organisations	Workforce development is the first of the four ‘pillars’ (2. information sharing, 3. risk assessment and 4. risk management) (p. 6). Pillar 1. Workforce Development Goal: A system-wide workforce where everyone is clear about their roles and responsibilities and have the knowledge and skills to provide safety-focused, family violence informed and culturally appropriate responses to victim-survivors and those using violence.	Developing a FDV Workforce Capability Framework
				Establishing a dedicated FDV workforce ‘entity’ (to “develop and support FDV informed workforces”) (p. 8)
				Embedding family and domestic violence workforce capabilities (e.g. quality or practice standards)
				Establishing minimum training standards
				Appropriate responses for employees who are experiencing or using FDV

		Targets	Structure	Indicative Actions
NSW	<i>Working together to address DVSV, NSW Women's Safety Commissioner, Strategic Plan 2024–2027.</i> NB: NSW Department of Communities and Justice is currently working on a 10-year FDV workforce development strategy with the Workforce Innovation & Development Institute at RMIT.	System-wide reform. Specialist and general workforces Informal support networks	Six priority areas focused on improving ways of working across the whole system, strengthening accountability and driving broader societal change (p. 29) Priority 5. Strengthening workforces and informal support networks Objective: Build the capacity of specialist and general workforces as well as informal support networks to identify, prevent and respond to DFSV (p. 34)	Support the flow of skilled workers into the specialist DFSV sector (by, for example, improving qualification and training options, and strengthening relevant course content in general education programs)
				Advocate for ongoing training and capacity building, both for workers in the specialist DFSV sector and for other workers who regularly respond to DFSV but are not specialists
				Raise awareness and strengthen the capacity of informal networks and communities to identify, prevent and respond to DFSV
QLD	<i>Workforce Capability Framework</i> <i>(WorkUP Queensland, 2023).</i>	Domestic, Family and Sexual Violence and Women's Health and Wellbeing Sector Qld gov funded	Five “high-level capability” domains to “grow, retain, develop, support, connect and sustain the workforce” (p. 4) Identification of 4 ‘workforce levels’: Allied support; Leaders; Practitioners; Advanced Practitioners (p. 11) 3- 4 “supporting capabilities” identified for each domain, aligned with specific workforce levels.	Capability domains:
				1. Understanding the nature, drivers, and context of domestic, family and sexual violence and trauma
				2. Upholding dignity and value through healing-centred engagement
				3. Managing risk, prioritising safety, and recovery
				4. Working as part of an integrated system
				5. Demonstrating a reflective and self-aware approach

Appendix D

Data mapping: Specialist FDV work (Victim-survivors)

	Global – National	National – Local	Service systems & provision	DFV Sector / Org.	‘The work’ of DFV
↑					
Colonialism	Political and socio-economic contexts Rising inequality	Global – national Cost of living crisis Housing crisis	“gradual economisation of the welfare state” (Phillips & Heward-Belle, 2023, p. 225) Service systems – under stress (capacity, demand) → Service systems –adequacy & accessibility →	High demand for services Short-term, competitive funding Complex, multiple / high needs of service users →	Overload Intensity of work & impacts for self Spillover between work & home* On-call, after-hours and remote work* Changing nature of the ‘client’ Emotional labour (high stakes)
Neoliberalism					
Dominant discourses (gender, violence, ‘race’, etc.)					
Politics of knowledge (power / knowledge)	Gender politics (gender equality)	Counting of deaths Use of media	Contested Feminism / backlash politics →	More than just a job	‘look after one another’* Importance of team relationships & peer support (but also adds to work load; invisible labour)
Gendered organisations, gendered work	Gendered work	(De)Politicisation Mainstreaming	De-professionalisation: reductive focus on tasks & roles, quantification of work	Work devalued Forms, record-keeping Case management Managing risk	What is the work? Established processes & limits – make work more challenging and render invisible its more complex dimensions
↓					

	Global – National	National – Local	Service systems & provision	DFV Sector / Org.	‘The work’ of DFV
	<i>Inequalities</i> Care under capitalism Commodification of care Gender binary Individualism	Care / caring work Care roles as social reproduction Perpetrators OR victims	Care ethic ↔ work ethic. Guilt (Allard & Whitfield, 2024) Systemic and institutional distinction Separate funding (& funding bodies, governance, etc) Stand-alone services (work against integration) “shift[s] the focus to the ‘what’ of the problem, not the ‘who’ is (usually) impacted” (Alldred, 2023, p. 4)	Undervalued, underpaid, under-recognised → Stripping out the ‘care’ Do the ‘job’ (and not the care) or Go ‘above and beyond’ (good will) and be exploited (in which case, chosen) → guilt Siloed services Lack of interagency connections & relationships	Invisible labour Not able to be contained to ‘work’ so muddies distinction between private and professional → impact on & exacerbation of unpaid caring workload ‘be everything to everyone’* Sense of personal responsibility*; carrying risk
	Goal of FDV work: relationship ends, woman leaves (= safe)	Policy framing: accommodation as solution to problem of DFV Funding of services: DFV as a housing issue →	Crisis focus Shortage of accommodation (PRM, public & community housing) →	DFV as ‘gateway’ to accommodation Lack of housing ‘exits’ (bottlenecks)	Housing, not DFV, focus Case manager, not DFV worker

Appendix E

Data mapping: Specialist FDV work (Perpetrators)

	Global – National	National – Local	Service systems & provision	DFV Sector / Org.	‘The work’ of DFV
↑ Colonialism Neoliberalism Dominant discourses (gender, violence, ‘race’, etc.) Politics of knowledge (power / knowledge) Gendered organisations, gendered work ↓	Political and socio-economic contexts Rising inequality	Policy framing: Not all men (some men) Hold (individual) men to account Focus on ‘high risk’	Service systems – capacity, demand, fragmented → Service systems –program based, time-limited, focused →	High demand for services but not necessarily high client numbers Lack of data re: perp services/programs Focus on immediate risk mitigation (not long-term change)	What is the work? Who is doing the work?
	Gender politics (gender equality)	Men as part of the solution ‘Healthy’ masculinity	Backlash politics	Stigma for men?	Men’s work Valuing of men
	Gendered work	Gendered construction of the work & the worker	Need more men Men’s workforce strategy Recruitment, retention	Perpetrator work as specialist, separate Find the “right” men and keep them	Ideal worker = Man Shortage of men “we need male workers”
	Gender binary	Perpetrators OR victims	Services & Funding → Courts, policing, perp programs; violence prevention / community awareness Complex, multiple / high needs of service users → dilution of focus on DFV Conflicting messages re: responsibility	Siloed services (victim services / perpetrator services) Limited integration Is child protection also perp work? What about youth work? (See Alldred, 2023 – not just an adult problem) Partner contact as women’s work? (Whose role?) Investment in?	Challenging work ? Gendered work: - Personal - resonance / impacts & importance of peer support (for women) - Professional – stimulating, ‘fun’, all-male groups Inconsistent / inadequate focus on safety (in perp work) Where does risk sit?

	Global – National	National – Local	Service systems & provision	DFV Sector / Org.	‘The work’ of DFV
	Punishment versus treatment Violence as individual behaviour / choice	Goal of FDV work = behaviour change Abusive attitudes and behaviour Violence as chosen and/or learnt (mad, bad, ‘cultural’) Decontextualisation Separation of ‘types’ of violence	Separation of legal/criminal and service contexts Purpose: Change men’s behaviour (client = men → compliance / completion)? OR keeping women safe (client = men and women → safety)? Lack of focus on broader sociopolitical & global contexts ‘different systems, politics and policies’ (Hearn, 2020, p. 26)	Emphasis on assessment and information, less so on service provision (bottlenecks) Assessment (information, documentation, etc) versus engaging/ working with perp (difficult conversations, resistance, etc) Service delivery, not social change Individual, not community change (‘not funded for that’)	Structure (beginning and end), managed / manageable, 9-5 Established processes & limits – make work manageable and visible Perps can choose not to engage (service ends) Skills / confidence < job satisfaction Frustration
	Covid / Pandemic	Impacts Post-Covid		Online delivery of MBCPs	> isolation Change nature of work



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Dear Consultation Team,

Thank you for the opportunity to contribute to the development of the next National Action Plan. I appreciate that governments are seeking the views of people with lived experience, and I hope my experience may help identify opportunities for earlier prevention.

My experience has led me to believe that domestic and family violence prevention should begin much earlier, before violence occurs, and that stronger integration between the mental health system and domestic and family violence systems is needed.

While we were still in a committed 20-year relationship, I became increasingly concerned about my partner's significant deterioration in mental health. My objective at that time was not to end our relationship or seek legal protection. My objective was to get him help because I genuinely believed he was becoming seriously unwell and lacked insight into the extent of his deterioration.

These concerns were not mine alone. Other close family members also recognised that he appeared to be struggling and supported efforts to encourage him to access help. This included members of his own family. The concerns were shared by multiple people who knew him well and had observed a significant change over time.

I utilised the mental health services and legal pathways available, including seeking an involuntary mental health assessment. In my opinion, the assessment process relied too heavily on a brief clinical presentation and did not adequately consider the extensive collateral information provided by family members or the pattern of escalating behaviours occurring outside the assessment setting. Families often witness changes over weeks and months that cannot be captured during a short assessment, yet their observations may not be given sufficient weight.

I recognise that mental illness does not excuse domestic and family violence, and every individual remains responsible for their own actions. My experience is not that mental illness causes violence, but that opportunities for earlier intervention may sometimes be missed when there is a significant deterioration in a person's mental state and credible concerns are repeatedly raised by those closest to them.

In my case, the deterioration continued. Our 20-year relationship ultimately ended, my children and I experienced serious domestic and family violence, and the matter has since progressed into both the civil protection and criminal justice systems. Looking back, I cannot help but wonder whether a more comprehensive assessment, greater consideration of collateral information from multiple family members, and earlier intervention might have changed the trajectory for everyone involved.

My experience has highlighted what I see as an important gap between mental health services and domestic and family violence prevention. Families are often the first to recognise that something is seriously wrong. They may also be the people at greatest risk if the situation continues to deteriorate. I believe prevention efforts should include:

- Earlier recognition of escalating risk where there are credible concerns from multiple sources.
- Greater consideration of collateral information from family members and others who know the person well.
- Better coordination between mental health, health, police, and domestic and family violence services.
- Greater support for families who are trying to obtain help for a loved one while also managing increasing risks to themselves and their children.
- Assessment processes that recognise some people may present very differently in a brief clinical assessment than they do in their everyday lives.

Protecting victim-survivors and providing timely support to people experiencing serious mental health crises should not be viewed as competing priorities. Both are essential parts of preventing harm.

I hope my experience contributes to the ongoing work of strengthening Australia's response to domestic, family and sexual violence so that more families receive effective support before situations escalate into crisis.

Thank you for considering my submission.

To the Department of Social Services,

I am writing to make a submission regarding Australia's response to domestic, family and sexual violence.

Rather than responding to the consultation questions, I wish to raise a broader issue that I believe deserves consideration: the language we use to describe these offences.

I believe Australia should consider adopting the term "coward violence" in public awareness campaigns and government messaging to describe domestic and family violence.

The words we choose matter. They shape public attitudes, influence how future generations understand violence, and communicate what our society condemns.

Australia has demonstrated this before. The phrase "king hit" was widely replaced with "coward punch" because the original term failed to reflect the reality of the act. The change reinforced an important message: there is nothing brave, honourable or admirable about attacking another person without warning.

I believe the same principle applies to domestic and family violence.

The word "domestic" describes where the violence occurs, not what it is. While it serves an important legal and policy purpose, it does little to convey the betrayal, intimidation and abuse that victims experience. Coercive control, physical assault, sexual violence and homicide against intimate partners or family members are not simply "domestic" matters. They are acts of cowardice.

There is nothing courageous about abusing someone who loves you, trusts you or depends on you. There is nothing strong about controlling another person's life through fear. Violence committed behind closed doors against women, children and other family members represents one of the clearest examples of cowardice.

I recognise that changing language alone will not solve Australia's domestic and family violence crisis. Meaningful progress depends on prevention, education, early intervention, safe housing, effective policing, legal protections, perpetrator accountability and properly funded support services.

However, language forms part of prevention. The way governments communicate about violence influences community attitudes. Stronger language can reinforce that these behaviours are never private disputes or relationship problems—they are deliberate acts of abuse.

I am not suggesting that established legal definitions necessarily be replaced. Rather, I ask the Department to consider whether government campaigns, educational materials and public messaging could use language that more clearly communicates society's condemnation of these acts.

Australia has previously changed its language to better reflect the seriousness of violence. I believe we should be willing to consider doing so again.

Women, children and all victim-survivors deserve language that reflects the reality of what they have endured.

Thank you for considering my submission. I hope this proposal contributes to the ongoing discussion about how Australia can continue to strengthen its response to domestic, family and sexual violence.

Submission

1. This is my formal submission to the second action plan 2022-2032
2. I am a 43 year old Father of 2 young girls aged 6 and 8 years old. Both of my children live with their mother 3 Kilometres from me. As this is a Family court case, I will not provide names or publications as it may be against the Law to do so. I will refer to myself as Mr Moss Pseudonym from my FCFCOA case citation Moss Vs Moss [REDACTED] [REDACTED] which I have attached. It is 69 pages.
3. Moss vs Moss 2025 no.2 also appears as a study on the website, Family Law Australia on Flast.com.au under the heading, Belief vs evidence: Court rejects mothers sexual abuse allegations and finds emotional harm the real risk. Moss vs Moss no.1 is a linked procedural matter judgement.
4. Both children have been alienated from me for over 3 years. I don't know how they are physically or emotionally today. However I do have the Justice [REDACTED]'s findings at hand dated on the 31st July 2025 that my 2 girls have been abused by their mother over a period of time.
5. The court Judgement I will rely upon in my submission, has been released under the pseudonym MOSS Vs MOSS 2025, and I will abbreviate it accordingly as MvM. I will also provide paragraph reference numbers.
6. Explained at MvM Paragraph 382g-h, the mother of 2 vulnerable girls was found to be to be "an unacceptable risk of harm to the children by them going through life believing they have been horrendously abused by their father".
7. To be clear, I am proud that **I have been vindicated from all allegations** along with all members of my family as cemented by findings of fact in MvM P 382 a&b. I worry for my children living with their Mother and maternal family household.
8. Upon seeing the Consultation on the second action plan to end violence against women and children 2022-2032, it is important to highlight that children can experience violence from either parent. In my children's case which is supported by a family court Judgement **is indeed Family Violence containing sexual references**, inflicted on 2 young children, perpetrated by their mother. And further this violence was supported by her entire "household" who are the mothers parents (the children's Maternal Grandparents) as explained at MvM p341. I conclude here with MvM p342 "And that is an unacceptable risk to children".
9. Words of this Judgement and story must be told in the first step in preventing Domestic, family and sexual violence, and implementing an action plan.
10. As explained in MvM p383, "that finding of emotional abuse by the mother and assessment of unacceptable risk she poses do not control the outcome of the best interest case" for a child living in the mother's care. To me this is simply outrageous.

11. To be clear, I'm no way am I critical of the Judges findings who has done well to uncover the abuse these girls have suffered at the hands of their mother. I do emphasise that a Family Court should **never allow children to live in such a situation or at minimum unchecked with their abuser**, their mother, who does nothing to address her own organised system of abuse.

12. Abuse Events by the mother and supported by her Household family

[REDACTED]

13. Ameliorating the risk

14. In MOSS vs MOSS (MvM) The Judge at MvM P402a-I, finds that the best way to deal with the mother's risk was to allow both children to experience a new narrative and be therapeutically reintroduced to their father and to be organised by the father who is motivated to do so. To be clear, at MvM P395, I (the father) was NOT found to be an unacceptable risk, only that the custodial mother was.

15. Since the handing down of the orders, and as the Judge had depicted, I have had great difficulty (maybe impossibilities) in trying to change the safe living situation for my 2 children living with an unacceptable risk primary carer (their mother). I believe **the risk cannot be ameliorated without proper and ongoing Social or legal intervention that I am advocating for.**

16. After court Care.

17. I having experienced court proceedings twice in 6 years. I can say there is often no after court monitoring or care in the civil court arena. To the best of my knowledge there was no after court involvement from the court appointed ICL, child safety, Police or social services. Two young children placed with their mother who is found to be an unacceptable risk of harm to them.

18. After court events to protect my children from violence perpetrated by their Mother

19. On the [REDACTED], I Received the Judgement and a copy of the Parenting order.

20. Within 6 months of the order, the children's Psychologist Ms D retired before any therapy commenced and I had to find a new psychologist to do court ordered therapeutic support for both Children. My children's Psychologist was the only support available to ameliorate and buffer the effects of harm inflicted on my children by the mother.

21. As per the orders, I proceeded to find a new Psychologist to provide Therapeutic support for both of my girls. Advice from the public sector was there was no therapeutic support available. Using email and phone I made 40 enquiries in my local area which is a major regional Queensland City. In Private practice, there was no local Psychologist solely

willing to do therapy with both children, or work with court orders, or do reunification therapy. It was simply not a mainstream request for me to make.

22. Explained at MvM P37-39 the mother and a Communication professional was involved in making fear based complaints about practitioners involved in the matter. No doubt I believe that this would potentially and adversely play on any Health Practitioner's mind when accepting any child living at risk and who is connected to a highly adversarial proceeding of this nature. I believe this further complicates my efforts to find suitable practitioners.
23. I also brought this matter to a Contravention hearing at the National contravention register. It is not easy when the at-risk parent is silent, orders are not progressing, the risk is not being ameliorated, and I don't know if my children are ok. Though I made the application, allegations of contravention did not succeed in its intended Quasi-criminal effect, but I did manage to negotiate some extra detail varied on the parenting order.
24. As part of a new varied parenting order dated [REDACTED], I managed to find in my local area a Social Worker in Private practice willing to provide therapy per the new varied court orders. After the second session the Social Worker discharged both of my children from therapy. The professional reported to me via a phonecall that she was unable to continue therapy due to my older child (8years old) screaming "NO, NO, NO!" at the professional. For therapy to work there needs to be co-operation before re-introducing me into their lives. It is evident my eldest daughter has been severely impacted by the maternal household's abuse inflicted upon her and her sister. I will call this out myself. This is Parental Alienation syndrome, or Child psychological abuse in its most severe and despicable form.
25. I am aware that several hours drive away in Brisbane there are experts who specialise in this area, who may take this on. There are still many limitations as to what can be perceived as a success while the children remain subjected to the maternal family's belief system. Their primary carer, their mother, a woman, is an at risk parent living unchecked despite a highly adverse family court finding.
26. The extent of their abuse will never be fully understood until they become cognitive, more verbal, willing to break the alienation spell and speak up.
27. In the field of child psychological abuse, much research has been done on:
 - a. the impacts of Parental alienation, Child Psychological abuse by Dr Mandy Mathewson and relevant publications
 - b. events from the stolen generation that has left the victim survivors angry that the system had failed them as children.
28. Exposing Parental Alienation
 - a. Eenie Meenie Miney Mo Foundation
 - b. Dr Alyse Price Tobler (psychotherapist)
29. I believe that the system is failing BOTH of my children of FCFCOA case MOSS Vs MOSS No.2 of 2025

30. Within both of my children's circle of abuse they are being denied access and time with myself and their entire extended paternal family, their historic, ancestral and cultural roots, in exchange for fear, false beliefs about themselves and about them being (falsely) horrendously sexually abused by their father.

31. Issues in summary:

- a. Difficulty in Finding local Psychologists willing to do court ordered therapy.
- b. There is no after court care provide help in finding local specialists
- c. Family court has no agency to check up on or intervene with children who have been placed with a Primary care Parent who was found to be an unacceptable risk to the same children.
- d. ICLs don't provide after court care.
- e. Child Safety, Police and The Australian Federal Police don't get involved in family law matters involving at risk children:
- f. Cost and Financial hardship in pursuing ongoing Legal and medical support
- g. Contraventions are often difficult as the court requires the allegations to be specific. An order that is simply not progressing can be an unenforceable order even for an at-risk child.

32. Solutions : Federal Child Protection Agency

33. There Needs to be a Federal Child Protection Agency Office in the Australian Social Service working in the Jurisdiction of the Family and Federal Circuit court to oversee the welfare of children who are living with a parent who is both The primary carer and the At Risk Parent.
34. This can benefit any child living in a similar circumstance
35. If the Proposed Federal Child Protection Agency is not able to work Jointly with the already established State child protection services, I advocate for a simplified approach (below) to begin with as an alternative measure
36. Under my proposal, the agency would set up an office in each capital city. It would provide training and information to personnel, handle legal advice, make court applications for further protective measures and handle information marshalled from the court in handling after court care. This office would delegate, instruct and support personnel:
- a. In major population centres - A small child protection team that will work with families.
 - b. In regional areas – Local already established clinic, that deals in child protection and social welfare issues to work with families.
 - c. In Remote areas - Community based framework that deal in all child protection, and social welfare issue, to work with families.

Simply speaking With C and maybe B, so much can be done via zoom or phone call with the agency to address the formal requirements of after court care with an at-risk parent and child.. Any notary member like a social worker, Nurse, GP,

Teacher, Chaplin, or Lawyer can monitor as per a community based care framework to observe if a child is ok or report observations to the agency if a child is suffering abuse by the primary carer.

37. Essential Need for a Federal Child Protection Agency

- a. After Family Court proceedings are finalised, The Children are still being subjected to abuse and violence by the Primary parent listed on the new court order who has also been found as an unacceptable risk by a Judge.
- b. The New Child protection agency would be able to work with families as the department of social services In the after family court arena with the legal backing of the Family Court.
- c. The agency would be able to assist the court in after court care in promoting safety, welfare and development as per article 39 in the United Nations Human rights of a child.
- d. Provide guidance and programs which compliment the Parenting Orders that ultimately promote the safety of children.
- e. Promote respectful relationships and Social cohesion.

38. Essential Duties for a Federal Child Protection worker

- a. Provide support, even just advice, to both parents who have been provided final Orders where the primary parent is also the at-risk parent.
- b. Monitor, observe and speak to the children, school and their doctor to monitor their safety
- c. Speak to authorities, Police, and state child safety division
- d. Intervention agreements necessary to create safety plans.
- e. Refer parents or caregivers to parenting courses, therapists that promote safety.
- f. The agency makes application to the Family court to further their intervention powers.
- g. Where the risk does not change, the agency refers the matter to either the State Child Protection Authority, or Police.
- h. Where the risk does not change or improve, advise a willing protective family member to contact a family law solicitor to self - initiate new parenting proceedings which would be reflective of a significant change of circumstance (maybe section 65DAAA) as the Primary carer being unwilling to provide a safe environment for children.

39. Conclusion

40. The Main focus of my submission is about the Child abuse inflicted on my children by their mother and the lack of after court care. I have provided a social solution for a Federal Child protection agency for matters involving a child who is placed by a court to live with that abusive parent.

41.

42. I have deliberately left out of this submission all the Domestic Abuse inflicted on me because this submission is about the abuse inflicted on my children.

I do conclude that myself and my mother have experienced the trauma of a Domestic and Family Abuse Victim with the full maternal family "household" unloading abuse on me to the full extent as listed MvM Judgement and more. In my view, much of the

deposed was abusive, vexatious, malicious, gross and highly outrageous. Nobody should ever have to endure living through that unnoticed,

43. MvM P339 “This is the world in which the children exist.”

44. Thankyou for hearing my submission Regards Mr Moss (Pseudonym)

Protecting Women and Children Must Include Protecting Innocent Families from Institutional Abuse

I support effective measures to prevent violence against women and children. However, the Second Action Plan must not expand institutional powers without equally strong safeguards for innocent parents, children and families.

Protective systems can themselves become abusive when hospitals, social workers, child-protection agencies and other authorities act on assumptions, stereotypes, unverified allegations or institutional self-protection.

My wife, newborn son and I experienced this after a traumatic four-day labour and birth at [REDACTED] Hospital.

A family already traumatised by hospital failures

My wife was in labour for four full days.

During that period:

- we were sent home twice after her waters had broken;
- requested pain relief and anaesthetic were not provided when required;
- junior clinicians appeared to be left managing matters requiring senior oversight;
- despite our request for the senior doctor to conduct the delivery, a less experienced doctor was trained during the birth;
- my wife suffered significant physical trauma and tearing;
- she later experienced serious internal bleeding and required further intervention;
- I was told by a doctor that my wife's chances were "50/50".

Both my wife and I were consequently in an extreme and prolonged state of fear, exhaustion and fight-or-flight.

Instead of recognising that medical and psychological context, hospital staff increasingly treated me as a threat when I attempted to protect and advocate for my wife and newborn child.

After the birth, I also had to intervene when my son's jaundice-treatment chamber repeatedly alarmed because he was overheating. I alerted nursing staff that other babies were also overheating. A nurse subsequently checked them and acknowledged that my concern was correct.

Institutional escalation rather than support

My wife and I requested psychological support for her separation anxiety and the trauma she had experienced.

Instead, while she was recovering from childbirth, internal bleeding, surgery and heavy medication, she spoke to a healthcare worker believing that she was receiving private psychological support.

She was not clearly informed:

- of the person's true role;
- whether the conversation was confidential;
- who the person represented;
- how anything she said could be recorded, disclosed or used.

Information was then shared and used to initiate an escalating process against our family.

My wife was placed under pressure to characterise me as abusive and was confronted with the possibility that our newborn child could be removed. She instead had to defend me while physically and psychologically incapacitated.

The result is that she has lost trust in psychologists and remains unable to safely discuss the experience with one because psychological "support" became associated with threats of child removal.

False or unverified information

A person introduced through the DCJ process as providing legal assistance told me that there was a police report against me.

That person also stated that she acted in relation to the hospital's legal interests.

I have retained a recording of that conversation.

I independently contacted NSW Police to verify what I had been told. Police confirmed that no complaint or report existed against me.

A person acting for, or aligned with, the hospital's legal interests cannot simultaneously be presented to a vulnerable family as independent legal assistance or neutral support.

The use of inaccurate or unverified police information in circumstances involving child protection is an extremely serious failure of due process.

DCJ involvement continued after the concerns appeared to have collapsed

DCJ representatives followed us home and entered our home under the threat that failure to cooperate could affect whether we retained our child.

During that process I became psychologically and emotionally overwhelmed by the false accusations, institutional pressure and demonisation directed at me while I was attempting to protect my wife and newborn child.

DCJ subsequently apologised to us. I was nevertheless told that the process had to continue for approximately three months because there was no mechanism to simply stop it.

I was also told that I should understand the actions taken because of the threat of violence against women and because, in those circumstances, there was supposedly a very high chance that someone would die.

This was said to me shortly after I had already been told that my wife might die from internal bleeding caused during the birth.

The system therefore acknowledged, in substance, that the situation no longer justified the original assumptions, but continued subjecting our family to monitoring and intervention because the process had already been triggered.

That is a fundamental policy failure.

Once an allegation enters the system, innocent parents can become trapped in a process that continues regardless of whether the factual basis disappears.

Lasting harm

My wife, my son and I continue to experience psychological harm from these events.

My wife cannot safely engage with psychological services about the experience because she fears that disclosure could again lead to threats against our family.

I have suffered ongoing psychological injury arising from being falsely characterised, stripped of control, threatened with removal of my child and forced to defend my family during an extreme medical crisis.

We are expecting another baby within weeks. Instead of being able to approach the birth with confidence, we are afraid that the same hospital and institutional systems could again abuse their powers against us.

This is why legislation must protect the whole family, including fathers.

Required legislative safeguards

1. Independent family advocate

Before any non-emergency child-protection escalation from a hospital, both parents must be offered an advocate who is completely independent of:

- the hospital;
- DCJ;
- the insurer or hospital operator;
- anyone responsible for making or defending the referral.

The advocate must understand childbirth trauma, medication, prolonged labour, perinatal mental health, medical consent, family dynamics and the rights of both parents.

2. Full disclosure of role and interests

Every social worker, liaison officer, legal representative or support worker must disclose in writing:

- their actual role;
- who employs or instructs them;
- whose interests they represent;
- whether the conversation is confidential;
- how information may be recorded or used;
- who will receive the information.

No hospital representative should be presented as independent “legal aid”.

3. Verified evidence before serious intervention

Hospitals and agencies must verify allegations before relying upon them.

Rumours, stereotypes, opinions and alleged police information must not be presented as fact.

Where police information is relied upon, the existence and nature of the report must be verified directly with police.

4. Written grounds and procedural fairness

Parents must receive the factual and legal grounds for:

- a child-protection referral;
- a domestic-violence or safeguarding classification;
- exclusion from medical decision-making;
- restrictions on leaving hospital;
- police involvement;
- threats concerning child removal.

Any exception must be limited to a clearly documented, immediate and serious risk.

5. Independent review before DCJ involvement

Except where there is objectively verified immediate danger, an independent professional must review:

- the hospital’s conduct;
- both parents’ accounts;
- the medical and birthing circumstances;
- the effects of trauma, exhaustion, pain and medication;
- whether hospital failures created or escalated the conflict;

- whether the father's conduct was protective advocacy rather than abuse.

6. Recognition and protection of fathers

Fathers must be recognised as equal parents with rights, responsibilities and a legitimate role in protecting and advocating for their wife and child.

A father must not be treated as a presumed perpetrator because he:

- questions medical care;
- disagrees with staff;
- asks for senior clinical involvement;
- protects an incapacitated mother;
- advocates for his newborn child;
- reacts emotionally during a genuine medical emergency.

7. Protection of vulnerable mothers

A mother recovering from prolonged labour, haemorrhage, surgery, medication or trauma must not be pressured to make accusations against her partner or threatened with child removal while medically or psychologically incapacitated.

Statements obtained under those circumstances must be treated with extreme caution.

8. No institutional self-protection

A hospital whose own treatment, staffing or conduct is disputed must not be permitted to become the sole source of information used to initiate coercive action against the affected family.

Protective powers must not be used to redirect attention away from possible medical negligence or institutional failure.

9. Immediate independent review rights

Families must have access to urgent external review before a parent is:

- excluded from decisions;
- physically prevented from leaving;
- separated from their child;
- subjected to police or child-protection intervention;
- forced into extended monitoring.

10. Ability to terminate an unsupported process

Where an allegation is found to be unsupported, mistaken or no longer reasonably held, the process must be capable of being terminated immediately. Families must not be forced to undergo months of monitoring merely because a protocol was initially activated.

11. Accountability for false or misleading information

There must be enforceable consequences where hospital staff, contractors or public officials knowingly or recklessly provide false, exaggerated or materially misleading information that triggers police or child-protection intervention.

12. Measurement of institutional false positives

Government must record and report:

- how often hospital referrals are unsubstantiated;
- how often allegations are withdrawn or disproved;
- how often families remain subject to intervention after the original concern collapses;
- the psychological and developmental harm caused by unsupported intervention.

Conclusion

The statement that women were killed by “a man they knew” does not establish that the perpetrator was a husband, father or current partner. Nor does it justify policies that treat fathers and husbands as presumptive dangers.

Violence must be addressed using evidence.

Protecting women and children cannot mean giving hospitals and child-protection agencies broader powers to intervene in private family life without due process, independent oversight and accountability.

My wife and child were not protected by the system. They were harmed by it.

The Second Action Plan must protect genuine victims while also ensuring that innocent families cannot be traumatised by institutional coercion, false allegations, gender bias and unchecked abuse of authority.

Declaration

I make this submission based on my family's lived experience and to the best of my knowledge and belief the factual matters described are true. Where I express opinions or recommendations, they are clearly intended as policy recommendations arising from that experience.

Your Faithfully,

[Redacted signature]

[Redacted address]

27th July 2026

Second Action Plan Consultation

National Plan to End Violence against Women and Children

2022-2032

Submission

Summary

- This submission is written from the perspective of a male survivor of both male- and female-perpetrated DFSV, in childhood and as an adult (a not unusual pattern), as well as of secondary abuse, and that of an experienced academic researcher. I have no recent experience of frontline engagement or of some services or of some problems raised by others, and I do not identify as either Aboriginal and Torres Strait Islander or as Culturally and Linguistically Diverse or as LGBTIQ+.¹ No lived experience is identical with that of others or can be generalised, but it is still lived experience of one or more individuals, and as such should be considered as valid and legitimate.
- From a male perspective, the entire public, political and advocacy narrative around DFSV has been biased, not impartial and fully considering male experiences and perspectives equally with those of females. Males are not equally represented or consulted in or for every policy iteration, every “research” project, every public or media report, and the few who might be do not represent or reflect the perspectives of the vast majority of Australian males. Males have considerable experience of DFSV victimisation alongside women, but that is not equally acknowledged and addressed, and there is no equal policy response for them. Males are asked to be involved in preventing or reducing DFSV, but the reasons why they can’t, or won’t, are not considered. This environment raises the question whether the present Submission will be read with the same eyes and accorded the same response and respect as a woman’s submission will be. That is not a certainty, and I am obliged to take it on trust.
- While it is understandable that DFSV was earlier perceived essentially as a “gender” issue, with male perpetrators and female victims, this perception is no longer justified, it is not “evidence-based”, and a major paradigm shift that equally recognises and aims to respect,

¹ Throughout this Submission, I use binary heterosexual gender monikers of male and female for convenience, but acknowledge other gender identities, and intend no denial of or discrimination against them.

protect and support male victims is required. A *National Plan* that remains committed only to women and children but which fails to include men equally, or which is not paired with a *National Plan* to end all domestic, family and sexual violence against boys and men, is not defensible. Male victims should be equally recognised and assisted, irrespective of assumed but under-reported proportionate statistics. No statistical data, which are invariably incomplete, should be determining or uncritically shaping perception or response: the fact that *any* such abuse occurs against *anybody* at all should be the sole driver of response.

- DFSV perpetrated by women, not in self-defence, either against other women or against males, or by males against other males, cannot by definition be “gendered” violence, but is identical in context and nature and causation. The assumption that it is motivated by a disrespect for women or by other inequality or misogynistic attitudes, while all of these challenges exist within our society, is not established as a determinative cause of DFSV, and can only be assumed to be so by neglecting other evidence of causation and triggers.
- More than 20 years of international research in thousands of published studies, many undertaken or co-authored by women, across numerous jurisdictions, consistently finds that co-perpetrated DFSV comprises approximately 50% of DFSV incidence while unprovoked, non-self-defence female-perpetrated non-lethal primarily heterosexual DFSV is equal to or higher in incidence than male perpetration. A recent review finds that the international incidence of DFSV has very substantively reduced or even halved over the past decade. DFSV is not one monolithic problem but assumes numerous more or less distinct, if also often co-existing forms of behaviour, and the experience of any one form by a victim does not mean that they experience many others. This evidence is not being considered or permitted to contribute to our understanding of DFSV in Australia, and Australian “researchers” do not appear to be collaborating with this international research work, but no explanation of that omission is offered by government, by ANROWS,² or by any other agency or group of researchers, all of whom ought to be familiar with this evidence and, ideally, participating in it. Some previous and current evidence to the same effect specifically in Australia is likewise being suppressed. This evidence also discredits any characterisation of DFSV as “gendered” violence. The fact that more women than men are murdered in specific DFSV settings, and that

² ANROWS includes international studies in its own online archive that do not support the implicit assumptions of its current work, which appears to be another contradiction between the gender bias of Australian organisations and their publications, and other published research that they either produced themselves or which they are familiar with, which others have also drawn attention to. This recurrent inconsistency requires an explanation.

most such murders of both women and men are perpetrated by males, has no correlative bearing upon incidences of non-lethal female-perpetrated DFSV.

- There is a discernible international research shift away from any “gender” narrative as the cause of DFSV, often led by female academics, and more exploration of multiple other causal factors, as well as equal recognition of male victims and female perpetration, now spanning years and in some instances decades. The fact that Australia still persists with the “gender” narrative while ignoring such international developments suggests that our responses are not “evidence-based” or best international practice, and that our position is increasingly anomalous.

- Purported “research” undertaken in Australia around issues pertinent to DFSV by government, ANROWS, AIFS, AIC, and other organisations, groups and individuals, is consistently gender-biased, displays a range of unscientific methodological issues, and contributes to the distortion of both the causes and the nature and dimensions of these problems. They can be viewed as part of an international problem of the ideological corruption and politicisation of scholarship, which is supposed to be independent of any such influence. Those flaws have been repeatedly identified over many years but are not resulting in a more impartial, objective scholarly approach. It could be argued that some of these issues are intentional, which would make such publications no longer scientific but rather ideological.

- There are many areas in which more comprehensive, systematically collected and analysed data are urgently needed but which have not been collected, likewise over decades, and such omissions could again be interpreted as occurring with intent. The single largest area of necessary data collection consists in the recording and analysis of the life histories of every alleged or confirmed perpetrator and every alleged or confirmed victim, of both genders, which ought to have been undertaken from the later 1970s onwards, to provide a nuanced, differentiated and comprehensive understanding of how, when and why perpetrators become perpetrators, and how this could be prevented by more specific and targeted early intervention or complete prevention before perpetration can occur. This has never been done, and we still do not have any adequate and reliable and trustworthy understanding of perpetrators beyond generalisations, victim testimony, and one-sided “gender” interpretations. Perpetrators are not all the same, they do not all perpetrate in the same ways or with the same severity or for the same reasons, but instead of recognising a spectrum of perpetration, we generalise and assume that they are all the same.

- There are many issues discussed on social media and elsewhere in which various international studies are regularly cited which conflict with the dominant narrative around DFSV and related issues. Insofar as these are typically academic peer-reviewed research papers, that they employ exactly the same methods as other studies more acceptable to some, irrespective of their sample and methodological limitations, they have a claim to present some facts, and critics are unable to provide better counter-evidence. Some members of the community are familiar with these studies and use them, and this is influencing how DFSV is viewed and responded to by some. The fact that they disagree with the dominant narrative about DFSV does not make them wrong. It should be the responsibility of responsible government, advocacy, and “research” in this country to provide impartial, reliable, detailed, differentiated, critically analysed, and comprehensive research on all of these issues, and to accept reasonable evidence that contradicts or modifies the prevailing account, in the interests of better public education, more targeted and appropriate policy responses, and to end, as far as possible, divisive and unhelpful perceptions by men and women. This is not being done.

- Men’s lived experience accounts of DFSV within relationships, including physical violence, the bias of the legal system, lawyers using the “silver bullet” strategy to allege abuse against male partners when they know that that is a false or exaggerated allegation, majority female-perpetrated parental alienation of children, males being financially and psychologically ruined by what should have been unnecessary court procedures against unfounded abuse allegations, and females encouraging males to kill themselves or reporting fantasies of the deaths or murders of their ex-partners, #killallmen and suggestions of aborting male foetuses, are widespread and as shocking as any claims made by female victims, and they ought to be treated in exactly the same way that women’s claims are being viewed. But they’re not, and that is gender bias. It would now appear that some women consider such behaviour to be entirely acceptable, even while not considering parallel or alleged male behaviour acceptable.

- International researchers have been funded to undertake impartial and inclusive research into *both* male and female experience of abuse and perpetration for many years, which Australian researchers are not doing, and it is doubtful that such funding would be available here. There are reports of graduate students wishing to undertake doctoral research into male victimisation which no Australian university was prepared to accept, of the risk to careers for discussing male victimisation, and of students being graded down for assignments in which they presented evidence of male victimisation. Some women who have spoken up on behalf of male victims have reportedly received death threats, or have been publicly attacked in other ways. Such

practices parallel similar censorship and silencing of other groups and their causes within the community, and they suggest an already existing ideological control over our education systems. This situation now looks as if every aspect of our community life is subject to authoritarian discrimination and persecution for challenging the established *status quo* of gender bias; this parallels similar intolerant and polarising and Draconian tendencies in other areas of our lives at present. It risks discrediting the country. This is not acceptable or defensible, especially when there is abundant evidence of male victimisation that is not being acknowledged, which in turn constitutes a denial of equal rights for males and their dehumanisation, as well as removing any right for female victims to demand recognition of their own victimisation on the basis of jurisprudential and human rights that must apply to everybody equally or to none at all – including female victims. Either male victims are equally victims with female victims, or there can be by definition no female victims. I consider women’s advocacy and government primarily responsible for making this situation possible, if not intentionally then at least by their very one-sided messaging about DFSV.

- Prevention means acting to ensure that a problem cannot occur *at all*, and therefore eliminating known causes *before* they can become causes. Australia does not practise such prevention, although we could do so in many areas.
- Despite early conferences around DFSV in the 1970s/80s involving multi-disciplinary representatives and contributions,³ there is no longer evidence of a genuine inter-disciplinary approach to this problem, which should include history, psychology, evolutionary psychology, complex trauma (including neurosciences), psychology of violence, sociology, relationships, gender studies, history of human sexuality, and which would involve proportionately equal numbers of male and female scholars; and Indigenous, LGBTIQ+ and CALD researchers and experts. This substantial void in the use of fields of knowledge represents a serious deficiency, and is not what one expects of responsible “research” and policy articulation.

³ Cf. e.g. Violence in the Family: A Collection of Conference Papers [on children and family violence], ed. Jocelynne A. Scutt, Australian Institute of Criminology, Canberra, [1979] 1980
<https://www.aic.gov.au/publications/epr/epr11>
 National Conference on Domestic Violence, Seminar Proceedings [no. 12] 11-15 November 1985, ed. Suzanne E. Hatty, 2 vols, Australian Institute of Criminology, Canberra
<https://www.aic.gov.au/publications/sps/sps12>
 National Conference on Child Abuse, Seminar Proceedings [no. 14] 3-7 February 1986, ed. Ron Snashall, Australian Institute of Criminology, Canberra
<https://www.aic.gov.au/publications/sps/sps14>

- There are multiple logical and moral contradictions and inconsistencies in how a “gender” perspective is being perpetuated, which are not compatible with genuine gender equality or human rights or credible prevention and reduction of DFSV affecting *all* Australians.
- Not one policy iteration or all of the Recommendations of any Royal Commission, Senate Select Committee inquiry, coronial inquest, or other report or policy iteration in Australia across any portfolio, of which in some cases there have been dozens, at enormous public expense – including half a century of DFSV advocacy – have *ever* been urgently, effectively, and comprehensively implemented by any government. Very few major challenges that have confronted or which still confront this country have ever been prevented or resolved. No government is unconditionally committed to achieving the prosperity and well-being of the country and of every Australian, but all display intergenerational, bi-partisan and historically determined conflicts of interest, in attitudes and prejudices, that militate against the effective resolution of any challenge. If the incidence of DFSV is to be reduced or prevented, then these conflicts must be recognised and eliminated.
- Until every priority area of Closing the Gap is fully achieved, no amount of Indigenous consultations or targeted policy iterations or Indigenous-led responses to DFSV will substantively reduce its incidence, and while the full nature, impact and continuing intergenerational traumata experienced collectively by our Indigenous population since 1788 are not fully understood or addressed.
- Australia’s historical response to social problems is to blame individuals alone, not the whole of society or other failures or the effects of the actions of others upon such an individual, and to regard them as behavioural problems to be punished and corrected, not supported or helped in more constructive ways, not validated as predictable normal human reactions to adverse and unjust circumstances for which others bear primary or complete responsibility, and with no understanding of normal and abnormal human psychology. It is essentially punitive and discriminatory, irrespective of any cause of their problems over which the individual has no control. This is a highly dehumanising and alienating national idiosyncrasy, it comprises structural violence in the name of government *against* the people, it illustrates unrecognised and unresolved conflicts in agendas, it is counter-productive, not typical of social democracies, and this therefore perpetuates injustices and creates permanent, entrenched conflicts of interest and intention, without resolving them. Under these circumstances, the incidence of DFSV (and

every other challenge responded to in the same manner) will not be prevented or reduced in the foreseeable future.

- Arguably the single greatest cause of DFSV is complex trauma resulting from childhood abuse (or adult-acquired CPTSD). Within the context of ACEs, child survivors display different forms of abuse when perpetrating in their own intimate relationships, depending in part upon exactly what they experienced as children. There is a very substantial evidence base for this correlation, even if the psycho-social and emotional effects are not always fully understood in the resulting behaviour. Nonetheless, this is explicitly denied and resisted by policy in this country. There is abundant anecdotal and statistical evidence of high incidences of ACEs amongst both perpetrators and their victims, alongside other evidence of similarly high incidence of mental health issues (which can result at any later time from ACEs), which is not being acknowledged or addressed. There are also decades of international research evidence dating from at least the 1980s onward that demonstrate and examine direct causal relationships between ACEs and problem behaviour in adult intimate relationships, that effects of childhood maltreatment are taken unconsciously into adulthood and remain potent, and which in so doing also illustrate the fact that the unconscious, often largely unintentional motivations of problem behaviour have nothing to do with the “gender” narrative, but they have everything to do with infantile and childhood conditioning by abuse, disadvantage, deprivation, neglect and adverse parental behaviour to seek alternative means of satisfying universal psycho-social and emotional needs. This does not presume to explain all DFSV – other causal factors are known but similarly ignored in Australia – nor does this mean that ACEs alone explain some DFSV without other auxiliary factors or cumulative effects of multiple factors being involved, nor does it make every abuse survivor a perpetrator and/or victim, but the evidence exists, and the onus falls on government and DFSV organisations to explain *why* they persist in rejecting that evidence while still claiming that their policies are “evidence-based” when they clearly are not. If such evidence – and other facts mentioned here – are denied or rejected by government, then it has the obligation to provide convincing evidence to the contrary, which it has not done. No opponent of this explanation demonstrates any professional expertise in complex trauma lived experience or research. Every form of DFSV can be explained in terms of how abused children seek to adapt to denial and betrayal of their emotional and psycho-social needs, by developing compensatory behaviours, and how situations in intimate relationships (and in other contexts – these effects are not limited to intimate relationships) can then unpredictably and unintentionally trigger acquired responses primarily typical of fight-or-flight stress reactions.

This means that the actual cause and motivation of such responses is the opposite of what victims and advocates are assuming, and that the dominant narrative is erroneous in such cases. It is estimated that there are several million children now experiencing ACEs in Australia, mistreated by other Australians, as well as adult survivors, any of whom are potential DFSV perpetrators and/or victims, of both genders, and yet improvement of our public mental health services and sufficient investment and appropriate design of psycho-social supports are not a policy priority in DFSV prevention, and most survivors do not have access to appropriate care and assistance. Despite repeated mention of “trauma-informed care”, professional and community and political understanding of complex trauma remains superficial and unsatisfactory, it is clearly not being sufficiently taught as a mandated element of clinical education, and genuine “trauma-informed care” is too often not being provided. The effects and consequences of these failures extend far beyond the specific sphere of DFSV *per se*.

- Adverse Childhood Experiences include: neglect by care-givers of a child’s daily needs; loss of a parent through abandonment, divorce, death, or another reason; living with somebody who was mentally ill, depressed, or who had attempted suicide; living with somebody who abused alcohol, substances or prescription medications; living with parents or other adults who were physically violent to or who threatened to harm one another, or who acted in the same way towards the child, or who swore at, insulted or otherwise demeaned the child; living with somebody who had served a custodial sentence; feeling unloved and deprived of emotional needs; and any form of inappropriate and non-consensual sexual contact. These are the standard ACE categories, but additional experiences are now included, such as poverty and socio-economic hardship, bullying, discrimination and racism, parental custody disputes and parental alienation and false allegations, community violence, criminality and gangs, extreme weather events, and serious or life-threatening medical conditions. These incidents and circumstances are usually not single and isolated incidents, but continuing and recurrent or permanent situations, and the emotional and psycho-social and biomedical effects are long-term or lifelong, not temporary feelings that pass with time or which one grows out of; it appears as if government refuses to fully comprehend the long-term or lifelong effects of such adverse experiences. Many of these issues could be better responded to by government and service delivery than they are, and instead of re-traumatising or criminalising children, they could be helped and supported. Some current government agencies and attitudes, systems and circumstances, such as courts, impoverishing welfare regimes, homelessness, juvenile detention, failure to improve (and reduce) out-of-home “care” and child removal procedures,

failure to properly implement all of the Recommendations of the Royal Commission into Child Sexual Abuse and failure to investigate incest nationally, inadequate public mental health systems and poor education of professionals in complex trauma, perpetuate or worsen these conditions for children instead of protecting them. Children's deepest needs are for stability, security, predictability, and emotional and material needs being met, and when we are unable to achieve this, the harm they have already suffered is further compounded – with often far-reaching or additional lifelong effects. More serious consideration needs to be given to addressing all of these problems.

- Every Australian is *not* enabled to achieve their full potential, contrary to the aspirational acknowledgement of their right to do so in documents supporting this consultation. Ensuring that *every* Australian enjoys such opportunities does not automatically occur simply by preventing or removing them from DFSV. It would necessitate enormous investment in, and more competent management of, our economy and every employment sector to *end* all unemployment and guarantee appropriate career employment of each person's choice, commensurate with their abilities, *throughout* their working lives, from which they can also financially afford both to support themselves and dependents and also to enjoy an acceptable quality of life; and adequate and appropriate financial and other assistance to maximise new opportunities when denied others. This is not being done by any government, and simply talking about it does not achieve it.

- Multiple ambient determinants including unemployment, insecure and under-employment, toxic working and employment conditions, financial stress and household debt, other costs of living and housing challenges, and the impacts of extreme weather events, are known causes or triggers of some DFSV, to which there has been no credible response by government. A generation ago, most Australians were not confronted with any of these challenges, which have all been created, and which could therefore have been prevented; they are the result of recent socio-economic and other *change*, and change causes stress and anxiety.

- Contributing factors such as alcohol and substance abuse, gambling and sporting events, although admittedly problems in their own right, which are often symptoms of prior trauma, are not present in substantial numbers of DFSV incidents, which means that they do not explain a statistically significant percentage of this problem, and possibly the majority of it. Many who do engage in any of these activities do not perpetrate DFSV, but there is no detailed discussion that explains the assumed causal relationship where abuse does occur, or why some individuals

perpetrate it while others do not (that knowledge would be invaluable, so that it is disappointing that we do not possess it). Addictive behaviours are perceived as choices for which perpetrators can then be punished, and not as responses – when they are – to prior mistreatment for which others are responsible in the first instance; this perception thus feeds into our punitive behaviourist mentality. Their alleged importance has been arguably exaggerated, and with the exception of some anecdotal evidence, there has been virtually no impartial research or data collection and differentiated analysis to quantify and interpret exactly what this alleged incidence is. At the same time, women also engage in all of these activities, but no consideration is given to their being affected by them or, by implication, immune from them. Every incident of DFSV in which none of these factors is present, or in which perpetrators may have histories of those factors but in which those factors played no role in some episodes, must therefore be explained by other factors not being acknowledged. Drug and alcohol rehabilitation services are not sufficiently accessible to all who need them, and government's response to problem gambling has been extremely deficient, the subject of years of procrastination and conflicted interests.⁴

- Australian society has undergone considerable socio-economic and other change in recent decades, including what is now called the poly crisis. All such change is stressful, it causes anxiety and a sense of insecurity, and it can be shown to cause unconscious reactive behaviours and attitudes amongst affected populations. We tend to view some forms of change as positive and as “progress”, but this is not how our brains and bodies experience all change – not even young people. The rapidity of the innumerable changes that we are now experiencing is unprecedented in any period of human history, and we are not adapted to this. This is a universal human and historical pattern, and it would be reasonable to consider to what extent perpetration of DFSV, in which stress and anxiety reactions are an element, may be an effect of such change and the profound impacts of such change upon individuals' lives. We do not tend to recognise unconscious or invisible causes of problems (even though it is the unconscious and invisible factors that are the principal drivers of problems, and not what we can see or think we know), we have an inadequate perception of recent change and its effects upon us, and we are evidently not sufficiently well-educated in history to be familiar with research into “Ages of Anxiety” resulting from rapid and major change.

⁴ Cf. e.g. "Governments have a financial vested interest not to reform gambling laws. Here's why" — <https://theconversation.com/governments-have-a-financial-vested-interest-not-to-reform-gambling-laws-heres-why-288196>

- All DFSV is perpetrated by human persons, and all of the capacity and the motivations for such behaviour therefore lie in our universal humanity. While there are admittedly gender differences, all such capacity and the psycho-social and emotional needs that they aim to meet, are common to both genders, including the capacity for physical and non-physical violence. The “gender” narrative does not provide an adequate explanation of such behaviour that is convincingly informed by any understanding of human psychology, but other cognitive paradigms do. I assume an understanding of the human person comprised of our unique individual personality (itself a composite of multiple elements), the unconscious (the principal driver of human behaviour), in which memory plays a significant role, our emotions (without which there would be no humanity or activity whatsoever – and no DFSV), sensitivity to (in)justice (a seriously under-estimated factor), and other elements such as instinct and perception and imagination. The concept of consciousness is contested, which potentially weakens assumptions of absolute intentionality.⁵ The instinctive drive to violence is arguably primarily one of self-defence, irrespective of whether or not the cause of perceived threat is visible or self-evident or real; in unconsciously acquired stress re-actions originating in childhood abuse and trauma, the actual threat exists in a situation that unintentionally and unconsciously replicates the original experience in which the re-action evolved, in which the child sought to defend itself or was powerless, but can be triggered at any subsequent time without the perpetrator being aware and without the victim perceiving the cause. Women are equally capable of this, and perhaps women should begin by asking whether male violence is in fact any different from female violence, why it should be, and therefore that it is perhaps not what they think it is. Most of these elements mentioned are fields of considerable research and knowledge, but there is no indication in any DFSV advocacy or policy articulation of any informed understanding of these areas of psychology – or of other fields that also offer insight into these issues. This inexplicable omission constitutes the complete dehumanisation not only of perpetrators and the rest of the community (non-perpetrators who are all constituted by the same psychology), but also of every victim – or an inherent cognitive dissonance that assumes that women have feelings but that men do not.

- The assumption that DFSV is driven by male “hate” of females, although those holding this view can provide no credible explanation as to *how* or *why* males should “hate” females (are

⁵ Cf. e.g. Cyriel Pennartz, *The Consciousness Network: How the Brain Creates our Reality* (London: Routledge, 2024); Susan Blackmore and Emily T. Troscianko, *Consciousness: An Introduction* (London: Routledge, 2024); *The Importance of Being Conscious*, ed. Geoffrey Lee and Adam Pautz (Oxford: Oxford University Press, 2026); Elisabeth Pacherie, *Agency* (Cambridge: Cambridge University Press, 2026).

males born with this “hatred”, what evolutionary function would it serve, or do they learn it from how they feel treated by those females, for example – but then, why would females mistreat males?), displays no consideration of any of the myriad emotional and psycho-social constitutive, formative and determining elements of our humanity, although without all of those elements, there could be no DFSV (or anything else). It also offers no explanation as to why the majority of males are not DFSV perpetrators in the current conception of DFSV, and why only a minority of males are. The “gender” narrative therefore does not understand or explain this problem. If females perpetrate identical behaviours, albeit in different proportions and forms, not because they are female but because they are human, then any purported explanation of male behaviour by virtue of their being males cannot apply to perpetrating females. The “gender” narrative explains nothing, it therefore cannot be true, and we still have no adequate psychological or “human” explanation of such behaviour. We cannot solve a problem that we cannot even accurately define and understand.

- It should be assumed that every victim entered voluntarily into a relationship which, at some point, became abusive. This means that the partners were genuinely attracted, and that the spiral into abuse, or whatever is now being called abuse, occurred within the context of a theoretically viable and typical intimate relationship. All intimate relationships are confronted by challenges and problems over time, but most of those are *not* DFSV. It is difficult to discuss relationship problems in such a context without being assumed to blame the victim, but every intimate relationship is a work in progress between *two* people, not one, and there should be means available to confront causes of abusive behaviour or any relationship problems long before a relationship becomes unredeemable and one that a partner chooses to leave. Nobody becomes immediately and completely emotionally detached from a perpetrator whom they once loved and enjoyed happier times with, and with whom they may have expected to remain. Feelings are messy and conflicted and inconsistent, but the complexities of attachment between victim and abuser and the deeper psycho-social and emotional dimensions of such relationships are not being sufficiently recognised: we merely assume that anybody who experiences whatever they consider to be abuse can detach themselves and leave, and that they would want to leave, such a relationship, but it isn’t that straightforward. Although the response of violence is unacceptable, the manner in which partners leave a relationship is not always ideal, the abandoned partner is often not at the same psychological point as the partner leaving in accepting the end of that relationship and may not understand the reasons for it, and there are recognisable emotional needs that are rejected in such a process. We condemn perpetrators for

continuing to abuse and stalk and control partners when they leave, or even killing them, but we have no insight into the emotional lives of those perpetrators and why they behave in this way, or how we could also better support them as part of a strategy to protect their former partners; perhaps for the same reason, we also do not recognise or address acts of revenge by those ex-partners, including the weaponizing of their children, and what harm that also causes. In areas such as this and in the neglect of survivors with ACEs, we betray the very ostensible commitment of this policy to end all violence against children, because we are not taking the measures necessary to achieve that. We are not acknowledging or discussing any of a range of factors contributing to these problems, there is no recognition of actual contexts of intimate relationships through input by relationship therapists and clinical psychologists in this discourse, or why increasing numbers of Australians are not growing up with two parents modelling successful problem-solving in a relationship, or the implications of victims with similar histories of ACEs and/or mental illness being attracted to potential abusers, or that an estimated 50% of all DFSV is in fact co-perpetrated by both partners, or other questions. These omissions constitute another deficit in and distortion of our current narrative about DFSV. DFSV is being portrayed only in terms of abusive relationships where the perpetrator is to be held to account and punished and the victim considered within the very stereotypes of women that feminism sought to oppose, but the real beginning of any such problem lies earlier within the relationships themselves, and earlier in their lives, but that is not being considered.

- I would support programmes aimed at teenagers as prevention strategies such as education in relationships and respect and consent, *if* they are equally directed to *both* girls and boys and boys alone are not treated as if they are the problem, and *if* we examined why such education is not being provided by many parents when it is primarily the responsibility of parents, *not* of schools, to provide and model this. If an estimated 50% of DFSV is co-perpetrated by females or non-self-defence female perpetrated, then girls should be receiving exactly the same attention as potential or actual perpetrators as boys, and to deny this is gender bias. Instead, by focussing only upon boys as “the problem”, on toxic masculinity, while denying that females perpetrate any abuse or violence, even to the point of ignoring girls’ bullying (even when their victims commit suicide), we are tacitly protecting female perpetrators and giving them *carte blanche*, or a “get out of gaol free” card, which is a complete double-standard that males will not accept, nor should they.

- If we consider “respect” to be a universal value, then how are we all shown the same respect by governments or employers, who regard us as expendable, as exploitable, as legitimate

targets for stigmatisation and discrimination, who refuse to “respect” our human rights or our well-being, whose actions do not embody their words, and whose behaviour has created a society in which we are forced to *not* respect anybody but to be highly aggressive and competitive in order to survive? If this is in fact the society in which we all live, if in this environment, showing “respect” is a mark of weakness that is not rewarded or validated, if any “respect” that we might show even to women may not be reciprocated, then on what basis can we reasonably expect anybody to show “respect” to anybody else, as a governing personal ethic? When will our governments and employers show in concrete form exactly the same “respect” towards everybody that is expected from boys but not girls? You cannot cherry-pick whom you show this to and whom you don’t. We cannot teach “respect” over the dinner table or in the classroom, when life experience does not reinforce it.

What do we think “respect” *is*? What emotional and psycho-social elements of our personality does it evolve within – those things that DFSV discourses prefer to overlook? Under what “influences”? Why should we show “respect” – what do we gain from it? Who in Australia at any time in my life has ever shown “respect” to me? Who shows “respect” to me today? Why haven’t they? If “respect” is a human right, then why has Australia had such a contentious and non-compliant lack of “respect” towards anybody’s human rights since transportation, and why are we the only western democracy that still doesn’t have any kind of national recognition and unconditional commitment to the protection of human rights? If it means, for example, experiencing some kind of empathy towards others and not causing harm to them, reining in our own desires out of consideration for others, then why has our society, have our governments, actively caused so much harm to so many Australians (and others) or tolerated the causing of harm, with no demonstrable capacity to rein in their own desires out of consideration for anybody else, and why do they refuse to appropriately protect others from or offer reasonable compensation for such harm? In ancient Rhetoric (a little-known element of “western civilisation”), there is the principle that one’s words should be embodied in one’s actions and that there should be consistency, harmony, not contradiction, between the one and the other. Where is that harmony between words and deeds in the behaviour of our governments and other social actors? And if our society cannot set an appropriate example of “respect”, then why should anybody who consequently doesn’t benefit from such an example nonetheless practise it towards anybody else?

- The persistence with the “gender” narrative, the gaslighting and trivialising of male victims’ stories, denial of their equal rights, the characterisation of “toxic masculinities” as if men are

toxic merely because they were born male, the indiscriminate attribution of the same worst attitudes and potential behaviour to all males without exception, the refusal to recognise or understand ambient determinants and social change, the dehumanisation and demonisation of growing percentages of males unable to find intimate partners and establish relationships, the refusal to engage with the international debate about “the boy crisis”, the tendency to misidentify male victims as perpetrators and to believe false allegations, a refusal or inability to engage with published research in an objective and impartial manner and to adjust one’s own assumptions and prejudices accordingly, as well as the *de facto* denial that any male is or could be a victim of unprovoked female perpetration, have all contributed enormously and irresponsibly to social fragmentation, polarisation, fear-mongering, and an exaggeration and distortion of the actual dimensions of the problem. All of this is happening every day in this country. This is not in any way to diminish women’s experiences, but many men have exactly the same experiences at the hands of women, and there must be balance and equality in our recognition of and response to problems experienced by *both* genders, *not* a prioritising of the needs of one over those of the other, and not a stigmatisation of half of the human race in the interests of the other half. Women deploy a palette of common strategies and knee-jerk generalised reactions to male responses about DFSV, which are in fact exactly the same as what they accuse males of doing, while women consistently misinterpret and misrepresent the attitudes and motivations of male responses. This creates an impasse in any possibility of constructive communication. Currently, we have no reliable and balanced knowledge of how either gender is being affected, but contrary to the perception of some women’s advocates, it is conceivable that more men than women are victims of some of these problems, without being recognised as such. There are multiple factors contributing to this situation, some of them extraneous to it, but it should be expected that there would be a justified male backlash against such manifest injustice as has been perpetrated, ironically perhaps most on social media in the “Femosphere” that academics concerned with the Manosphere have entirely ignored but which is conceivably causing just as much harm. This situation is arguably the responsibility of government and of at least some women’s advocacy, it demonstrates that women are *not* communicating effectively or appropriately with men, it illustrates conclusively that some women *can* be unashamedly abusive and intolerant and disrespectful (because they *are*, daily on social media feeds and platforms), and that if women expect men to support them in ending DFSV, then the tone of this discourse must change, and become mutually respectful – not “respectful” towards women but disrespectful towards men – and women must behave as if men are their equals and peers.

- Frontline workers in particular have ceaselessly identified a range of areas requiring substantive improvements, many of which governments have not delivered, or not sufficiently and effectively. These include improvements in police training and responses, multiple areas of law reform and better education of lawyers and judges, legal aid and improvements in court procedures and timeframes and other issues, ill-advised granting of bail, inadequacy of AVOs, inadequate responses to first reports of abuse, an end to profiteering and opportunistic lawyers, improved recognition of and responses to false allegations (which *both* women and men engage in), the immediate availability within proximity of secure, affordable and long-term alternative housing for every victim seeking to escape DFSV, an end to DFSV-associated homelessness (including among children), an end to victims feeling trapped in abusive relationships because the assistance they need is not available, adequate unconditional welfare financial assistance for as long as it is needed and which fully covers all costs incurred by this problem (and systems reform of Services Australia and associated agencies), permanently funded and universally available BMT for *both* men and women both in prisons and in communities insofar as it is considered helpful (along with other mental health care and rehabilitation opportunities and support), real-time information sharing and inter-jurisdictional coordination, and other similar measures. It ought to be self-evident that ex-partners of convicted perpetrators are always informed prior to their release from prison and provided with effective protection or relocated. Risk assessments are useless, because plans cannot be always enacted in an emergency and the escalation of abuse is unpredictable, and is frequently being under-estimated. Men should have equal access to all such assistance and services and support as women, court systems and other sectors are failing men and children and need reform not just to benefit women but equally to also better serve men and children, and it is possible that responses to some problems should be reconsidered and alternatives experimented with; considerable attention is accorded to frontline services, but not to actual potential for prevention, and frontline services alone cannot prevent every DFSV death or all abuse. There is no indication that governments will fully address all of these issues in the foreseeable future, but I support demands that they should. Governments now routinely speak of “whole-of-government” strategies, but they are not achieving these in ways and with the urgency that are required.

- Governments need to understand that it is entirely irrelevant how much funding they announce for DFSV responses. If everything that is needed remains unavailable to anybody, then government spending and other strategies are not enough. Every such short-coming means that people die and people are harmed who shouldn't be; this in turn confirms that people's

lives do not matter in practice. The DFSV sector is described as an “industry”, some people are profiting from it when no service delivery ought to be a source of any profit, and an “industry” depends upon an increase of demand, i.e. more victims, self-perpetuation and *not* solving problems, which is contrary to the stated objective of reducing or preventing DFSV. At the same time, more investment and more effective policy implementation and responses in other sectors would conceivably reduce the incidence of DFSV and its costs and impacts over time.

- The failure to undertake impartial, comprehensive and systematic research and data collection on numerous questions that would be beneficial, the sub-standard scientific methodologies of Australian “researchers”, organisations and government, the widespread ignorance or ignoring of relevant international research, the lack of inter-disciplinary approaches, the denial of known causes or contributing factors, the *de facto* dehumanisation of everybody affected because of the absence of any contribution from psychology in particular, the over-dependence upon meta-analyses instead of more investment in substantive original Australian research, and the persistent gender bias and “gender” narrative, taken cumulatively, strongly suggest that our entire approach to DFSV is no longer “evidence based” and open to adjustment or correction in light of new or better evidence, but instead has become an unchallengeable ideology that censors or dismisses all dissent, even when such dissent is informed by lived experience. The ideological corruption and politicisation of university Arts & Humanities and Social Sciences is now a recognised international problem.

- Government and every agency involved in policy articulation and “research” around DFSV and associated issues owe the Australian public an explanation as to why many areas of urgent necessary or useful research have not been addressed, why an abundance of anecdotal and research evidence is not being permitted to properly inform our response to and understanding of DFSV, why, against all the evidence, the “gender” narrative continues to define advocacy and responses, and why government is unable to resolve its inherent conflicts of attitudes and priorities and fully, urgently and effectively implement policy responses nationally, including areas not included in such policy articulation but which ought to be.

- A series of Recommendations.

Notes from a Potential Perpetrator

In view of the yawning gap of continued national ignorance about DFSV perpetrators, which, for example, Micaela Cronin was obliged to acknowledge repeatedly in the context of the Rapid Review, because in the half-century since DFSV was admitted onto our national political agenda, it appears that nobody, not even in receipt of millions in research funding, has bothered to systematically, comprehensively and impartially learn anything about every known individual perpetrator, both male and female, I propose to provide some information about myself, as a potential perpetrator, and about some relevant family experiences. I have not perpetrated any DFSV as typically understood (with several specific exceptions to be mentioned below), I have not been accused or convicted of any such behaviour, and I do not believe that anybody has been in danger from me, but I wish to explain how and why it can happen, and why it probably often does. I take a risk in doing this, but I hope that the lessons that could be learned will benefit others.

As a (male) child who was subjected to a permanent environment of DFV abuse, physical, verbal and psycho-emotional, by my father from birth through to adolescence, I did not grow up hating my father, and as I began to evolve my own responses, I also ceased to fear him. But it could have turned out very differently, and my brother, who lived with much of what I also lived with, responded or tried to adapt in some ways differently from myself. Our personalities are very different, but no two victims of any form of abuse respond in an identical way or are affected in an identical manner: we are each unique. My brother and I did not experience much of the abuse to which many other children are subjected, our lives could be described as having been comparatively fortunate and sheltered; nonetheless, I developed the same forms of complex trauma that children subjected to much worse abuse develop, and I assume that the determining issue is not the actual nature or degree or extent of any abuse, or not only, but rather (also) how any individual is affected by it. That is a process that we do not understand very well, but it is crucial that we should understand it much better than we do, because in terms of the explanation I am offering, it is precisely here that it is determined how and whether and why child victims of abuse might become perpetrators of it. I know that my brother also experienced lasting effects of trauma, although I am not familiar with all of his experience over much of his life; I am not aware that he ever perpetrated DFSV, but he did develop at least one trait that I also developed. And having been as psycho-socially and emotionally affected as I have been, I could have become a perpetrator.

As many such children do, I developed compensatory behavioural patterns already by Kindergarten, I developed a speech impediment, irritable bowel syndrome, anxiety and stress,

exaggerated emotional reactions, migraines, suicidal ideation by age 10, severe depression, learning difficulties, capacity to abusive anger, emotional coldness (or withdrawal and mistrust and avoidance of closeness) combined with “love-bombing”, intense emotional demands and manipulation, attention-seeking, seeking to please, desire to feel that I belonged and was accepted, feelings of guilt and a constant tendency to justify myself, instant self-gratification behaviours, low self—confidence and self-esteem, hypervigilance and hyper-sexualisation, a tendency sometimes towards paranoia, and more. I do not have a permanent feeling of confidence, or acceptance, or of being loved: all of these things need to be continuously confirmed. I experience a strong emotional dependence on validation for my work, or in the environment in which I work, and when I do not feel emotionally supported and validated, my work suffers. I experience a pattern of enthusiasm followed by deflation, depression, loss of motivation, and a form of imposter syndrome, as if I am constantly striving to break free of something and achieve, only to be invariably pulled back into self-doubt and a feeling of worthlessness; I still live with this as a mature adult. These mis-developments literally affected everything I did and felt, and in anybody with such a history who does subsequently perpetrate DFSV, their behaviour originates precisely in these experiences and their emotional and psycho-social effects. In some constellation, this is what numerous child victims experience, and it plays into DFSV perpetration.

Some of these symptoms worsened through adolescence, new diagnoses, including some serious, continued to manifest in adulthood (e.g. OCD in my 20s, anxiety disorder in my 40s, CPTSD in my 50s, and several probably psychosomatic medical conditions), and I continue to the present to live with traces or occasionally acute appearance of these symptoms and conditions. I was also subjected to years of physical and other bullying at two schools (I have also experienced some adult bullying in workplaces), which also affected me on a permanent basis, and by then I eschewed all physical violence to the point that I would not or could not fight even to defend myself; I remain incapable of physical violence, but with the addition of CPTSD to my collection of diagnoses, I can be triggered to be verbally aggressive. I displayed multiple symptoms of CPTSD for more than three years before I received a diagnosis, I was not aware that any of my behaviour was problematic, and nobody else in my environment appeared to recognise any particular problem, either; I was presumably simply considered as a difficult person to be avoided whenever possible, but not as having a diagnosable mental health condition. I was also subjected to a brief episode of sexual abuse around age 11.

It is well-established that children who experience any single form of maltreatment are at higher risk of additional forms of maltreatment, including by other perpetrators in discrete circumstances, as I was;⁶ it is well-known that once mis-developed behaviours and personalities evolve, they tend to create situations in which negative effects and consequences self-perpetuate and reinforce the original problems; it is also well-established that the traumatising effects of each form of abuse compound and increase the effects of the totality of such maltreatment, and the cumulative effects of multiple forms of abuse, whether by the same person or by multiple people, are worse than the sum of their parts. Some forms of trauma are overlooked and not recognised or recognisable, but they also nonetheless do traumatise. These effects are typically permanent, as they are for many such survivors. They may not all be continuously manifest, they may not all persist equally, they may lie dormant for years or even decades before resurfacing, later manifestations may not be obviously related to earlier causes and be misdiagnosed, but the overall impact is permanent. And that is a common experience, which means that potentially several million abused and traumatised children and the adults they become are living in Australia with legacies of that maltreatment on a permanent basis, and most of them never receive the care and support that they need. That includes child victims and perpetrators and adult victims of DFSV.

I wish to insist that government and advocates and researchers should assume that every DFSV perpetrator, and many of their victims, and also others, who have any history of childhood abuse, disadvantage or deprivation, will display their own constellation of these problems. There are literally decades of international research describing, explaining, and examining these impacts of complex trauma in children and their causal relationship to adult

⁶ The following is one standard reference to the ability unconsciously for adult predators to recognise more vulnerable victims, and to target them, but this pattern also in child sexual and other abuse, including abuse by peers, should now be widely recognised, and has been repeatedly illustrated: Book A, Costello K, Camilleri JA. Psychopathy and victim selection: the use of gait as a cue to vulnerability. *J Interpers Violence*. 2013 Jul;28(11):2368-83. doi: 10.1177/0886260512475315. Epub 2013 Feb 19. PMID: 23422847.

<https://pubmed.ncbi.nlm.nih.gov/23422847/>

However, it is perhaps not sufficiently recognised that victims also feel attracted to abusers and predators, and develop attachment to them. We don't talk about this, or about how every victim of DFSV entered voluntarily into that relationship, possibly because it risks the appearance of blaming the victim, even if that is not the intention of raising it, and possibly also because our understanding of psychology is deficient. A significant percentage of DFSV victims also have histories of prior abuse which make them vulnerable to forming a relationship with partners who have the same histories and who become abusers. Children experiencing other ACEs are vulnerable to predators because unlike their own parents or other abusers, these predators offer them something, at least initially, that they desperately want and need: affection. No existing response to any of these issues is recognising and seeking to address that fundamental psychological need and the reasons why it is not being met by those who ought to be meeting it.

problem behaviours, including in intimate relationships,⁷ and one would have expected all of this to be very familiar to every Australian working in the area of DFSV, and that prevention

⁷ The following is only a sample of materials I am familiar with, but this evidence is now so widespread and familiar in international contexts that it only becomes necessary to point to it in Australia because Australian advocates, “researchers”, policy developers, and the general public, are still obviously so unfamiliar with it, and one might reasonably ask, *why* are we so ignorant of it all, and *why* isn’t it properly informing our understanding of DFSV or even motivating us to be more concerned about these abused and traumatised children? This research emerged out of the study of PTSD from the 1980s: Bessel Van Der Kolk, *The Body Keeps the Score: Mind, brain and body in the transformation of trauma* (London: Penguin, 2014); Judith Herman, *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror* (New York: Basic Books, 1992, 2015); idem, *Truth and Repair: How Trauma Survivors Envision Justice* (London: Basic Books, 2023); Kathleen Brewer-Smyth, *Adverse Childhood Experiences: The Neuroscience of Trauma, Resilience and Healing throughout the Life Course* (Cham CH: Springer, 2022); Antonieta Contreras, *Traumatization and Its Aftermath: A Systemic Approach to Understanding and Treating Trauma Disorders* (New York: Routledge, 2024); *Complex Trauma: The Tavistock Model*, ed. Joanne Stubley and Linda Young (London: Routledge, 2022); *Traumatic Pasts: History, Psychiatry and Trauma in the Modern Age, 1870-1930*, ed. Mark S. Micale and Paul Lerner (Cambridge: Cambridge University Press, 2001); *Understanding Trauma: Integrating Biological, Clinical, and Cultural Perspectives*, ed. Laurence J. Kirmayer, Robert Lemelson, and Mark Barad (Cambridge: Cambridge University Press, 2007); Yifat Carmel, *Children’s Exposure to Domestic Violence: Theory, Practice, and Implications for Policy* (London: Routledge, 2024); Nadera Shalhoub-Kevorkian, *Incarcerated Childhood and the Politics of Unchilding* (Cambridge: Cambridge University Press, 2019); *Trauma and Cognitive Science: A Meeting of Minds, Science, and Human Experience*, ed. Jennifer J. Freyd and Anne P. DePrince ([2001] New York: Routledge, 2012); *The Effect of Childhood Emotional Maltreatment on Later Intimate Relationships*, ed. Nancy Dodge Reymore (New York: Routledge, 2011); *The Handbook of Complex Trauma and Dissociation in Children: Theory, Research, and Clinical Applications*, ed. Ana M. Gómez and Jillian Hosey (New York: Routledge, 2025); *Dissociation and the Dissociative Disorders: Past, Present, Future*, ed. Martin J. Dorahy, Steven N. Gold and John A. O’Neil (New York: Routledge, 2023); Robert Scaer, *The Body Bears the Burden: Trauma, Dissociation, and Disease* (London: Routledge, 2014); Margaret E. Blaustein and Kristine M. Kinniburgh, *Treating Traumatic Stress in Children and Adolescents* (New York: Guilford Press, 2018); Janina Fisher, *Healing the Fragmented Selves of Trauma Survivors: Overcoming Internal Self-Alienation* (New York: Routledge, 2017).

I do not accept Evan Stark, *Coercive Control: The Entrapment of Women in Personal Life* (Oxford: Oxford University Press, 2007), which became a reference source for Australian advocates, because however useful it may be in some respects, it does not acknowledge that women also exercise coercive control, probably much more commonly than they use physical violence, and because despite acknowledging the work of Bessel Van Der Kolk and others, he fails to recognise not merely any causal relationship between ACEs and coercive control, and consequently the unconscious motivations of it as acquired compensatory emotional and psycho-social strategies, but that perpetrators even have any such history, which is an extraordinary oversight.

Cf. also e.g. Webster EM. The Impact of Adverse Childhood Experiences on Health and Development in Young Children. *Glob Pediatr Health*. 2022 Feb 26;9:2333794X221078708. doi: 10.1177/2333794X221078708. PMID: 35237713; PMCID: PMC8882933.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8882933/>

The original ACEs study is: Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med*. 1998 May;14(4):245-58. doi: 10.1016/s0749-3797(98)00017-8. PMID: 9635069.

[https://www.ajpmonline.org/article/s0749-3797\(98\)00017-8/pdf](https://www.ajpmonline.org/article/s0749-3797(98)00017-8/pdf)

Korgaonkar, M.S., Tobler, C., Felmingham, K. et al. Emotional scars: limbic brain processing alterations in adults with childhood abuse across mental health disorders. *Mol Psychiatry* 31, 3945–3954 (2026).

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Meyer, S. & Atiénzar-Prieto, M. (2026). Childhood experiences of domestic and family violence and related service system contact among young people who die by suicide (Final report). <https://doi.org/10.25904/1912/5932>. Griffith University.

<https://research-repository.griffith.edu.au/items/a03c0b65-2db8-403a-a863-9cb4334bc0e0/full>

Analisa Arroyo, Evin W. Richardson, Abigail S. Gilbert (2026): Adverse Childhood Experiences, Psychosocial Problems, and Relationship Quality in Romantic Couples: Relationship Maintenance Skills as an Interpersonal Resource. *Journal of Social and Personal Relationships*. <https://doi.org/10.1177/02654075261445143>

or early intervention strategies would recognise and address these issues. Regrettably, that is not the case.

Children do not perceive or experience an abusive environment in the same way that an adult does. A child experiences intermittent episodes of abuse as a continuous threat, not as discrete episodes, they react as if their lives are in danger, the anxiety and stress is in effect permanent even if it partially abates, and it has biomedical effects. The distinction sometimes made in DFSV policy iterations of children “only” witnessing but not being specific targets of abuse in my opinion is inappropriate and potentially misleading; I believe that whoever writes those documents should treat direct experience of being targeted – as I was – and “witnessing” abuse against a parent or a sibling as if the effect is identical. *Both* also occur. Any such child experiences or may vicariously experience the abuse against another family member, especially one with whom it necessarily has a dependent and formative relationship and from whom it does not psychologically distinguish itself, as if such abuse is equally directed against itself. There is evidence of children identifying themselves in this way and as psychologically blaming themselves for the actions of their parents, as if they were also involved or responsible, and there is also significant evidence that some children become abusive themselves directly as an effect of being such “witnesses”. It is a crucial fact, which in many contexts pertaining to DFSV tends to be overlooked, that we are all continuously, even at rest, perceiving our immediate environment, identifying potential threats, and re-acting defensively, when most of what we perceive is not necessarily directly targeting ourselves but which we nonetheless react to, and that we are continuously perceiving not single phenomena but everything in our

<https://journals.sagepub.com/doi/10.1177/02654075261445143>

David Turgoose and Dominic Murphy, Associations between Adverse Childhood Experiences (ACEs) and Complex-PTSD, moral injury and perceived social support: A latent class analysis. *European Journal of Trauma & Dissociation* 8 (2024). <https://doi.org/10.1016/j.ejtd.2024.100463>

<https://eprints.whiterose.ac.uk/id/eprint/217780/1/1-s2.0-S2468749924000863-main.pdf>

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https://royalcommissiondfsv.sa.gov.au/_data/assets/pdf_file/0005/1167458/Silence-and-Inaction-Report-2025-Final.pdf

Dmytro Martsenkovskyi, Marian J. Bakermans-Kranenburg, and Marinus H. van IJzendoorn, *Children in War: Attachment, Trauma, Support, and Recovery* (Cambridge: Cambridge University Press, 2026).

vicinity simultaneously. Consequently, they also bear long-term or permanent effects of such abuse or problems, as if they were direct targets, even when they may not have been. I do not know why documents tend to describe children as if they are “only” witnesses and therefore by implication not affected, but this descriptor is not “evidence-based”, and it arguably both arises from and produces a false understanding of their experience.

I first attempted suicide as a teenager. I was once physically violent against my brother when we were very young, to the point of causing him a potentially significant head injury (a mirror of my father’s temper – it may have been after that incident that I eschewed all physical violence, although I do recall one other such episode in my 20s against another person). On occasion, I displayed a few patterns of stalking and “love-bombing” female partners, both following the end of relationships and in pursuit of prospective partners who had shown some, albeit perhaps more innocuous, interest in me. This was before the means now often used by stalkers were available, it was before the Internet and iPhones and GPS tracking, it wasn’t discussed as a problem then as it now is, and I didn’t know any better. This behaviour was essentially unconscious and instinctive, my earliest recollection of doing it was in primary school, the gifts were never returned, and to assume that it is a fully intentional form of coercive control is to display fundamental ignorance of the psychology that motivates it - or at least which *can* motivate it. I have more than once displayed behaviour I was not aware of or which was sudden and unconscious, but which was misinterpreted by others and provoked reactions that I did not understand – and which I felt were unjust. Any such feeling of injustice then also provokes an emotional and psycho-social reaction; we cannot mistreat people and expect them to be unaffected and not to react, but despite the importance of our sensitivity to feelings of injustice, nobody recognises this in a context such as DFSV – except in some measure that of female victims, but not everybody else. I would even hazard the suggestion that the line between unwanted and inappropriate attention and acceptable or tolerated forms of courting – which we also see in countless romantic films and novels – was indistinguishable then, whereas some women today are seeking to demarcate anything that they do not want as being criminal – as with the criminalisation of purportedly coercive and controlling behaviours. But it wasn’t always quite like that.

I wish to make several further observations about this, because although in comparison with some cases being reported, and the manner in which such behaviour is now being legislated against, my own behaviour was relatively “mild”, I do not believe that there is any acceptable understanding of why such behaviour occurs, or can occur. It is considered

undesirable and sometimes harmful, but it is invariably reduced to simple control and abuse and behavioural issues, which are not informed by any deeper psychological or contextual understanding, and arguably, without applying a better understanding to prevention or early intervention strategies, merely criminalising it won't reduce the problem. In my own experience, I already displayed obsessive-compulsive tendencies as a teenager.

We appear to have a very conflicted attitude towards addressing these problems. On the one hand, we assume that gender inequality within society, over which most males have no more control than most females, contributes to pejorative or discriminatory attitudes towards women, which then presumably justifies in male reptilian minds their further mistreatment. This argument, however unconvincing or inadequate in itself, assumes larger ambient determinants influencing male attitudes and behaviour, which males would subliminally absorb as by osmosis, and then act upon. Likewise, the facile discussion about the Manosphere appears to assume that boys are blank slates who, once exposed to the attitudes expressed in the Manosphere, then become toxic individuals, as if the Manosphere as an ambient determinant corrupts boy's minds. As noted below, this simplistic equation ignores a range of other factors. On the other hand, when it becomes a question of the lasting effects of ACEs resulting from abuse perpetrated against a perpetrator by others, or the question of mental health issues, or other stressors affecting perpetrators, we instantly and strenuously *deny* that those ambient determinants have anything to do with it and that it can only be an inexplicable individual behavioural problem. There are other examples of these illogical inconsistencies in how we appear to "think" about social problems, including DFSV, and how we do *not* "think" at all. If we assume a malign influence of any potential determinant, then we should be consistent in recognising *every* potential ambient determinant as acting upon our attitudes and behaviour in the same way, but we cannot arbitrarily pick and choose which purported influences we recognise and which we don't, depending upon whether or not we consider them compatible with other contingent assumptions we make.

My suicidal ideation originated prior to puberty. It is known that children as young as six can become suicidal and end their lives. It is not possible to identify how early I began to develop such ideation, but I articulated it around the age of ten. This was caused by the abuse and bullying that I experienced. About five years later, when I first attempted suicide, and again in adulthood, however, my attempts and ideation were on several occasions triggered by romantic rejection by a prospective intimate partner or by the ending of an emotionally significant relationship. The determining issue in both cases was emotional deprivation or

rejection. My father also attempted suicide about four years after my mother left him, without informing her or attempting to manipulate her in any way, but only as an expression of his own emotional desperation. I did not become suicidal in such contexts every time this happened, but only in two cases. I cite research below about the correlation between some male suicide and the termination of intimate relationships, which also occurs where there is no history of abuse. Psychologically, the termination of an intimate relationship or rejection exacerbates low self-esteem and denies emotional attachment needs, among other things, and there is a recognisable causal relationship between the effects of abuse and the psychological effects of such experiences. It would exceed the requirements of this Submission to discuss why I was affected in this way by two experiences but not by others, although an understanding of that could also be useful in understanding DFSV perpetration and victimisation in individual cases.

It seems to be inconsistent that some advocates acknowledge some importance of men's poor mental health in the context of DFSV, and men are being encouraged to "get in touch with their feelings", as if this will make them more empathetic and less abusive, and serve as an antidote to "toxic masculinity", and yet when male emotional needs actually contribute to what is defined as abuse, or reflect needs that women may not wish to accede to, we refuse to acknowledge this. Some advocates are now branding these needs as "entitlement", and therefore de-legitimising them, even though those same advocates may expect their own needs to be recognised as legitimate, and even though these are, in reality, universal, not "entitled" needs that can be summarily denied without harm. It is precisely their denial that has caused harm in children with ACEs to begin with, and now, it seems that they are being denied them again as adults. This is itself a form of abuse. In addition to being yet another cognitive dissonance, this also suggests a disturbingly superficial understanding of what men's emotional needs or emotional life actually consist in and how they are nurtured or impaired, as if women's priority is limited to social engineering, men displaying those emotions that women want, but nothing else. However unjust such an inference may appear, there is no clarity and consistency here about what men's emotional existence actually consists in.

The second of these episodes of prolonged and acute suicidal ideation occurred following a relationship lasting a number of years which had been to my knowledge happy, mutually supportive, without any abuse or mistreatment, which was probably the most emotionally important and satisfying relationship I have had in my life, and there had been discussion of marrying and having children and remaining together permanently. It was unilaterally terminated by my partner, by phone, without warning or any indication that this

woman had been considering her options, without there having been any discussion about our future with that possibility being mentioned, no suggestion that she had been feeling dissatisfied, she was at the time making arrangements to spend her next holidays with me, or so she said, and I received no subsequent explanation as to why she had ended the relationship at all, or in that abrupt and unanticipated manner. I experienced severe depression, dysfunction in my work, suicidal ideation, and other issues that lasted approximately twelve months (some effects lasted considerably longer), but this experience in my opinion also adversely affected every subsequent relationship I attempted, none of which lasted very long or were particularly happy, until I stopped seeking relationships altogether. I was unable to engage emotionally with any subsequent partner, and presumably had trust difficulties. I also bombarded her with telephone calls and letters expressing anger and confusion and demanding an explanation for many months, which today could be considered a form of stalking and harassment, although I do not understand why a reasonable expectation of a coherent explanation for the ending of a relationship, which the other partner cannot or will not give, should be considered abusive. I do not believe that I ever mentioned my suicidal attempt or ideation to her, I did not attempt to manipulate her with that, nor have I done so to anybody, and neither did my father. We were separated by countries, I could not visit her because of work, and she subsequently admitted that she stopped answering the phone or reading my letters. We met amicably around twelve months later and had some friendly contact, until I ended that contact because she seemed to only want to speak to me to get advice about her new unresponsive partner, which felt like an invidious position to be placed in. I have had no contact with her since and do not know where she is.

I do not think that it is sufficiently appreciated how much is involved for a child whose trust has been abused, who has experienced emotional deprivation, who is extremely lacking in self-confidence and self-esteem, who feels anxious when he or she is loved, who feels vulnerable and expects betrayal, and who has consequently evolved compensatory survival strategies, to then overcome multiple difficulties in order to even enter into an intimate relationship, and to then conduct it in a positive and rewarding manner. And to then have precisely that relationship abruptly ended, which then leads to a reversion to the prior state of betrayed trust, reduced confidence, a shutting down of non-defensive emotional vulnerability, which has to be overcome all over again in order to contemplate another relationship, which may then also be unilaterally ended. They have no idea what a “normal” relationship feels like. I no longer have the energy or the willingness to go through this again, but my experience is

not atypical, and far more serious consideration needs to be given here to what it costs any child abuse survivor. We are only ever hearing from those who feel harmed by them, but we never hear from *them*.

The way in which I reacted here could now be considered a form of stalking and coercive control, but I considered it a psychological and emotional reaction to the loss of an important intimate relationship which was ended abruptly and without any warning or subsequent explanation. It was plausibly an attempt to recover some sense of shared control over the relationship after the manner in which it was ended deprived me of any such control. This contravenes my understanding of how any mature and responsible relationship should be conducted by both partners, which implies mutual consideration and responsibility and accountability, it did not show me respect, and while my emotional reactions were probably intense and persistent, I do not know what gives any intimate partner a right to act in this way. It is not the foundation upon which any successful relationship can be built. I recognise any partner's right to end a relationship with me, or my right to do so with a partner, but I do believe that the manner in which that is done is important, and must still demonstrate respect for the other person. At the same time, clearly, I also felt rejected, betrayed, and denied continuing fulfilment of my emotional and psycho-social needs through that relationship. I was also set in an OCD state during that period, although at the time I did not recognise it or seek any mental health care. I consider this important, because I suspect that many perpetrators of DFSV do demonstrate obsessive-compulsive tendencies, which are not being recognised, irrespective of whether or not they have such a diagnosis (I do). It appears to me that however dangerous some abandoned partners become, however persistent and abusive they continue to be, nobody is asking what *their* perspective or experience might be, or attempting to help *them*. We should be. We should also be acknowledging that women can and do behave in exactly the same way; I have seen several do precisely this.

I grew up with no sisters, no school or other interaction with girls my own age, I had no close female relatives, and I attended a boys' school. I was exceptionally shy and lacking in self-confidence in any contact with girls. I didn't have a clue about them, and I do not recall being educated about them in terms of respectful relationships or anything else; sex education was non-existent. I would describe my mother as emotionally undemonstrative, and I suspect that normal bonding between mother and infant from birth did not develop. It seemed obvious that she cared about us and did everything normally expected of a mother, but there was no emotional or physical expression. My mother was abandoned by her mother at the age of seven;

when her father remarried, her step-mother mistreated her; she did not see her mother again for a decade, and then, after some reunion, her mother rejected her again for another decade; my mother was also sent to boarding school, which was a family tradition. These are typical forms of Adverse Childhood Experiences with lasting psycho-social and emotional effects (i.e. loss of or sustained separation from a parent for any reason), which then influenced how she raised her own children. Despite some happier years in her life after she had left my father, she remained emotionally undemonstrative until her death. I suspect that her emotional withdrawal affected my brother and me, and therefore our own relationships and other behaviour, compounded by paternal abuse and bullying. We were never neglected, but we did grow up with some degree of emotional deprivation and we were permanently affected by that; I do not consider my mother responsible for this. The nature of normal and abnormal infancy and childhood psychological and behavioural development, the centrality of parental and family relationships, and the consequences that abnormal development can have, are all amply documented in Developmental Psychology and Attachment Theory,⁸ and what was true of me is conceivably true in one form or another of numerous DFSV perpetrators, both male and female. Unfortunately, there is no evidence that anybody working in DFSV research, advocacy, or policy iteration has read or has qualifications in these areas or that they understand the causal relationship between ACEs and DFSV perpetration. The behaviour of perpetrators is, understandably, problematic and undesirable, but there is no recognition of them as human persons with their own possible trauma and its effects or of their own natural instinctive emotional needs, or of how disruption and denial of those needs and their fulfilment directly contribute to their subsequent behaviour, of how the very characterisation of and response to them repeats that trauma, and apparently, Australians are not undertaking any research into these questions that might be useful. Such omissions lead to false constructions of the problem and predictably ineffective responses.

When I began to be interested in girls, I idealised them – which is documented as a typical pattern for some child abuse survivors – I perceived them as beyond reach, unattainable, and in a sense doubly desirable. Women inspire, they motivate, they give purpose to men's lives, they symbolically embody collective ideals and virtues (I assume that nobody knows

⁸ See e.g. John Bowlby, *Attachment, Separation: Anxiety and Anger*, and *Loss: Sadness and Depression* trilogy (London: Tavistock Institute of Human Relations, ²1982, 1973, 1980); *Handbook of Attachment: Theory, Research, and Clinical Applications*, ed. Jude Cassidy and Phillip R. Shaver (New York: Guilford Press, ³2016); *Attachment Theory: Social, Developmental, and Clinical Perspectives*, Susan Goldberg, Roy Muir, and John Kerr (London: Routledge, 1995); *The Handbook of Complex Trauma and Dissociation in Children: Theory, Research, and Clinical Applications*, ed. Ana M. Gómez and Jillian Hasey (New York: Routledge, 2025).

what the Statue of Liberty is, or Marianne, or all of the symbolic female figures as statues and on building façades, or the Parthenon, or our mythologies, or the cultural roles of women, or why women rather than men are predominantly used in this way),⁹ this role also occurs on a personal and individual level, and when that relation is lost, that causes grief, loss, anger, and sometimes death. If women now reject these roles, that is their right, but no such cultural or social change occurs without conflict and dialectical *re*-action, and some of the social issues we are now experiencing *are* a direct result of such social change.

Idealisation is, ironically, exactly what the (self-)perception of women now is in the context of DFSV, insofar as it is not acknowledged that they can also be perpetrators, but only assumed that they are innocent victims, ethereal beings. Yet from the male gaze, idealisation involves a parallel detachment from reality, it establishes more intense and higher, yet more difficult to regulate, expectations. This is not a choice, it is an instinctive response to prior emotional deprivation. It also means potentially that any deprivation by the lady involves a correspondingly greater sense of injury, which in an intimate relationship can then trigger a reaction, unless it can be interpreted within a different paradigm. The female partner may not be aware of this or intend it, but that doesn't mean it doesn't happen. It is noteworthy that no discussion I have ever read around DFSV displays any convincing understanding of this unconscious emotional dynamic. I assume, on the basis of some personal experiences, that women are capable of analogous perceptions and behaviours.

All of these things are deeply and historically embedded within our society and culture, they have been normal in our experience and perception over several millennia, and conceivably far longer, they are consistently explored in all of our Arts, and it is not a little perplexing that none of that appears to be recognised in a context of DFSV or in factors that can contribute to it. How men might form more positive views of or attitudes towards women does not seem to particularly interest DFSV "researchers". What is being considered in terms of how males perceive and engage with females is extraordinarily superficial and ill-informed from this perspective. We openly acknowledge grief in other contexts, but not as a predictable human effect of the ending of an intimate relationship; we even seem to assume that women experience no such grief. I developed caring and protective and supportive tendencies, presumably in response to my mother's circumstances, and my attitude was informed literally by the medieval courtly love tradition – which is characterised by the pursuit and "love

⁹ Cf. e.g. Marina Warner, *Monuments and Maidens: The Allegory of the Female Form* (London: Weidenfeld & Nicolson, 1985).

bombing” of the desired lady, who does not accede or succumb immediately, but who tests the male and imposes challenges upon him (should we now call that coercion?), and he must prove his devotion by persistence – Chrétien de Troyes and the troubadours, the many other chivalric romances, and by Dante’s *La vita nuova* and Petrarca’s *Rime sparse* and Michelangelo’s sonnets and other poetry, and other literary and Arts portrayals of idealised women, all of which I became familiar with during high school, and which I subsequently went on to research as an academic. (I learned about Petrarca in high school when we studied Shakespeare, because of the sonnet form.) These tests of strength and devotion typically involved considerable violence, and in such cultural contexts, love and violence form a diptych; I suspect that we do not understand this combination. I also never attempted to take advantage of any woman. This was all instinctive, sub-conscious, and the product of my individual personality, I was not “influenced” in any way to think like this. This probably sounds ridiculous and laughable, but the fact that there is no trace in discussion around DFSV discourse of any understanding of how our entire history, culture and society, and all of the Arts are mirrors and products of precisely these things, they are all expressions of our human experience, and they provide quite different explanations and analyses of behaviour we now consider problematic – that lack of understanding is incomprehensible.

I consider these comments to be relevant here for at least two reasons. My experience illustrates how some males do idealise women, which can result in behaviours now considered undesirable but which are formed by whatever emotional resources and dispositions and cultural materials and models they have available to them, particularly if they do not have normal interaction with girls and learn from experience to engage with them in positive and comfortable and trusting ways as peers and friends (or sisters), and which can then result in their being or feeling rejected, which in turn can trigger more aggressive or other re-actions. *Every* male forms *some* conception of, and attitude towards, females, but we are only scratching the surface in considering how they do so, and typically, instead of asking how they form more positive conceptions and attitudes and what we could usefully learn from that, we are only concentrating upon pejorative conceptions, without asking much about *why* they might form those attitudes, either. But we have no insight into any deeper emotional and psycho-social contributions to any of this.

If “researchers” had looked more closely not just at the statistical evidence about our families but at the actual emotional and psycho-social consequences of what is happening, then it might have been more obvious just how fraught developing “normal” relationships as

children with the opposite gender has become, not to mention many other issues. Idealisation of women involves deeply embedded emotional needs and feelings, and instinctive impulses which we all have, and it is compatible with a potential for violence or in this case misogyny, which is merely the opposite of the more positive emotions. The one individual can – and does – display *both* dispositions. He sincerely loves and is emotionally dependent upon a female partner, *and* he can also become aggressive if he feels denied or betrayed or denied by her, regardless of her intention; one does not cancel out the other or render it false or insincere, which seems to be how many women are misinterpreting such behaviour. Being an adolescent is notoriously difficult anyway, even in the Brady Bunch or the Partridge Family, but in the present context we are not obviously trying to understand how that becomes infinitely more complicated by adverse ambient determinants, histories of ACEs, and then becomes more problematic than usual.

Women often assume that a male who is abusive cannot also love his partner, and I have heard some female victims of DFSV claim that their abusive partners planned to abuse them from the outset, which is generally absurd (nobody seems to understand that the effects of childhood abuse and trauma can be triggered at any later time in life, as those effects are permanent, not miraculously grown out of – if anything, they are often reinforced and perpetuated; and nobody asks what circumstances may have triggered them when they do appear, they just automatically assume that it has something to do with misogyny), that genuine emotional feelings and a tendency to physical or other violence are incompatible, and hence that any profession of love, or apology and regret following (or before) abuse, must be insincere. Clearly, such women are suffering and confused, feeling betrayed themselves, and struggling to make sense of their lives, but assuming calculation, planning and intention by their partners is not usually the real explanation.

This assumption of two dispositions being mutually exclusive suggests a superficial understanding of ourselves, as we all hold contradictory and mutually conflicted and prioritised attitudes within ourselves, and act accordingly. Government claims to take countless matters “very seriously” and wastes incalculable sums of public money formulating policy iterations or conducting major inquiries, not one of which is ever effectively acted upon – including in relation to DFSV. Should we then assume that all of government’s behaviour is insincere, and that the proof is in the pudding, because that is what abused partners are doing in response to their abusers? Or should we assume that government does want to do something constructive, but it suffers from unrecognised impedimenta that prevent it from achieving everything it

commits to doing, it is not capable of achieving “whole-of-government” responses, and certainly not in the sense that people actually need them, and it does not know how to recognise and resolve those innate tensions?

What is not considered here, is that abusive partners *do* feel genuine love, in the only manner they know how, they have very deep and often insatiable emotional and psychological needs, which can only be fulfilled by an intimate partner, how they express these feelings and the intensity and insatiability of them may point to poor emotional regulation, which results from neurological disruption in childhood development, resulting from abuse and neglect, but it is still genuinely felt. They also feel the need for others to meet their needs and can be violent within an intimate relationship when others, in their perception, betray those needs, as was the case with my father. The anger and aggression follow when they feel that their needs are not being met, or not sufficiently or not in a way that they feel they need, and it is often triggered unconsciously. Those needs are normal, innate, and universal, they are not an “entitlement” as such, and Abraham Maslow’s hierarchy of human needs and our human rights documents both recognise them. How they are conditioned is both cultural and psychological, but the basic needs are universal, and they have a “normal” pattern of development through childhood, also traced by Erik Erikson, Jean Piaget, Melanie Klein, D.W. Winnicott and others. A sense of betrayal or neglect or deprivation can occur when a woman is pregnant, or when she decides to leave a relationship, or if she has an affair, or in other circumstances, such as socialising without her partner, or working full-time. Coercive controlling behaviours are means of ensuring a partner’s commitment and capacity to continue fulfilling those needs and that they remain within a relationship, and can be triggered by a feeling of anxiety and fear of loss or lack of trust, which would often also be accompanied by other feelings such as low self-esteem, all of which originate in childhood abuse and trauma, and *not* in the immediate context of that relationship.¹⁰ Women behave in exactly the same ways, and for the same reasons. Of course, it is understandable that such behaviours tend to have the opposite effect upon their partners, or may do so (we have no data about how some partners deal with these issues in other, more constructive ways, although we could learn something from them). A more appropriate way of preventing or reducing these problems would be to invest more in caring for and supporting

¹⁰ My perspective is predictably that of a male, but girls also develop in analogous, parallel or identical ways, they also have emotional needs, they also display problematic behaviours when their normal psycho-social and emotional development is disrupted, they do develop formative and important relationships with their fathers and display developmental problems when those relationships are broken or dysfunctional, and there is also psychological research on these issues. ACEs apply to both boys and girls, and females also manifest coercive and controlling behaviour; that is not a male specialisation.

every abused child in this country throughout their lives in ways that actually compensate for and heal the harm that is being done to them, and which they then risk causing others – but we are not doing that, and at present, we do not have the capacity to do so. We also do not acknowledge the need to do so.

Misogyny is not a conspiracy theory of men against women: the attitudes that “misogyny” expresses are male anxiety, fear, suspicion or uncertainty or mistrust of women, unobtainability, perhaps reactions to genuinely adverse experiences at the hands of women, but underneath all of this is usually desire and need of women, not a rejection of them. Possibly the deepest male emotion in relation to women is fear, but fear is born of need, and it has multiple dimensions in male psychology. The music I grew up with is overflowing with songs about this fear, but perhaps nobody is familiar with that music any more.¹¹

The fact that a wide range of areas of international research and knowledge are not informing Australian discussion, advocacy and policy articulation around DFSV, although one would reasonably expect that it should be being used, is beyond dispute: it is a demonstrable fact. That such omissions then misrepresent and distort how the “problem” is defined and addressed, and maintain a superficial and simplistic and gender-biased characterisation of it, is equally a fact. Throughout this Submission, I itemise a number of examples of these deficits. I am unable to explain why they should be occurring, and several possibly intertwined factors are causing this, but I suspect that some of this omission is intentional, and that advocates fully intend to misinterpret and misrepresent the nature of DFSV, for reasons that conceivably extend beyond the parameters of this as a problem. Until these omissions and distortions are corrected, it is unlikely that the incidence of DFSV will be reduced or prevented, because we are simply getting so much of it wrong, this misrepresentation is not helping or protecting girls and women, and we are not even acknowledging some contexts in which DFSV is occurring. It does not appear to be sufficiently understood by “researchers” and advocates that a persistent misunderstanding of DFSV, a persistent definition of it that is obviously false, actually causes harm and risk to the very people whom such misinterpretations are perpetrated in the name of.

Second, some behaviours now being redefined as undesirable or criminal were not always perceived in this way, the line between what was conventional and what might indicate aberration was not clearly drawn, even popular culture depicts the pursuit of the desired woman

¹¹ Or perhaps one might consider e.g. Bram Dijkstra, *Idols of Perversity: Fantasies of Feminine Evil in Fin-de-siècle Culture* (New York: Oxford University Press, 1986); Klaus Theweleit, *Männerphantasien* (Berlin: Matthes & Seitz, 2019).

as a conventional form of courtship, as does more “classical” literature, women also pursue or stalk male partners – I have experienced and observed more of that than I have done myself, and they can be equally aggressive – and it would be desirable to give some consideration to this as a common behaviour. It is portrayed in culture because it already reflects behaviour: culture does not cause or influence this behaviour such that if we could eliminate the culture, then we could prevent the behaviour. It doesn’t work like that. Desire and human emotional needs are innate, and they pre-exist something like the Manosphere. While in practice or on a more personal level, many might agree that whether such behaviour is acceptable or natural, or not, depends upon the people and circumstances involved, a high degree of generalisation and negative stigmatising is now occurring that does not acknowledge contingent behaviour or cultural variation; this lack of differentiation and specificity is now widespread in how every issue associated with DFSV is being discussed, from policy iterations and advocacy to social media, and it is extremely contentious. Current advocacy and other initiatives are attempting to impose regulations upon behaviour that at present are alien to it. Over time, they may come to be accepted and normalised, or we may find some compromising adjustment to this, but at present, these imposed regulations are not normalised for everybody.

I now feel embarrassed by some of my past behaviour and would be prepared to apologise for it, I pursued and “love-bombed” several girls as a teenager and later, not continuously or intensively but nonetheless with some intent, and I am prepared to acknowledge that some women today do not wish to be treated or viewed in this way, but the distinction between what is acceptable or “normal” and what might not be is rarely obvious or consistent or clearly known. (And do we ask why “love-bombing” might be an instinctive behaviour, and what function it might unconsciously serve?) At the time, I had no insight into my behaviour, it seemed instinctive and normal to me, and something that the ladies of my attentions would accept. And this is important: many perpetrators have *no* insight into their own behaviour, as I also didn’t for many years, there is no reason why they should have, and as long as they don’t, its motivations and intentions are unconscious, not conscious and intentional. Current discourse around DFSV does not understand this. There are other questions of relationships that I mention below, which I also believe ought to be more openly discussed in the context of DFSV than they are.

All of these problems and behaviours, which could be discussed in greater detail, began to evolve *unconsciously* from birth in my case, they were not chosen or intentional, they had absolutely nothing to do with misogyny or the patriarchy, but everything to do with the abuse

and trauma I grew up with, and my attempts to survive that, with how my universal human emotional and psycho-social needs sought to be met in disrupted and sometimes more extreme or intense ways, and those survival strategies were normalised. Neither my brother nor I received any protection or support or had access even later to appropriate mental health care or psychotherapy. We were left, as most such children always have been in this country, to survive as best we could. Outwardly, we both did, but neither of our lives has been an unmitigated success story, and neither are the lives of many other survivors. If abused and traumatised children continue to be abandoned or even re-traumatised by those supposed to help them, as so commonly occurs, then this country must reckon with every one of those children continuing to cause social problems, including DFSV, to experience mental and biomedical health problems, and costing the national economy a fortune, because we refuse to invest sufficiently and appropriately in actually helping them or, better still, actually preventing some of that child abuse altogether. Your supporting consultation documents acknowledge the right of every child to grow up in security and to achieve their full potential, but they don't, they can't, and you have no idea how to ensure that they all can, nor do existing services, our governments, or our society ensure that. Everybody seems to assume that this will just happen by itself if children cease to live in fear and be abused, but it isn't "just" happening at all, numerous impedimenta prevent it from happening that nobody acknowledges, and nothing is done, or even intended to be done, to remove those impedimenta. All the time you take to *not* ensure this, more lives are harmed and lost and more children are deprived of the futures that should be theirs, and there seems to be no sense of urgency about changing this.

For the record, my father's abuse was primarily directed against my brother and myself. My mother also experienced it, and she sought to protect and support us as well as she was able, but I am not aware that she was physically or sexually abused, she wasn't in ways visible to me or which I remember (I have one recollection of her being threatened with a knife, but there is much that I do not remember, including the context of that incident), she was not subjected to forms of coercive and controlling restrictions as now defined, she was financially independent of my father, she was professionally qualified and worked, and I believe that her social contacts including family were normal for the time. There was no alcohol or substance use in our home, no gambling and no attendance at or even interest in sports. My father was in secure continuing employment and we were not poor or financially deprived. The various "contributing factors" typically identified in policy iterations and research therefore assumed no role in this case whatsoever. It is, however, possible to identify a series of determinative or

triggering factors which could all have been documented, but which current policy iterations tend to disregard or even deny are relevant causal factors.

My father could on occasion be a public embarrassment, and behave in cringeworthy ways, but that was always along a spectrum of what was, for our family, normal, and he was probably scarcely more sensitive to it than others like him were or are. I am not sure that I would agree in this case that he intentionally concealed his behaviour in public; our GP knew of some of his abuse, but nothing was done, the effects were clearly not recognised, and it was interpreted simply as slightly heavy-handed disciplining. While it is conceivable that some abusers intentionally present a positive and attractive persona in public that deceives, so that others are not aware of what is happening in private, I am not persuaded that this is always true, it is unlikely to be typically or consistently true where perpetrators have little or no insight into their behaviour, there are individual published reports that contradict this, and this claim, like many others, serves to legitimise an equally questionable interpretation of DFSV which ignores contrary or more complex evidence. I sometimes wondered if he was really my father, or an imposter, but even if he had been, there was nothing I could have done about it. I sometimes thought about running away, and I don't remember why I didn't. Between periods of abuse, he was also sometimes generous, considerate, and interested, and he could share things he was doing with my brother and myself. The challenge was that his mood could turn in an instant, and from being more open he could be triggered and become angry and aggressive.

If current DFSV policy and purported explanations do not recognise the factors causing or contributing to my father's abuse, which indubitably happened, and which has left lifelong adverse effects on both my life and that of my brother, whether or not your models are able to explain it, and if you have no other paradigm within which to explain it – or, conceivably, the abuse that some others also experience(d) - then your current model is flawed and defective, because it should be sufficiently inclusive that it can explain *everybody's* experience of this abuse. But it isn't, and it can't. Ordinarily, you should then revise your model so that it is in fact capable of understanding, recognising, and explaining such abuse. The fact that you can't has the effect for me of denying that my abuse happened at all, or that it was abuse, because you don't recognise it. Men's voices and those of child and former child victims continue to be marginalised and disregarded at every point, from law enforcement to government to social media and mainstream journalism, from advocacy to support organisations and services, and there is no evidence that you have undergone the kind of paradigm shift, or engaged in much

of the relevant research that one would expect from you, or that you have genuinely engaged *in extenso* with all of the existing relevant international research.

First, my father probably had lifelong multiple chronic mental health problems. Whether they resulted from his own childhood abuse and deprivation, growing up with a series of boyfriends of his mother but never knowing who his own father was, and having a controlling and dominating mother, or whether they were caused by something else, I don't know. I do know that he had formal diagnoses of clinical depression, neurosis bordering on psychosis, and symptoms of other conditions which would now be considered as ADHD and CPTSD. But your model does not examine or recognise the contribution that mental health conditions like this make to DFSV perpetration and it also doesn't recognise the significance of ACEs.

Second, his abuse does not conform to your model of DFSV driven by misogynistic attitudes, because his abuse was primarily directed against his children, not against his wife. Any mistreatment she may have experienced directly – and I don't remember that much of it ever was – was not motivated by overt misogyny or any belief that women should conform to subordinate and conservative roles, because he did not attempt to control or restrain my mother. My brother and I experienced physical violence, but I don't recall that being typical for my mother.

Third, I know that my father had aspirations to pursue tertiary education and a different kind of professional career, which he felt denied and unable to do because the opportunities and the support he needed were not available to him. Although he had secure F/T employment, he did not feel that the work he did there was valued, and he was repeatedly denied promotion and advancement. Your current policy iterations speak now of enabling children to achieve their full potential, but what, exactly, do you think that means, if people cannot obtain secure and meaningful and sufficiently remunerated employment of their choice, which enables them to develop and benefit from their own potential? How else are we all supposed to achieve any potential at all? How do those whom government still considers essential to our economic management that they should be unemployed and then impoverished for being unemployed, and then additionally stigmatised and discriminated against for what is not their fault, in the spirit of RoboDebt,¹² nonetheless achieve their potential? *How*, exactly? I believe that the

¹² Rick Morton, *Mean Streak* (London: 4th Estate, 2024). It is a disgrace that the current government still refuses to properly confront all of the issues raised by that policy, and it is unlikely that women and children will be adequately helped without reforming Services Australia and out-sourced welfare service agencies and also

emotional and psycho-social importance of each of us being able to achieve that potential not only through education but then also through appropriate, sufficient and meaningful employment for the rest of our lives, is a factor that you have no adequate means of facilitating and which you do not sufficiently value and respect. In this sense, therefore, any acknowledgement that each of us should be able to achieve our potential is nothing more than empty words. My father's continued frustration in this respect over many years was the primary trigger for outbursts of violence and aggression, as far as I recall (there were other specific triggers at different times, but this is what I remember as being the consistent cause of his frustration and bitterness and, ultimately, a denial of his sense of self), and your model does not even recognise that. He would experience frustration at work, he would commute home while stewing over the issues, and he would explode in anger when he arrived at home in the evening.

I dropped out of high school at the end of Year 11, which many children with my background do (my brother also did at the same time), because I was not performing and I was unable to combine the effects of my abuse with concentrated schoolwork. I was fortunate to return to TAFE several years later, complete my HSC on a generous scholarship, complete an Honours degree on another generous scholarship (government no longer offers scholarships like that), to win competitive scholarships and selective admission to a UK elite university, to complete a PhD there, I won prizes and research funding, and I was then able to work as an academic at multiple European universities over fifteen years. I assume that I did far more than what many survivors of childhood abuse and trauma ever manage to do, and what governments say they want people to achieve.

However, when I returned to Australia, fully expecting to be able to pursue my career and eventually become a professor, I became unemployed. None of my education or experience or achievement was valued, I was denied opportunities to retrain at that level for another profession, I was ineligible for opportunities I was qualified for because of discriminatory eligibility criteria, my knowledge and skills were not transferrable, four job seeker agencies were unable to return me to suitable employment, I was not interviewed for one single job I applied for over years under mutual obligations, and I was probably subjected to multiple other forms of discrimination, such as age and length of unemployment. (This is how I was shown

increasing welfare assistance well above the national poverty line and ensuring that it remains there. Australia's entire discriminatory attitude against anybody in need of, or dependent upon, public assistance is one of the many conflicted attitudes that prevent effective implementation of policies and fail to guarantee the well-being of every Australian.

“respect” in my own country.) Former colleagues overseas have continued to pursue their careers in teaching and research, because unlike Australia, their countries invest in such people and properly fund their universities and research institutes, they value their contributions to knowledge, including in the Arts & Humanities. No Australian government has shown any interest in these problems, they have no solutions to them, they do not help people in such situations, but they expect people to be passive and not affected or harmed by those failures, by that discrimination, by the effective denial of people’s rights to meaningful employment and a liveable income and autonomy and dignity and quality of life, and that their achievements and potential will be valued and rewarded and supported by our society. They’re not. Unemployment and other consequences of it are clearly known to be causal or contributing factors in DFSV, and yet you have no preventative response to that problem; just what kind of re-action do you expect from me after fifteen years of this permanent unemployment not being addressed by government at all? Is it any surprise how many people become violent and aggressive when interacting with Centrelink? If I were a different person, and if I were in an intimate relationship, then the degree of insensate anger and sense of injustice about my unemployment and everything associated with it that I live with would be more than sufficient to cause considerable sustained DFSV perpetration, as it no doubt does in countless other people’s lives who have to endure the same mistreatment by our society and government as I do. So I now have multiple biomedical and mental health problems caused by this unemployment, all of my education and achievement have become worthless, I have no superannuation, almost no financial assets, and they could be swallowed up by taxes and other user-pays requirements rather than improving what little quality of life I still have, I have reduced life expectancy, and I will die in poverty. That is not my fault: that is the failure of government, and it should have been a realistic expectation that a university professional career would be secure and for life, not another career path arbitrarily trashed because we do not know how to value anything.

I therefore am now in the same if not a worse situation than my father was, and I fully understand his anger and the emotional and psycho-social damage that our society caused him, because I have experienced the same. I also know that many other Australians are reduced to comparable circumstances due to the chronic lack of appropriate opportunities and the fact that our society does not value and respect what its people could contribute to it. That is something Donald Horne had already identified sixty years ago as a national character flaw, and nothing has changed. I do not regard such adversity as justifying violence and aggression, but any such

adversity is a denial of people's humanity by those who have the power to prevent or resolve it, but they don't, it is already a form of violence against them, and it should therefore be predictable that that is going to have adverse impacts upon people's lives. If you do not want those impacts to occur, then you will have to find ways of preventing and resolving the adversity earlier and more convincingly. It is entirely reasonable that we should all want to have decent jobs doing things we are motivated to do and for which many of us have invested years of effort in education and training, but it is not reasonable that we should then be denied such opportunities because of poor government. I worked or studied throughout my life for over thirty years after dropping out of high school, before becoming unemployed, and I therefore do not conform to Australia's pejorative and discriminatory stereotype of the unemployed, either, and I should not have to endure such nonsense and injustice. In a society currently wrestling with the question of anti-Semitism, it seems ironic that this same society stigmatises and caricatures many population cohorts, including the unemployed, rendering them *de facto Untermenschen* exactly as Nazism treated the Jews, in order to then legitimise denying them their human rights or even an adequate subsistence. Australia tacitly denies the right of anybody to depend upon public assistance as a universal human right, irrespective of the reasons for their need.

If, therefore, you wish to reduce some incidence of DFSV, then you will have to learn to respect and value people as human persons, you will have to learn to guarantee their basic human rights to a dignified, autonomous and meaningful life of *their* choosing, not just the victims but the children and the perpetrators, too, and you will therefore have to learn to manage our society in ways you never have. If you are going to write in policy iterations that everybody should have the opportunity to achieve their potential, then put your money where your mouth is! Some of these issues were identified causes of the spike of DFSV during the lockdowns in 2020, but that lesson was obviously not learned.

This is one area in which unresolved conflicts in political attitudes and priorities prevent any realisation of the intended "whole-of-government" approach. If you refuse or are unable to end all unemployment of any duration, if you refuse to address the reasons *why* many people become unemployed, if you persist in pejoratively stereotyping the unemployed in order to then legitimise further discrimination against them, if you also refuse to lift welfare support payments above the poverty line and allow people to live the life they choose while receiving such payments as a compensation for unemployment that is not their fault (which happens to be defined as a universal human right in the *ICESCR* and which social democracies practise

better than Australia does), and if you are unable to manage the economy including public service delivery (including tertiary education) in such a manner that all risk of unemployment is minimised, then you will never eliminate any of these issues as potential triggers or causes of some DFSV.

Fourth, there is evidence that the reason why perpetrators abuse victims during the perinatal period (and also perhaps engage in some filicide) and also when a relationship ends, is because they have emotional and psycho-social needs, which are universal and entirely normal needs, but which in cases such as ACE effects become inflated, exaggerated, more intense and insatiable and demanding, as outlined above, and they perceive a child as a rival for the partner's emotional attention and the end of a relationship as emotional deprivation, which it is. (There is historical evidence for another reason for filicide, as well.) Recent studies have shown that even in the absence of any reported DFSV history, men are at increased risk of suicide in both of these scenarios. Your paradigm does not recognise any normal or abnormal human psychology as explaining causes of DFSV, and it therefore fails to identify the reasons why abuse occurs particularly in those periods, or even at any other time, due to such emotional and psycho-social needs. It is routinely claimed that women are most at risk during the perinatal period and when a relationship ends, but your model cannot explain such an increased incidence; if DFSV happens the rest of the time as well and is allegedly due to misogyny, then why should that be any different or worse specifically in these two contexts? If you do not recognise emotional and psycho-social factors experienced by perpetrators as being more intensified under these circumstances, then what else causes it?

This refusal to consider any male psychological needs illustrates the dehumanisation and behaviourism of your heuristic paradigm, because it fails to recognise that factors of our universal humanity are in play that require a response and the fulfilment of needs. I do not know what the motive of my father's abuse of myself and my brother actually was, but I do know that it commenced at birth (this was confirmed by both my mother and my German psychiatrist, and I was showing effects of that by age 4), and was incessant thereafter, and it would therefore be plausible to assume that he unconsciously regarded us as rivals for my mother's emotional attention. He also became suicidal when she left the marriage, and attempted suicide, almost succeeding, several years later. He did not use suicide as a form of threat or manipulation, to my knowledge, he never mentioned such ideation to my mother, he simply attempted it. The reason for that is that he felt emotionally deprived and unable to

continue living without that relationship. This is a long-established cause of suicide even without reference to DFSV, and it ought to be part of your model.

As with other cases of DFSV that involve multiple causes and contributing factors, it is impossible to differentiate those factors at any point beyond a recognisable trigger. All of them combine to cause and perpetuate a risk of abuse, and all of them therefore need to be recognised and addressed constructively. All of them also involve a denial of our universal human rights to such perpetrators long before they become perpetrators, and that is also a failure of Australian society and government. Your explicative paradigm does not recognise any of these factors sufficiently, if at all, and it is on that basis clearly defective.

I don't know exactly when I began to consciously formulate a response to this situation, but it probably began in early adolescence. Many children in such situations become hypervigilant: they are extremely sensitive to any subtle change in the abusive adult's mood or behaviour or voice, and they attempt to take measures to defend themselves or avoid any risk of confrontation; when they can't protect themselves, they dissociate, they become emotionally absent. I recognise such a disposition in myself to this day, but I had already developed such responses in primary school. Consider what this means in the case of a perpetrator who was first such a victim.

I decided at some point that it was more useful to understand my father and his behaviour than to judge him. I have been judged by him, by my school bullies, and by many others throughout my life, and because I consider that to be an injustice, I do not believe myself entitled to do the same to others. I therefore do not judge any abuser or perpetrator, I take no negative feelings against them, no matter what they may have done. Since I began paying more attention to public discourses in Australia around DFSV, I have been doing the same again: not judging it, not fearing it, but rather instead simply trying to understand it, as a human phenomenon, and using all of the education, skills, and experience that I have at my disposal to do that. That is what I am doing here.

I was fortunate to grow up in a house full of books, both of my parents read and believed in knowledge and ideas, and in his calmer moments, my father also encouraged my reading and studies; these were things he also would have done had he been given the opportunity to attend university. For several years, my father saw a psychiatrist regularly; I do not know much of what was discussed, but it may have been due to that circumstance that my mother read a

few books, such as Eric Berne's *Games People Play: The Psychology of Human Relationships* (1964), as a means of better understanding my father's behaviour. My mother remained committed to the marriage and to my father for the majority of their sixteen-year marriage, before resolving to leave him, and she invested in it; she had also made other sacrifices for it, and I think that she had organised for him to see that psychiatrist. I assume that it was in that context that as a teenager, I discovered Freud, and his recognition of the existence and profound influence upon us of our unconscious, and his model of three potentially conflicting elements of our personality, provided me with a first means of understanding my father. If my father was acting under the influence of his unconscious, and if his abuse was in conflict with other feelings and beliefs that he had, as it seemed to be, then his violence was not "intentional" or specifically directed against any of us. The implication of this, and of other approaches that I developed over decades, is, that DFSV is a result of complex individual personalities including a significant or decisive unconscious factor and conflicted emotional and psycho-social needs, which we all have, and it cannot be reduced to an assumption of conscious intentionality and calculation and behaviourism, which only requires some reprogramming to solve the problem, as in *A Clockwork Orange*. This is important, because current policy iterations and discourse around DFSV in Australia never consider the unconscious, and there is conceivably a reason why they don't. By the time I left high school, I had a cognitive paradigm within which to understand DFSV that current advocacy still does not have, or at least does not use.

Probably in the same period, I also began my interest in ethics, in the principles upon which we determine what is acceptable or desirable behaviour, and what is not, and decades later, I undertook academic research into philosophical ethics and taught it. My post-doctoral research fellowship in Germany was a study of philosophical psychology and anthropology: historical doctrines of the Soul. I also evolved a deeply personal commitment to human rights, which is predicated upon our common humanity and not upon anything else, including anything that anybody may have done; that means that DFSV perpetrators retain exactly the same rights as their victims and advocates claim for themselves, because human rights depend upon your shared humanity alone, and perpetrators are still human persons.

I am explaining this in terms of how I sought to survive, by using my mind, but others do the same thing by other means. They also attempt to adapt their behaviour to that of an abuser, and they are also affected by a sense of injustice being perpetrated against them. It was merely due to my personality and the resources available to me that I did this on a different level to how others do it. My brother is gifted in other ways and perhaps more practically

mind, so that he did not attempt to understand or respond in the way I did, but differently. Perhaps it was because of the particular way that I responded that reduced my risk of violence and of perpetrating what I perceived to be injustice against my own intimate partners. However, I did engage in alcohol and substance abuse around late adolescence, which is known to be a different coping mechanism; many survivors engage in behaviours that are or risk being criminalised, and we do not acknowledge that such behaviour is a consequence of the abuse and trauma that they live with, of their own sense of the injustice of others against them, and of the emotional and psycho-social deprivation to which they are subjected, and that is equally true of some DFSV perpetrators. In any case, I consider these questions to be of fundamental relevance to understanding both how many perpetrators become perpetrators, and also how earlier intervention might prevent them from doing so. These are questions that interviews with perpetrators that you have not undertaken could have explored.

By their modern definition, human rights cannot be cherry-picked, we cannot arbitrarily decide to grant them to some people but not to others, or to recognise those we want for ourselves but not those we prefer to deny to others: either *all* human rights apply fully and unconditionally to *everybody*, or they don't apply to anybody, and there is no jurisprudential or other justification for any selective recognition or application of them. If, then, DFSV advocates appeal to the human rights of victims, they must on that same basis also recognise and respect the human rights and the dignity of perpetrators, including convicted criminals, and find another way of doing that. Nobody forfeits their rights by virtue of anything they have done: they may have a minimum number of those rights denied or limited as an appropriate punishment, such as suspension of personal freedom and useful activities that depend upon that liberty, but they do not even then lose all of their rights, and the fact that by their actions they may have deprived another person of their rights does not legitimise then stripping them of their own rights *in toto*. Social democracies endeavour to respect this principle, but Australia is not a social democracy and displays no comparable respect for or compliance with our human rights obligations.

We might add here the phenomenon known as sensitivity to (in)justice.¹³ By the age of 2-3, children can be shown to have already begun to develop a sense of justice, of right and wrong, and this is a concept that we all have, but we do not all understand or apply this in the same way, if at all. What might be described as an above-average sensitivity to (in)justice is

¹³ See references on this below.

common among people on the autism spectrum, ADHD, and the neurodivergent, although it is not limited to them. They display distinctive personality, attitudinal and other traits which are less pronounced or less common among other people, and which make them less likely to judge some people as if they are different in their humanity from others, or while ignoring the fact that perpetrators, criminals, abusers have also typically been victims themselves. They tend to form principles of justice on a rational level, whereas most people's sense of justice is primarily emotional. We all have some instinctive sense of injustice, but we do not all recognise it equally or respond to it with equal sensitivity, if at all. The range of our concern with injustice tends to be strongest closest to ourselves, and to gradually dissipate the further affected people are from us or beyond our sense of moral responsibility. This is not, however, the experience of many people with higher (in)justice sensitivity, who can experience exactly the same intensity of sense of injustice for those in distant countries and conflict zones as they feel for others in their own country, who may also be unknown and unrelated to them; and they can experience such injustice viscerally, as if the maltreatment is being perpetrated against themselves. The criteria of their moral assessment are different from black & white, tough on crime worldviews. Some sociological experiments have also suggested that it is more common for those who have themselves experienced abuse and mistreatment than for those who have not, to identify empathetically with other victims and to oppose or blow the whistle on mistreatment, although this is not true for all victims, and other emotional reactions can override the capacity to respond in this way. Current usage of the concept of "empathy" in contexts such as DFSV is ill-informed.

Lack of "empathy" means that you are so emotionally focussed and concentrated upon your own survival that you cannot extend attention or consideration to another, not even your closest. As this process occurs primarily at an unconscious level, our nearest and dearest too often never see it, we do not necessarily see it ourselves, or they only experience it when it explodes, whereupon they think of their own survival and misinterpret the behaviour. Our capacity for identification with another person is finite, and its finitude can be further reduced by adversity. This is a typical stress response that also shows in numerous other ways when we have to reserve our emotional energy for our survival, to overcome stressors we experience at any time, and therefore neglect any activities or responsibilities or other tasks that can be postponed or which are less important in that situation. Procrastination is likewise a stress reaction. It means that we are struggling, just as when I could not perform well at school and eventually dropped out, because all of my emotional energy was directed elsewhere.

One question that is not being asked either generally in areas such as mental health or in relation to ACEs or more specifically in relation to DFSV, is what sense of injustice an individual may experience, including DFSV perpetrators, and how might an internalised and largely sub-conscious sense of injustice then influence their behaviour? If our dominant reaction to undesirable behaviour is that it is injustice, that it contravenes our sense of justice and it must therefore be punished, then why would we not assume that the offending individual might nonetheless also have a sense of injustice which has equally been offended by experiences to which they have been subjected, and which, while possibly being inappropriate in subsequent situations in which they react, may still require recognition and redress? *Why* would they act in such a way as to contravene our sense of justice, what do they hope to gain from it (if they are acting in full consciousness), and how might their sense of (in)justice – which they all have – stand in relation to our own? How do we expect them to feel, if we claim the right to feel unjustly treated but deny that same right to them, and what other opportunity do they have to react to or resolve such injustice? Why are we denying them any capacity to feel (in)justice? Is it so inconceivable that DFSV might comprise a conflict of two senses of (in)justice – that, first, of the perpetrator, and then as a consequence, that of the victim? By only recognising the effect of behaviour upon the victim but not asking what led to that behaviour in the perpetrator, we dehumanise, depersonalise the perpetrator and, in the process, eliminate any capacity to understand them. And where is my justice, if most of my life I have only been subjected to one form of injustice after another, including by government? Our current approach, typical of Australian society more generally, is to assume that because an individual does not conform to our notions of justice, they must be punished, and we therefore assume that they have no sense of (in)justice at all. We do not ask whether we are being entirely just to them. This myopia – worthy of an extensive Foucauldian study - results in our being unwilling or unable to hold in tension the fact that many DFSV perpetrators were or are themselves also victims (we have statistical and anecdotal evidence that some are), and that their victimisation has the right to be recognised; and that if we sought to reduce injustices within our society more consistently and energetically than we do, then it is all but guaranteed that the incidence of social and other problems would be correspondingly reduced. Instead, our punitive mentality overrides consideration of other possibilities. Consciously or not, it is this attitude that also appears to be dominating advocacy around DFSV.

Our society does not reward or protect victims: it tends to perpetuate their victimhood, including that of DFSV perpetrators. Also by the end of high school, I had become convinced

that no effort on my part to conform, to seek acceptance and approval, to belong somewhere, would ever succeed, as I continued (and still continue) to experience discrimination, misinterpretation or misunderstanding by others, other forms of bullying such as in the workplace, and many other actions by individuals that seemed unjust and inexplicable but which continued to plague me. I did not choose to be different from other people nor did I wish to be – I repeatedly sought acceptance and to feel that I belonged somewhere - but I was *made* different, subsequent circumstances of which the most egregious has been my permanent unemployment in my own country whereas other countries employed and funded me and valued what I did have only perpetuated this, and having once become different, we never again succeed in becoming like everybody else – we cannot un-live whatever has first made us different, or the impact of how people then re-act to our being different, whether we wish to be or not. I was conscious of this and then chose to stop seeking acceptance and to embrace being different. We might think that that is a healthy development, but it isn't appreciated by many, and it is often an unpleasant and traumatising experience, not something that many people would freely choose. It also often causes loneliness. I think for myself, I question everything, and I form my own views; as an undergraduate student, I thought that that is what every scholar and thinker, every critically thinking and educated person does, but clearly, they don't – not in DFSV. I do not think like you, nor do I wish to. I am not anti-social, I have only learned not to trust others, and not to trust the majority. Current responses to DFSV are a voice of a majority.

The manner in which DFSV is being defined and responded to today profoundly offends my sense of justice, my sense of the shared humanity of every human person, the denial of some victims and their abuse in favour of only recognising and protesting about others', the collective demonisation of males and the dehumanising of perpetrators, responses driven by unquestioned deep emotions while denying the deep emotions of others, and the refusal to properly understand the causes in our universal humanity and social environments of DFSV.

The larger and more generalised deficit in our understanding of both DFSV and every other social problem, is that we do not understand developmental psychology, and what happens when normal development is interrupted or derailed or prevented – as it is for an estimated several million Australians¹⁴ for various reasons – nor do we understand how people

¹⁴ This figure is derived from the ACMS: <https://www.acms.au/>

The single greatest statistical cause of any ACE identified is from DFV, as perpetrated by one or both parents, including after the end of the parental relationship.

Mathews B, Pacella R, Scott JG, Finkelhor D, Meinck F, Higgins DJ, Erskine HE, Thomas HJ, Lawrence DM, Haslam DM, Malacova E, Dunne MP. The prevalence of child maltreatment in Australia: findings from a

are unconsciously affected by, and in turn react to, ambient stressors, many of which we do not even recognise but which nonetheless still trigger reactions and problem behaviour. We do generalise about some alleged influences, but not others, and we also immeasurably oversimplify how influence works.

Freud remains a formative cornerstone of psychology, however much he has been attacked by some or considered in need of some revision and updating – with which I concur – and some form of psychotherapy/analysis is a considerably better form of therapy for survivors of any form of childhood or adult abuse and trauma than CBT-based approaches (in my view) and/or medication, unless temporarily indicated. This topic is important, because it is fundamental for how child victims of abuse and complex trauma, and perpetrators, and their victims, are all understood – or not – by the mental health community in Australia, and that understanding is generally not adequate. The attacks launched against Freudianism from around the mid-twentieth century were not well substantiated, they clearly served other interests, and they ignored both the limitations of alternative therapeutic options and the documented effectiveness for many of psychoanalysis, whether traditional Freudian or some modification, as well as ways in which Freud himself and his successors wrestled with questions and problems and sought to expand and correct their own work. Freud indubitably had his blind-spots and prejudices, as we all do, but that doesn't make him entirely wrong.¹⁵

national survey. Med J Aust. 2023 Apr 3;218 Suppl 6(Suppl 6):S13-S18. doi: 10.5694/mja2.51873. PMID: 37004184; PMCID: PMC10953347.

There have been other Australian studies of ACEs which suggest strong correlations with other problems, including DFSV, e.g.:

<https://aifs.gov.au/tentomen/all-research/research-snapshots/adverse-childhood-experiences-resilience-and-mental-health>

<https://aifs.gov.au/resources/policy-and-practice-papers/role-adverse-childhood-experiences-aces-adolescent-use>

<https://emergingminds.com.au/resources/adverse-childhood-experiences-aces-summary-of-evidence-and-impacts/>

[https://www.aic.gov.au/sites/default/files/2022-](https://www.aic.gov.au/sites/default/files/2022-06/ti651_adverse_childhood_experiences_and_trauma_among_young-people.pdf)

[06/ti651_adverse_childhood_experiences_and_trauma_among_young-people.pdf](https://www.aic.gov.au/sites/default/files/2022-06/ti651_adverse_childhood_experiences_and_trauma_among_young-people.pdf)

https://www.suicidepreventionaustralia.org/wp-content/uploads/2025/11/Adverse-Childhood-Experiences-and-Suicide-report_FINAL.pdf

Holmes H, Darmanthe N, Tee K, Goodchild M. Adverse childhood experiences-household stressors and children's mental health: a single centre retrospective review. BMJ Paediatr Open. 2021 Aug 17;5(1):e001209. doi: 10.1136/bmjpo-2021-001209. PMID: 34485707; PMCID: PMC8372878.

https://www.childhoodadversity.org.au/media/olcjin2nw/summary_evidence_interventions_report_final_aug20.pdf

¹⁵ Orna Ophir, *Psychosis, Psychoanalysis and Psychiatry in Postwar USA: On the Borderland of Madness* (London: Routledge, 2015), offers some account of this attack upon and transformation of Freudianism. I have little sympathy with Hans Eysenck, *Decline and Fall of the Freudian Empire* (London: Penguin, 1985). Cf. e.g. Stephen A. Mitchell and Margaret J. Black, *Freud and Beyond: A History of Modern Psychoanalytic Thought* (New York: Basic Books, 2016).

At the same time, particularly relevant for our purposes, developmental psychology and its more recent iteration as Attachment Theory, combined with many different developments in the study of the lasting effects of trauma and abuse, in many different contexts and affecting many different groups, including collective intergenerational trauma, have provided a very stable, broad and valuable foundation upon which to address the problems of DFSV. The concern is, that they are not being used. Beyond vague lip-service, there is no DFSV policy iteration that is clearly and deeply informed by any of this research, not even in policies specifically addressing the needs of children, and there is no obvious interaction between other researchers and organisations and psychology and psychiatry in the context of DFSV research, advocacy, or policy development. This serious deficit requires an explanation by the entire DFSV sector to the Australian public, not least to the victims. It illustrates once more the tendency to dehumanise everybody affected by refusing to consider them as human persons with complex personalities,¹⁶ an unconscious,¹⁷ emotions,¹⁸ memory,¹⁹ some degree of

¹⁶ Cf. e.g. Duane P. Schultz and Sydney Ellen Schultz, *Theories of Personality* (Boston: Cengage Learning, 2017); C. George Boeree, *Personality Theories: From Freud to Frankl* (Open Knowledge Books, 2018); Colin Cooper, *Individual Differences and Personality* (London: Routledge, 2021); Heather Bortfeld and Silvia A. Bunge, *Fundamentals of Developmental Cognitive Neuroscience* (Cambridge: Cambridge University Press, 2024).

¹⁷ Cf. e.g. Henri F. Ellenberger, *The Discovery of the Unconscious: The History of Dynamic Psychiatry* (New York: Basic Books, 1970); Joseph Newirth, *The Unconscious: A Contemporary Introduction* (London: Routledge, 2023); Joel Weinberger and Valentina Stoycheva, *The Unconscious: Theory, Research, and Clinical Implications* (New York: Guilford Press, 2020); Allan N. Schore, *The Development of the Unconscious Mind* (New York: W.W. Norton, 2019).

¹⁸ Cf. e.g. Pia Campeggiani, *Theories of Emotion: Expressing, Feeling, Acting* (London: Bloomsbury, 2023); Lisa Feldman Barrett, *How Emotions Are Made: The Secret Life of the Brain* (New York: Houghton Mifflin Harcourt, 2017); George Ellis and Mark Solms, *Beyond Evolutionary Psychology: How and Why Neuropsychological Modules Arise* (Cambridge: Cambridge University Press, 2018); Agnes Moors, *Demystifying Emotions: A Typology of Theories in Psychology and Philosophy* (Cambridge: Cambridge University Press, 2022); *Handbook of Emotions*, ed. Lisa Feldman Barrett, Michael Lewis, and Jeanette M. Haviland-Jones (New York: Guilford Press, 2018); *Phenomenology of Emotions: Perspectives from Philosophy, Psychopathology, and Psychotherapy*, ed. Hannes Gustav Melichar, Philipp Schmidt-Boddy, Thomas Fuchs, Christian Tewes (Cambridge: Cambridge University Press, 2026); William M. Reddy, *The Navigation of Feeling: A Framework for the History of Emotions* (Cambridge: Cambridge University Press, 2001); Charles Darwin, *The Expression of the Emotions in Man and Animals* ([1890] London: Penguin, 2009). In addition to such works there are also scholarly and more popular works on individual emotions.

¹⁹ Cf. e.g. Anne Whitehead, *Memory* (London: Routledge, 2009).

(in)justice sensitivity,²⁰ and other elements (such as instinct and perception and imagination),²¹ and instead to persist with the facile misrepresentation of DFSV perpetrators as acting in full control, awareness, intentionality and opportunistic calculation as monsters and criminals. They may be criminals, and some of them commit horrific crimes that I do not pretend to understand or to be able to explain, others commit equally unacceptable but less shocking crimes, but every one of them is and always will be a human person, and their capacity to do what they do originates in that universal humanity. Without understanding that humanity better than we do, and the disturbed and alienated emotional and psycho-social states of mind in which they act, we will not prevent or reduce the incidence of DFSV, and we will not keep women and children safe.

The only useful mental health care I have ever received were five years of psychoanalysis while working in Germany, following an acute and debilitating episode of anxiety, which was probably stress-triggered, in my early 40s. I was able to have a first appointment within a week, psychiatrists in Europe are more commonly trained as psychoanalysts than they are in Australia, I continued with weekly appointments for those five years, and the treatment was fully covered by standard health insurance. This psychoanalysis was a more modern approach than traditional Freud. I do not recall having received any convincing mental health care following my adolescent suicide attempt or for depression in

²⁰ Cf. e.g. Sophie Strauß, Rebecca Bondü & Felix Roth (2020): Justice Sensitivity in Middle Childhood: Measurement and Location in the Temperamental and Social Skills Space, *Journal of Personality Assessment*. <https://doi.org/10.1080/00223891.2020.1753754>
 Sophie Strauß, Rebecca Bondü (2022): Fair sharing is just caring: Links between justice sensitivity and distributive behavior in middle childhood, *Journal of Experimental Child Psychology*. <https://doi.org/10.1016/j.jecp.2022.105561>
 Sophie Strauß | Rebecca Bondü (2021): Links between justice sensitivity and moral reasoning, moral emotions, and moral identity in middle childhood, *Child Development*. DOI: 10.1111/cdev.13684
 Rebecca Bondü, Anna K. Holl, Denny Trommler and Manfred J. Schmitt (2022): Responses Toward Injustice Shaped by Justice Sensitivity – Evidence From Germany, *Frontiers in Psychology*. doi:10.3389/fpsyg.2022.858291
 Rebecca Bondü and Maria Kleinfeldt (2021): Justice Sensitivity in Middle Childhood: A Replication and Extension of Findings, *Frontiers in Psychology*. doi: 10.3389/fpsyg.2020.610414
 Bondü R, Esser G. Justice and rejection sensitivity in children and adolescents with ADHD symptoms. *Eur Child Adolesc Psychiatry*. 2015 Feb;24(2):185-98. doi: 10.1007/s00787-014-0560-9. Epub 2014 May 31. PMID: 24878677.
 Baumert, A., Schmitt, M. (2016). Justice Sensitivity. In: Sabbagh, C., Schmitt, M. (eds) *Handbook of Social Justice Theory and Research*. Springer, New York, NY. https://doi.org/10.1007/978-1-4939-3216-0_9
 The Pros and Potential Cons of High Justice Sensitivity
<https://www.psychologytoday.com/au/blog/alone-together/202404/understanding-justice-sensitivity?eml>
<https://edgefoundation.org/the-fairness-imperative-adhd-and-justice-sensitivity/>

²¹ Cf. e.g. Jennifer Gosetti-Ferencei, *Imagination: A Very Short Introduction* (Oxford: Oxford University Press, 2023); Anthony Storr, *The Dynamics of Creation* (London: Penguin, 1976); Jean-Paul Sartre, *L'imaginaire. Psychologie phénoménologique de l'imagination* (Paris: Gallimard, 1940, 2005); idem, *L'imagination* (Paris: Presses Universitaires de France, 1936); idem, *Qu'est-ce que la subjectivité?* ([1961] Paris: Les Prairies ordinaires, 2013).

Australia, but I was also very mistrustful of psychiatrists and hospitals and would not have sought such attention. The GP who finally put a label on my acute symptoms of OCD in my 20s, with quasi-psychotic voices in my head and compulsion to violence and suicide, after I had consulted multiple other doctors who did not know what it was or who perhaps underestimated it, also did not offer further care, as far as I remember. The psychoanalysis was therefore the first (and last) clinical setting in which I was assisted to understand the impact of my years of abuse and complex trauma. Nobody whom I have had any contact with back in Australia, including half a dozen psychiatrists, could have offered me this or even appeared to understand it. Following a similar mental breakdown in her 40s after having repressed memory of childhood sexual abuse and completing professional training as a GP and commencing her career, Dr Cathy Kezelman, founder of Blue Knot, herself had twelve years of psychotherapy with a psychologist, whom she saw sometimes several times per week and who was on call to her outside of hours.²² This is the level of care that Australia ought to be capable of offering every single abused and traumatised child in the country, all of the several million of them, and the fact that we don't, and have nothing better to offer them, means, that they are abandoned by our society and left to struggle, to self-harm or commit suicide, to use alcohol and drugs to kill their pain, to be criminalised and homeless and unemployed, to seek emotional and psycho-social validation and the fulfilment of their needs in abusive relationships. If it was good enough for Dr Kezelman, then why isn't it good enough for every other Australian? Don't we love our children?

However, you can have years of therapy and understand the origins and reasons for every single aberrant feeling or thought or behaviour, and still be trapped. Understanding your experience, and actually healing it, do not happen in the same parts of the brain or simultaneously, and emotional and psycho-social healing does not simply "happen" in a therapist's chair because you understand it. It requires a reversal of the emotional and psycho-social trauma effects, but that harm affected us on our unconscious and instinctive level of being. How can that effect be reversed on the same level, *what* does it take, *who* does it take, how long does it take? We are not enabling and supporting that healing. Medications can't do it, CBT-based therapies can't do it, and criminalising and stigmatising and demonising people

²² See Cathy Kezelman, *Innocence Revisited: A Tale in Parts* (Melbourne: JoJo Publishing, 2009); idem, *The Upside of Down – Living with Courage and an Open Heart*, Speaker Paper, Happiness and its Causes 2012 [link not found]

Also: <https://professionals.blueknot.org.au/resources/publications/the-cost-of-unresolved-childhood-trauma-and-abuse-in-adults-in-australia/>

doesn't do it, either, and we're not offering anything else or better. Many DFSV perpetrators, among many other child abuse survivors, are unhealed. And Australia seems to sleep at night with a completely clear conscience about that.

You have here two different explanations of DFSV: your "gender" narrative, which is assumed in effect to explain all (male-perpetrated) DFSV, although it doesn't even do that, and DFSV as an effect of complex trauma and what that does to interrupt normal neurological, behavioural, personality, emotional and psycho-social development in children (and in analogous ways also in adult-acquired CPTSD), and how those children take their compensatory and survival behaviours into adult intimate relationships. I acknowledge that some DFSV is also triggered by a range of other adverse life experiences, ambient determinants or stressors, sometimes in combination, but I am not convinced that most of the "contributing factors" such as alcohol and substance abuse, major sporting events and gambling, adequately explain the problem or that they are in isolation causes. If contributing factors are present, they still do not explain why one person under their influence would perpetrate any DFSV while another would not (why quite possibly the vast majority do not), and that means that the actual cause isn't any such contributing factor but rather some other predisposition, that is never identified. To my knowledge, there is no evidence base that supports the "gender" narrative on this level, but there is considerable international research spanning decades that explains the causal relationship between ACEs and DFSV. The latter option does not exclude other causes, nor that the effects of ACEs can act in conjunction with other triggers, but it can explain every element of DFSV in detail. Australian advocates, "researchers", and policy iterations have consistently denied that ACEs cause DFSV; Jess Hill has skirted the edges of recognising that they can, although she has not unequivocally argued that they do, or fully explained what effects they continue to have over the life arc.²³ Unfortunately, this is one of a number of observations and suggestions that Jess Hill has made that the remainder of the DFSV industry

²³ Jess Hill, *Losing It: Can We Stop Violence against Women and Children?*, *Quarterly Essay* 97 (2025); see also her substack Rethinking Primary Protection, <https://jesshill.substack.com/p/rethinking-primary-prevention>. Michael Salter, a UNSW academic with whom Jess has collaborated, has also pointed towards correlation between ACEs and DFSV, and Kate Fitz-Gibbon has also notionally acknowledged the point, but there is no evidence that policy iteration or advocacy or any research has properly investigated this question, or appropriately engaged with existing relevant international research, while the latest NSW policy document expressly denies that ACEs cause DFSV, without providing any substantiating evidence or explanation of such a claim. It is very clear that this is a highly contentious issue for advocates. Jess Hill's *See What You Made Me Do: Power, Control and Domestic Abuse* (Melbourne: Black Inc., 2019), was a justly acclaimed contribution, but she made no attempt to properly understand perpetrators, nor did she address male victimisation by women. Jess Hill's book has been compared with the earlier attempt to provide a detailed perspective on DFSV in Australia: Jocelynn A. Scutt, *Even in the Best of Homes: Violence in the Family* ([1983] North Carlton VIC: McCulloch Publishing, 1990).

have not acknowledged or taken up. The scientific response here would be for you to provide convincing, sufficient, scientific evidence to *prove* that ACEs do not have anything to do with DFSV and that “gender” offers an adequate explanation, which you have not done; or you can remain committed to your ideological “gender” narrative. You have a choice. My experience, and that of every other survivor whom I know, would identify with the effects of ACEs.

DFSV is not “gendered violence” merely because, allegedly, a higher percentage of women than men are victims of it, or because they allegedly experience more physical abuse and threat. With the exception of DFSV-related murder, there is extensive and consistent evidence that suggests that women are statistically as often perpetrators, not acting in purported self-defence, as men are. That by definition is not violence directed more often against women than against men. In view of the significant under-reporting by male victims, arguably greater than female under-reporting, no statistics of non-lethal DFSV are in fact accurate, and inaccurate statistics are not a sufficient basis upon which to claim “gendered violence”. DFSV-related murders also involve a statistically significant percentage of men murdered, which likewise does not support a characterisation of “gendered violence”, not even if the majority of male murder victims are murdered by other males; not all of them are, and those murdered by female intimate partners are not all murdered in self-defence or because of a history of abuse. Indeed, any such allegation ought to be proven before it is assumed. This means that under whatever influences or impulses that males perpetrate DFSV, the same or an analogous cause also applies to women, who are equally capable of such abuse. This fact requires an impartial explanation. It also seems slightly inconsistent to claim that the worse experience of physical abuse purportedly experienced by women justifies describing it as “gendered” violence, as if non-physical verbal, emotional, and coercive and controlling abuse is less harmful, which on the one hand, women have advocated for stronger recognition and criminalisation of (why would they do that if it isn’t as harmful?), while on the other hand, women possibly perpetrate more non-physical abuse against men, but treat it as if it is harmful to themselves but not to men? There is more than one solipsism here.

It might be plausible to describe it as “gendered” if the numbers of male victims were minuscule, so insignificant as to suggest that they were aberrations, and that there was a clear targeting only of women in all such contexts, but that is not the case. I agree that there are some gender differences in how DFSV is perpetrated, but if any importance is to be attributed to female victims because of any distinctive ways in which this is perpetrated against them, then we should equally recognise “gendered” patterns in how it is also perpetrated against males

(males, after all, are also a “gender”). Why don’t we, if males are apparently just as much victims of DFSV as women are, with the sole exception of more females than males murdered, but not in the totality of the problem? Contrary to other assumptions established in this respect, men are not being violent against women because they are women. Not all murdered women are murdered for the same reasons, and for the purposes of understanding DFSV as a specific social problem, it is not useful to conflate women murdered or abused for different reasons. Women abused in the context of #MeToo are not abused for the same reasons as women are abused within the context of intimate relationships; indeed, it can be argued that the motivations and patterns of abuse are diametrically opposite between the two phenomena. If, however, we wish to conflate victims of different forms of abuse and murder into a single conglomerate in order to maximise the perception of female victimisation – which some advocates have done, and which is clearly influencing how many women perceive this problem – then why wouldn’t we apply the same principle to the total higher number of men murdered – it is irrelevant that most men are murdered by other men, they are still murder victims as women are – or the higher number of males who complete suicides? If it’s sheer numbers that matter, then why don’t we attach more importance to the sheer numbers of dead men? This perspective is not just driven by a concern with the problem of DFSV, there are other extraneous influences here, but if it’s actual DFSV that you wish to prevent or reduce, then that requires preventing or reducing *all* of it, not just whatever affects women.

All of the emotional, psycho-social, and behavioural tendencies which I unconsciously developed from early childhood onward were compensatory strategies due to anxiety, insecurity, lack of trust, lack of self-confidence, lack of normal fulfilling emotional relationships with primary care-givers and, especially when I also began to experience bullying at school, also lack of confidence and trust in relationships with others. Like every human person, I had legitimate universal emotional and psycho-social needs that were not met in a reliable, consistent manner, but which might be met one minute and betrayed or denied or less sufficiently met the next, while abuse also undermines sense of identity and personhood, so that I also attempted to compensate for that undermining by attempting to create alternatives that were not vulnerable to attack or denial by others. These are recognisable and common strategies in victims of childhood abuse and deprivation, and it is these compensatory strategies, the above average intensity of need, the inability to satisfy those needs, the lack of confidence, security and trust even when an intimate relationship appears to be satisfying, because you are conditioned to not trust positive responses by another, you are conditioned to

fear betrayal, to fear loss, to feel anxious and insecure precisely when a partner offers you those things, that can result in DFSV. These patterns are common to child abuse survivors, and in order to understand DFSV, it is essential that these unconscious emotional and psycho-social developmental processes be themselves recognised and understood.

I did not display all of these tendencies in any significant degree. I displayed *some* of them, primarily an intensity and insatiability of needs, a reaction to significant loss, various manipulative strategies and behaviours aimed at achieving acceptance and belonging, a tendency to construct an alternative sense of identity through my choices of academic career and studies and by leaving Australia, where I have never felt happy or secure or validated – fleeing away from places of abuse is a common pattern in some survivors (I have never returned to the family home or the area since I left it as a teenager) – learning other languages, living in countries I longed to visit when I was a child and had some connection with (my maternal family is French, and Europe became my sense of home). Tendencies at times to emotionally manipulate others to do things that evidenced their acceptance of me did not lead to controlling, and during relationships, I did not tend to feel anxious and insecure, which others do. I experienced profound loss and betrayal only with the abrupt ending of the most emotionally important relationship, and reacted with anger and grief in that case, but I did not do that in any other case. In hindsight, I have a high level of detachment and non-emotional involvement, or lack or fluctuating level of “empathy” and ability or willingness to be vulnerable to another person, but perhaps in some ways also a more resilient sense of self than some. Emotional detachment is a very familiar defensive disposition that results from having been vulnerable and then feeling abused and betrayed, so that in order to prevent that from recurring, one closes one’s self off from emotional vulnerability to others. I suspect that that is why no subsequent relationship worked or lasted after the loss of my most important relationship.

I consider that my choice of an academic career and, more specifically, the choice of the subjects I studied and specialised in, were not random but resulted from interests I had already clearly begun to develop in primary school. They also reflect accurately my abilities and potential; while I was and am interested in many other subjects, I do not have sufficient ability in many of them to have been able to qualify in them, including STEM subjects. It was a compensatory strategy, a form of identity reconstruction, and extension of my sense of self, and the interruption of my professional career and the denial of opportunities either to continue in it or assistance to pursue an alternative career that could have replaced the importance of my first career as another form of identity reconstruction, sense of self, and compensatory strategy

is, in its effect, a denial of my humanity and of my trauma recovery by my society and by government. Government does not recognise the emotional and psycho-social importance of education and employment for the well-being of people's lives; it treats both people and everything that they might achieve as disposable, in effect as worthless, and only of service to the economy, not even to society as a whole, and it exercises various forms of force and coercion to assert this. (If we are so concerned about DFSV, then it would certainly be instructive to consider just how violent, controlling, authoritarian and abusive our society actually is, beginning with government, and what association that might have for people vulnerable to such abuse, namely, DFSV perpetrators.) If this consultation acknowledges the right of every child – and by implication every Australian of any age – to fulfil their potential, then how have I been enabled to achieve that? What does such an acknowledgement mean, if no concrete measures exist to facilitate it for everybody? The fulfilment of their potential by every individual does not mean that we all qualify for STEM careers with student loan debts for jobs that actually don't exist and probably never will, nor does it mean that the unemployed are all forced to accept any offer of a job, no matter how irrelevant to previous qualifications or experience, no matter how badly remunerated the job, or how inconveniently removed it is from a place of residence, or how worthless the job itself may be. It means nothing less than that our society should value and invest in whatever every individual Australian is good at, freely chooses to pursue, and how our society then benefits from the contributions they can make to us all. But government has no strategy to facilitate that, and it probably never will. And so that acknowledgement is meaningless.

Others experiencing the same or similar abuse react and compensate differently. Some research suggests that different forms of abuse or different ways in which an individual is affected by it then result in different types of abuse in intimate relationships, which then point to those areas of their personality or self-regulation or emotional needs or stage of development that have been most affected by that prior abuse, and it is disappointing that more study of such impacts has apparently not been undertaken in Australia. All perpetrators are not the same, all abuse is not the same, and we should not be generalising indistinguishably about abuse and perpetrators as we do; we should be capable of differentiating between different types and patterns of perpetration, identifying the different factors contributing to that, and then developing more differentiated and targeted prevention or early intervention plans to address each of those types and patterns. While the tendency of advocacy and some "research" is to assume that abusive partners are consistently abusive in every relationship, that assumption is

not supported by all the evidence, there are cases known where that is not true, it was not true in my own experience, and it would be desirable for more quantification and differentiation to be undertaken.

A second relationship I had with a woman who had herself experienced multiple forms of abuse and trauma resulted in a different response, one of wanting to support her, but her behaviour quickly became more than I could cope with at the time and I ended that relationship. This illustrated some sense of dependency and emotional need on my part towards her at the same time, and initially, the relationship seemed promising and satisfying, but it is possible that she became anxious and insecure and began to behave in conflicted ways. She admitted to being difficult towards others (not only partners, but colleagues and friends), she had caused the end of a marriage by infidelity, and that was also one element in our relationship that led to my ending it. I assume that that behaviour was an effect of her earlier abuse and trauma, as promiscuity can be. My experience of that relationship is especially revealing in that I developed an emotional attachment to or dependency upon her, which made it difficult to simply leave her and which, consciously or not, she was also able to manipulate. I think that the dynamics of such abusive relationships are very important in many cases, as I mention below, and should not be being overlooked as they appear to be. They also help to explain why abused partners do not always find it easy to leave, and that that is not necessarily a question of money and shelter.

I also experienced coercive and controlling behaviours following the end of another significant and earlier relationship. For most of its duration, it seemed to be largely successful and mutually satisfying, but the directions of our lives changed, we perhaps no longer wanted the same things that had originally brought us together, we did not know how to reorient it so that we could continue together, several people who assumed the role of marriage counsellors were less than adequate to one or other of us, and I experienced some period of inappropriate behaviour from that woman after we had separated. I assume that that was out of revenge for her sense of disappointment in the relationship, as I have no other explanation for her behaviour and I am not aware of having done anything to her to provoke that, and it caused some harm. The causes of abuse by rejected or abandoned partners after a relationship has ended, even when the abusive partner is the one who ended it, are simply not being considered, but they should be, and prevention strategies that directly addressed those causes might reduce the incidence of such abuse. I have no contact with any of the women with whom I have had an intimate relationship, I do not know where they are or what they are doing.

I was very susceptible to women who displayed particular interest in me or who responded to me in ways that seemed to validate me, and it was such women whom I sometimes “love bombed” and pursued, for varying lengths of time. It might take nothing more than a single gesture or look or conversation to motivate me in this way. In other words, I showed a consistent pattern in being attracted to some women who offered me the prospect of compensating for deprivation I had previously experienced.

I do not know what a normal development or normal behaviour within any relationship is, I do not know how normal my behaviour is at any time, and whether or when it becomes more demanding or insecure or different from how others behave. Becoming more aware causes more anxiety and insecurity and lack of self-confidence, not less. I do not know how common any of these kinds of mal-adaptations are in others. I have the impression that I was more successful than many others in regulating my behaviour and compensating for denial and deprivation than others, even if it remains clear to me that I did have those dispositions, if I was not always successful, and I could have become more extreme in my re-actions. However, it is known that everything I describe here is, within the parameters set by abuse and trauma, recognisable, predictable, and typical. This means that the prevailing interpretations of such behaviour in terms of misogyny and power and control are mistaken, because they are largely unconscious, and their causes are the opposite of what is assumed: their motivation is to preserve emotionally important intimate relationships while experiencing reactions that have the effect of undermining and destroying it, because of anxiety, insecurity, inability to trust and have confidence, which then triggers compensatory behaviours of control, and anger when one feels deprived or betrayed.

Genuine DFSV prevention would recognise these developmental and compensatory processes, it would seek to ensure provision of appropriate care, treatment and help to heal every child victim of abuse and trauma, it would change the “gender” narrative and replace it with a better-informed account of these effects, it would recognise that *both* men and women behave in these ways and for the same or similar reasons and that problem behaviour is not limited to males, and it would aim to improve public education and understanding about *why* these behaviours occur. It may be helpful to consider the ways in which I attempted to compensate as I have described here, both to better understand what every survivor does on their own terms and according to their own personalities and ability, their own opportunities and environment, and also if there are approaches that could be replicated in some way.

We never ask what the source of a disposition to control is. I do not dispute that what is now defined as coercive and controlling behaviour occurs, but I do reject the assumed reason for it, which is that men seek to control women because they hate women. In fact, they seek to control an intimate partner because the relationship with that partner is emotionally and psychosocially important for them, they fear losing it, and in order to avoid losing it, they seek to control their partner's activities and not to lose their emotional focus on the purported abuser. Research cited below even points to the emotional dependence and vulnerability of males where there is no history of abuse, and this suggests that the nature and extent of male psychology is not being appropriately understood or considered at all; it is being seriously under-estimated, conveniently, it is itself influenced by exactly the same stereotypes about masculinity that are at the same time being challenged by advocates, and consequently, this is contributing to a false construction of what DFSV is and why it happens. It would be more constructive under these circumstances to look at the emotional needs of the abuser, to ask why they feel the need to control a partner in order to preserve their relationship and need fulfilment, and whether with therapy and other support, they might learn to manage those needs including their anxiety and trust issues differently. Why do we not do this?

The Problem with Relationships

While the present consultation obviously has a use-by date as a foundation for the development of a new policy implementation phase, genuinely bilateral constructive discussion of all of these issues, if intended to effectively reduce or prevent DFSV, should be a continuing conversation, but in terms that all of the public discourse currently is not. Over the weeks during which I have been writing this Submission, my perspectives and insight, if you will, have changed, increased, developed, even though I have been engaging with this issue for years, and it isn't possible to write everything that might be useful into such a Submission, which is already much too long. If given more time, I would no doubt have more to say. In doing so, we are all writing into a void, we are conducting one-sided conversations, in the hope that the reader, whom we don't know and who doesn't know us (and who hopefully is not an AI bot), will also in a sense engage with us, and yet we do not have the opportunity to continue to discuss anything. Ideal discussions are not occurring even in discussion feeds or in the media or the political sphere or in any other public space, either, because we are all speaking re-

actively, not listening to each other, not really making the effort to understand the problem. We all think and speak within pre-determined parameters, a fixed idea of what the problem is, and what it isn't, it has become highly conflicted and often toxic, anybody expressing views that seem too far "out there" or different from others' opinions is easily attacked, and our social fabric is being ripped to shreds by the manner of this "conversation". We ought, as supposedly mature adults, to be capable of doing a lot better.

This morning, I read a new substack post by Jess Hill in response to Pauline Hanson's recent comments.²⁴ There are several things that could be responded to, but the problem of appearing to "blame the victim" jumped out. We are always blaming somebody, because we are unable to talk about anybody accepting responsibility, including victims. If we avoid suggesting that the victim bears any responsibility for anything, then that makes it easier to simply blame the abuser for everything, which we do, but what if the abuser is or was also themselves a victim? What if they were triggered by some genuine injustice? We don't acknowledge any of that, we only consider the abuser guilty for being abusive. But that doesn't fix anything. The dynamics of any abusive situation vary, they're not always the same, and there is often one victim and one abuser, but how often is the abuser the female, and how often do we refuse to admit that? According to international statistics, the abuser is female in around 50% of the time, but we don't admit or discuss that. We don't consider when *both* partners abuse each other and co-perpetrate, even if in somewhat different ways. Just because most women are murdered by men, that doesn't prove that women can't or don't perpetrate a higher percentage of non-lethal abuse; they may not be aware of doing it, either, they won't see it as abuse if they think they're in the right. Men's social media sites are overflowing with stories about abuse by female partners, even stories reported by men's mothers against abusive female partners and wives, but where is the public or policy discourse that recognises that, or which even knows what else is happening online? And because we refuse to admit and confront this, we are always blaming the male, no matter what the situation may have been.

We are also unable to distinguish between an appearance of "blame", and what responsibility might look like. You do not need to feel guilty, or be made to feel guilty, but we often do anyway, and that feeling seems to block any acceptance of non-guilt responsibility. Two distinct levels of cognition are involved here – the emotional, and the rational - and usually, the emotional overrides and shuts down the rational. We need to be able to

²⁴ https://substack.com/@jesshill/note/c-300591444?utm_source=feed-email-digest

acknowledge when we have done something to harm another person, to understand why we have done it, on an emotional and psychological level, and to find ways of not doing it again. That means that we have to change ourselves; we expect men to be changing in this context in every way imaginable, but when do we begin to ask women to think about changing when it's necessary, too? How is it fair that we don't?

Marriage counselling used to involve *both* partners being asked to consider changing, not necessarily in the same way, but *both* usually needed to make some change or concession or accommodation, to accept some shared responsibility, if their relationship was to survive. Why aren't we doing that here? Putting all of the burden upon one person in a relationship in which two people exist implies that the other person is perfect. When was anybody ever so god-like? If we no longer care about the other person, even if as an abuser they obviously need some kind of help, or if we no longer feel as if we gain anything by being in a relationship with that other person, then the relationship has probably reached its expiry date. But if that other person still matters to us, if we are capable of still feeling empathy for them, if the relationship has meaning and purpose in our life, then what are we prepared to invest in it? What will we give to it? These are questions that no longer seem to be being asked.

Domestic, family and sexual violence occur within the context of relationships, whether between two intimate partners, or between a wider range of actors.²⁵ Current policy iterations and advocacy tend to portray this only from the perspective of a partner wishing to leave or having left an abusive relationship, or having been murdered, but they do not consider how it reached that point. Histories of abuse are typically alleged, although such claims are not always true (there is a very concerning incidence of false allegations that are not being acknowledged or appropriately investigated), nor do they explain anything. It would be useful if there were more consideration about how people transition from the beginning of their relationship through to its failure, and any genuine prevention strategy that aims to reduce the incidence of it must address this process and not focus merely upon its outcome. Multiple factors associated with this context are not being considered or often sufficiently acknowledged, which ought to be: for example, the fact that statistically, the majority of males murdered in a DFSV context are murdered by other male family members, but there appears to be no useful research into

²⁵ Cf. e.g. *The Cambridge Handbook of Personal Relationships*, ed. Anita L. Vangelisti, Daniel Perlman, and Susan Sprecher (Cambridge: Cambridge University Press, 2026).

how and why this happens; the fact that some male and female murder victims are murdered not by an intimate partner but by children, or parents; the fact that on international research evidence, approximately 50% of DFSV perpetration is co-perpetration, not initiated by a male abuser against a female victim; the fact that statistically approximately one-quarter of all relationships have some conflict, but it is a moot point whether all of that ought to be automatically defined as DFSV, which we are now at risk of doing (DFSV is by definition recurrent or continuing behaviour, not random or isolated incidents, even when the latter may be potentially verbally or physically violent); some international research also suggests that the single strongest indicator of co-perpetration is female physical injury, which is often the result of sustained less visible and harmful physical and/or abuse by the female partner to which the male does not respond until a breaking point, at which time it is likely that the injury will be significant²⁶ – I am not assuming that this is the only explanation of physical abuse of women, nor do I consider such injury to be justified by any situation, but if Australian “researchers” were doing their job, then they would be investigating such findings and be prepared to discuss issues even if they risk appearing to blame victims, as such female victims still need help and different ways of behaving; and so on. It is not obvious to me why women should assume that it is an acceptable justification or excuse to claim self-defence, but it is not acceptable for any male to do the same, and I do not consider disproportionate strength of physical force an excuse for women to still abuse their partners or to cause serious injury or to murder them, all of which some women do, if men cannot also do so. It is also inconsistent for women to object to being victim-blamed, and yet by suggesting that any DFSV that women might perpetrate against a male partner is in self-defence is itself blaming the victim, while absolving themselves of all responsibility. There is no evidence that supports that attitude. It would be useful if relationship counsellors and researchers of relationships were contributing more to this discussion.

We are all attracted to some potential partners but not, or less so, to others. This is instinctive and sub-conscious, but it is never entirely random. There is evidence that suggests

²⁶ E.g. Whitaker DJ, Haileyesus T, Swahn M, Saltzman LS. Differences in frequency of violence and reported injury between relationships with reciprocal and nonreciprocal intimate partner violence. *Am J Public Health*. 2007 May;97(5):941-7. doi: 10.2105/AJPH.2005.079020. Epub 2007 Mar 29. PMID: 17395835; PMCID: PMC1854883.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC1854883/>

This study of 11,370 American adults aged 18-28 in 18,761 heterosexual relationships, found that almost 24% of relationships had some violence, 49.7% of those were reciprocally violent. In non-reciprocally violent relationships, women were the perpetrators in more than 70% of cases. Reciprocity was associated with more frequent violence among women, but not men. Men were more likely to inflict injury than women. The context of the violence was a strong predictor of reported injury. These findings are consistent with those of numerous other studies.

that people with histories of childhood abuse and trauma are attracted to one another and form relationships that may then become abusive, more often than relationships are formed by only one partner with such a history. However, it is difficult to discuss the bases upon which relationships are formed without the appearance of blaming the victim. It is not my intention to blame anybody, but if we cannot avoid such imputations, then it is not possible to have any informative discussion with the objective of preventing or reducing the incidence of DFSV. I do not know on what bases relationships are formed that become abusive, but in theory, it seems reasonable to hypothesise that there is often an intuitive or unconscious attraction between such partners which it would be valuable to identify and understand, and that if that could be achieved, then possible prevention strategies might be considered. Insofar as it is evident that a significant percentage of abusive relationships do in fact involve childhood abuse and trauma, better care, treatment and support of those child victims as children and adolescents would arguably reduce the risk of abusive behaviour later, but we are not doing that, and too often instead we re-traumatise them. Likewise, in view of the high incidence of mental health conditions in abusive relationships, radical reform of our entire public mental health system and better diagnoses and management of those conditions should also reduce the incidence of abuse, but to date, the entire mental health aspect of DFSV has been consistently ignored. People with prior histories of ACEs do not necessarily display abusive symptoms or patterns immediately, or perhaps even for years into the relationship. This is not evidence of strategy or calculation: it is how such symptoms occur when triggered but not consistently. An analogy is how rape victims are known to shut down, to sometimes repress the memory for years, and that allegations or acknowledgement and an ability to speak about it only occur many years after the event; that is a trauma response, and exactly the same kind of pattern can also occur with ACEs, not only with memory of abuse, but also in how seemingly unrelated symptoms or conditions can manifest years later, or unconsciously acquired reactions can be triggered, and are then misinterpreted. It would therefore be useful to educate the community in these effects so that they can be identified before they cause harm.

Not everything that is now being viewed as DFSV necessarily is DFSV, or should be considered as if it is all undifferentiated worst-case scenario abuse, when it isn't. Current depictions of DFSV, supported by some social media posting and media reporting, as well as focus upon murders to the exclusion of the far greater incidence of non-lethal abuse, have the effect of implying that all DFSV involves extreme physical abuse and maximum coercive control, but how much of it isn't? We don't know. How much of it is anything more than

transient manifestations of anger and frustration under extraneous stressors, which is then labelled as DFSV? We don't know. Is it helpful to consider every male who ever raises his voice or smashes a plate as a murderer? No. This may be an indication of greater escalation and risk, but there should be other indicators that would enable us to distinguish genuine risk from non-DFSV if we were prepared to make such distinctions. Apparently, we're not, and instead of thinking and investigating more, we encourage fear-mongering and panic; public discussion and education about DFSV are not in themselves fear-mongering and panic, but the manner in which this is done can be. And women also raise their voices and throw or smash dishes, or engage in other coercive and controlling behaviour, it isn't only males who do this. Is every woman who does this instantly branded as a murderer? No. Males are, but females aren't, although the justification for that difference is disputable.

Advocacy also tends to assume that abused women can't leave a relationship because of the inadequacy of frontline services, or because of the controlling vigilance of the abusive partner, or because of the children. These issues are no doubt real, but they're not the only reason why abusive relationships might continue. I assume that this is known to some working in these areas, but it isn't being acknowledged or discussed, and the question why victims don't leave is over-simplified because we won't discuss the more complicated reasons. On the one hand, for example, victims can struggle to reconcile a reality of abuse with positive experiences of the abusive partner and happier memories. Victims do not all regard their abusive partners as unmitigated monsters. Anybody in an intimate relationship will have had happy memories of its earlier days, of how they met, of marriage and honeymoon or other shared experiences, they have emotional attachment, they may hope that the abusive partner can change, or be helped, or that the behaviour is temporary, and prefer to try to survive it instead of fleeing, they may still feel obligations and responsibility towards the partner. There is infinite variation and nuance in these situations, but none of it is being discussed, and nothing is said about trying to heal such relationships or undergo constructive marriage counselling or psychotherapy, with the view of resolving the problems. It is as if current DFSV advocacy and policy responses are only interested in any such relationship ending, regardless of what the situation actually may be. Are some of these relationships actually worth saving, and if so, then what can we do for them? Yes, in some cases there is real risk, but that is conceivably not always the case, but who is truly qualified to recognise the difference, and to then help couples navigate a better outcome that would also help instead of demonising and criminalising the alleged abuser? Could earlier

and more constructive intervention also prevent abandoned partners from becoming more controlling, vindictive, or murderous?

On the other hand, particularly between partners who both have prior histories of separate abuse and trauma, their emotional and psycho-social needs are distorted and insatiable and more difficult to regulate. These couples can develop a dynamic of mutual dependence and manipulation that exploits and perpetuates that dependence. I have experienced at least one example of this, and it makes it challenging to leave an abusive partner. I do not know the histories of male victims who endure years of mistreatment by female partners, of whom there are many, but it is possible that some of those males also experience this emotional dependence and manipulation, while others do not but seek to help, care for, and support the abusive partner instead of wanting to leave her, because she clearly does need the same help that abusive male partners also need but are not offered. *Both* partners in such dependent and manipulative relationships need other help, and they ought to be getting it. Yet because DFSV advocacy refuses to recognise any relevance of ACEs to any DFSV, this is evidently not perceived as being an issue that should be addressed, and nobody else is adequately addressing it, either.

Any abusive relationship that continues and can be characterised from any point as abusive and no longer as a functional primarily positive relationship, would have changed, from being one in which both partners were essentially happy and felt secure and confident and hopeful about their future, to becoming one in which one or both partners no longer felt that way, and also behaved differently from how they did initially. This transformation is a process, and it has causes, and those causes do not have to do *per se* with misogyny: they have to do with changes in the lives of those individuals, or in their circumstances and in other ambient determinants and stressors. They also need help, and if such relationships evolve into increasing abuse and dysfunction, then either those partners were unable to obtain the help they needed, or they did not perceive the need to do so, or one partner sought to do so but the other did not cooperate. It is impossible to know how common this kind of process is, but it would be useful to examine these issues, and to ask whether everybody who needs marriage counselling or other therapy actually has access to it. Relationship counsellors should be non-judgemental and impartial, and they need considerable insight and skill, or like others they can cause more harm than good. Prevention of what may end up in a refuge or shelter requires more effective earlier intervention in this process of deterioration, but it is not obvious that policy iterations recognise this.

Beyond these issues, there are also points over the course of a long relationship at which one partner's life or both may change so much, or the circumstances of the relationship may change, that a relationship is no longer fulfilling or perhaps meaningful. Some examples of this are recognised as life transition phases, such as change of career, permanent unemployment, retirement, major illness, or other circumstances. Partners are confronted with difficult choices, and some may end their relationship in mid-life or later, after many years together and with families. This can also be a point at which abuse or conflict occurs, especially if, for example, one partner then feels rejected or abandoned or is not equally consenting to the termination of the relationship, or experiences regret, and is forced to confront a difficult and unknown future alone, when they have faced many other challenges together.

Finally, the single most formative and essential way in which children learn to conduct respectful relationships in which they also learn the willingness and the ability to resolve problems to maintain a relationship, is from how their parents model a positive or negative relationship. I am not assuming a universal equation of identical replicated behaviour from parents to children, nor am I suggesting that all children's behaviour is simply imitative, but if children's parents do not model positive, mutually respectful, constructive problem-solving and daily interaction, then it is more likely that the children will struggle to do it better, and they can't just be taught that at school because their parents don't. Relationships are always complex, involving multiple influential factors, but if their parents' relationship is not successful and positive, then there are usually other factors also making the learning of a positive approach difficult as well. Statistically, every child who experiences the loss of a parent, or parental break-up, or being raised by one parent without an equal and normal regular relationship with the other parent (unless there are very convincing reasons why they don't have such a relationship with the non-resident parent – some children still want a relationship with an abusive parent at some point, and should not be prevented from doing so by the other parent), is at risk even if this situation first arises in late adolescence, of multiple adverse developmental, psycho-social, emotional, biomedical impacts, which will conceivably persist. In view of several issues mentioned elsewhere in this Submission that are not being acknowledged and addressed by DFSV policy iteration, including parental alienation (which is real: I have experience of it, as do many other men), the high incidence of single parenting, high incidence of female-initiated divorces not all or necessarily due to abuse, highly vindictive and long-drawn-out custody disputes, and false allegations, all of which have very traumatising effects upon children, it would be advisable for any future policy response to confront all of

these issues honestly and consider how they could be reduced or prevented. Failure to do so will mean, inevitably, that many of those traumatised children not set ideal models by their own parents will struggle to maintain their own intimate relationships or resolve problems in them or avoid some abusive behaviour of their own.

In summary, the prevailing representation of DFSV in current discourse is consistently extreme, without recognising or seeking to support or examine the realistic variations and nuances in people's lives, and it does not sufficiently seek to deliver other forms of help where they could contribute significantly to DFSV prevention or earlier intervention.

The Question of Purported Conscious Intentionality

The fact that known causes of perpetration that could be considered to reduce individuals' responsibility are explicitly or implicitly excluded as causes; that the influence of ambient determinants upon individuals' unconscious are likewise overlooked, as are any previous histories of adverse experiences; that any purported "influences" and attitudes are assumed to be conscious choices when they often are not, or not entirely, or not the result of single causes; that a range of areas requiring further research have not been researched; that available research notably in areas of psychology have to date not been permitted to properly inform our understanding of DFSV; that female perpetration not in self-defence is consistently downplayed or ignored in favour of a unilateral assertion of "gendered" prejudice and male-only behaviour; and that recent new foci of attention have also been framed in terms of intentionality, could all be interpreted as suggesting that the only way in which current advocacy and policy iteration itself "chooses" to understand DFSV is, as a conscious, intentional, and calculated act, and that to that end it consistently excludes any explanation that might challenge this position. It is also the assumption of many victims and their supporters that perpetration is always fully conscious and intentional. There is no irrefutable evidence base for that assumption, not least, because nobody has yet bothered to properly interview every perpetrator in the country, past or present, in order to better understand their behaviour and what contributed to it.

This attitude is arguably in part a product of Australia's essentially punitive behaviourist attitude towards any social problem, its lack of an understanding of what a society is, how

every individual is formed and influenced and inter-connected with it, therefore making the entire social unit in some measure responsible for everything that occurs within it, our consistent refusal to recognise that before any individual ever acts aggressively towards anybody else, they have first been acted violently against by others, or have been triggered by something to so act, that even other factors influence how they are triggered and what they do when they are, and that they do not act within a vacuum. We have an exceptionally defective notion of collective responsibility. This attitude is also facile and dehumanising, and it results in contortions of unresolved contradictions and inconsistencies. And yet, Australia still finds it more convenient to behave as if we all exist in our own separate bubbles. Other societies, as well as an abundance of evidence and research, contradict this attitude. There are specific historical and cultural reasons why Australia consistently thinks and acts in this way and is impervious to any evidence that might challenge its assumptions. It seems ironic that DFSV advocates demand attitudinal change in males, but are unable to question their own questionable attitudes.

Many advocates have expressly insisted that (male) perpetrators must be held to account, but they do not advocate that female perpetrators should likewise be held to account, or as equals,²⁷ nor do they appear to recognise that however inadequately and unsatisfactorily, we do have some mechanisms for holding convicted and alleged perpetrators to account. If those mechanisms leave something to be desired, that isn't the fault of those perpetrators. There have also been indications that some have assumed that what may be true in some individual cases is therefore always true and the same principle of alleged intentionality ought to be universally applied, and that there should be a presumption of guilt instead of innocence until proven otherwise. That attitude, of course, turns our jurisprudential principles on their head and has unimaginably far-reaching implications if adopted. However, none of this recognises prior causes or contributing factors for which such individuals are not responsible, but for which others ought to be held accountable if anybody is, or co-accountable. Why not put all of our

²⁷ I acknowledge that some women convicted of associated crimes in Australia have received disproportionately harsh and very unequal punishment, which I do not support, and that in at least one such case (Akon Guode) there has been a shocking travesty of justice (IMO); it's possible that other similar cases have also been too harshly punished, and that of Kathleen Folbigg also illustrates a deplorable miscarriage of justice. On the other hand, there have been women convicted of less physically violent DFSV crimes who have escaped carceral sentences which males convicted of the same crimes have received, and so there appears to be considerable disparity in both directions. I advocate *equal* punishments for equal crimes. Some of this inconsistency in both directions as it affects women can be explained in terms of the gamma bias:

Seager, M., & Barry, J. A. (2019). Cognitive distortion in thinking about gender issues: Gamma bias and the gender distortion matrix. In *The Palgrave handbook of male psychology and mental health* (pp. 87- 104). Palgrave Macmillan, Cham. https://link.springer.com/chapter/10.1007/978-3-030-04384-1_5

Prime Ministers and Cabinets and State & Territory governments in the dock both for their complicity in causing and perpetuating the lack of services and supports for victims and also for perpetrating and tolerating all of the adversities that harmed perpetrators before they became perpetrators? But no, of course, we would never do that, we go for the little man instead, we isolate him and then rip him to shreds. With some advocates' demands, we are now flirting with travesties of justice and contentious changes to our legal system and jurisprudence, which has already become manifestly corrupted in relation to DFSV.

Current policy iteration and discourse around DFSV do not explicitly and directly confront the assumption of conscious intentionality, just as they do not directly confront many other assumptions they operate with. It is therefore necessary that this Submission draw attention to it and question it. This Submission recognises many possible or probable causes of DFSV as perpetrated by both men and women, which do not include "gender". It likewise recognises that DFSV perpetration is always an act of an individual human person, not of an abstract generalisation or an unsubstantiated assumption, and that some cases of DFSV conceivably do involve conscious intentionality; that includes female perpetration and is not confined to male perpetration. For example, occasional men and women have married partners whom they have subsequently murdered in order to claim their wealth or insurance coverage, and such behaviour is plausibly conscious, intentional, and calculated, although it does not describe the vast majority of DFSV. To my knowledge, we currently have no research that attempts to quantify DFSV perpetrated in what could be considered as full intentionality, as distinct from motivations that are more complicated. At the same time, merely assuming conscious intentionality without due consideration of other questions still results in biased and potentially false and unjust perceptions of what causes or contributes to DFSV, and it is not acceptable that such assumptions should be being made without any substantiation or consideration of their limitations. Failure to give due consideration to unquestioned assumptions leading to biased or distorted outcomes is an instance of unscientific methods.

Those who argue or assume that (male) perpetrators always act in conscious intentionality, control, and calculation clearly do not have any adequate grounding in human psychology, either normal or abnormal, and they are unable to justify this perception from such disciplines. All human persons, girls and boys, socially successful conformists and criminals and everybody in-between, acquire an unconscious foundation of behavioural norms in infancy and childhood. Some of the building blocks of that development are inherited or innate, others are moulded according to the conditions of their parenting and upbringing and environment. It

is a question of both nature *and* nurture. There are many variables in how that unconscious learning process occurs and what it achieves, and no single factor alone pre-determines anything, but there is no fundamental difference between how a loved and cared-for child within a stable family and favourable circumstances and opportunities, on the one hand, and a child who is born into socio-economic disadvantage, subjected to abuse and trauma, deprived of anything that might enable them to transcend that upbringing, on the other hand, is formed unconsciously by their upbringing. Some comfortable, privileged white-collar middle-class children go off the rails, or are traumatised in ways we have not yet learned to see, while some desperately poor and disadvantaged children make good and achieve the impossible, but as a generalisation, the unconscious shaping or “formation” of children is the same for everybody, and was the same for all of us. Whatever we become through our childhoods and adolescence into early adulthood, we largely remain for the rest of our lives, and we take with us the legacy, for better or worse, of that upbringing. And yet in Australia today, we do not appear to accept or to understand that the criminal is somebody who became a criminal in exactly the same formative ways that more socially acceptable individuals became what they are, we accept the positive process but not the negative, and instead of recognising that all such upbringing or “formation” is the work of a village or a society, we blame the individual alone for things over which they had no choice and no control but which may have profoundly traumatised them – and in so doing, we re-traumatise them. We accept the unconscious upbringing process when it achieves socially favourable results, but we deny exactly the same process when it results in any perceived threat to our society, and instead of questioning our collective responsibility – which we never do in positive instances – we blame the individual.

Every one of us is, as an adult, a product in formative and fundamental ways, if not entirely, a product of our childhoods, and it is incomprehensible that we would not recognise this, not recognise that childhood abuse and trauma are taken into adulthood, that they are not grown out of without help, that we are often not even fully aware of them because they are normalised – for all of us – and that if our society does not want the behaviour of its damaged children to continue, then our society will have to do whatever it takes to help them, to compensate for the harm that was done to them and the love they didn’t receive – including what our society itself does to them. And yet, we don’t help them, and then we wonder why they behave as they do. As a mature adult, I am not the child I once was, but I still struggle sometimes daily with emotional and psycho-social effects that that child experienced, I am much more conscious of some of them, while becoming more conscious is also a continuous

labour, but I do not have the emotional strength to struggle endlessly, because every struggle with an effect does not always change or eliminate that effect but has to be lived through time after time, I do not have any emotional benefit or support for all of this, and I have not been helped by almost anybody. My permanent unemployment may have little to do with that childhood, and yet it has destroyed the positive gains I had made, it has returned me to the feeling of being unwanted, un-valued, worthless, somehow guilty for things I should not be guilty for, and it compounds other effects – it is not a separate issue, it becomes part of the legacy. And how does our society treat its unemployed? It certainly does not help them as they need to be helped, it treats them as criminals, potential or actual, it treats them as if it's all their fault, nobody else's, it treats them as a burden. Is that very different from how abusive parents and predators treat their victims?

A fundamental issue here involves self-regulation, which is not much discussed. Self-regulation is trained into us in multiple ways as we grow up, and involves unconscious emotional regulation (which is disrupted by abuse and trauma), the models of our significant others, embodied and notional ambient social values and norms, and other factors. If we assume conscious intentionality, then we still have to answer the question: What failed in the nurturing and conditioning of an abusive or murderous individual, that they do not question the legitimacy of their actions and desist? We expect them to do this, and we condemn them for not doing it, but we do not ask *why*? Why might they consider their behaviour legitimate – and it isn't really about any immediate alleged “influence”, the problem goes back to their upbringing? During the several days in which Rowan Baxter prepared to commit his murder-suicide, for example, did he ever ask himself why he was doing that and whether it was the “right” thing to do? That is what we expect anybody to do, if they even get to the point of planning such an act at all. Why would he have considered it necessary? And if he did not ask himself that at any point, then why didn't he, and who or what failed him – and his victims? Insofar as all of the diverse factors that normally contribute to positive nurturing are the responsibility of others, where has that failure occurred, who is responsible for it, and why do we only blame the perpetrator but not any of those who had responsibility for him (or her)?

That is a first argument against assuming conscious intentionality. The second might be that we are spectacularly inconsistent, or selective, in how we understand the influences that affect people. In the case of perpetrators, we recognise no extraneous influences at all, but when we become anxious about the Manosphere, for example (or advertising, or propaganda), we hypothesise far-reaching influences that seduce people without their control over themselves.

This latter assumption is just as simplistic as the former about perpetrators, and yet we are notionally discussing exactly the same problem, so why would we assume significantly different models of cause and effect in the two cases, or in others?

A third objection might be that in psychology, while it is I believe recognised that the unconscious assumes the role of causing or generating at least in some degree all human action, the existence and the definition of what consciousness is, is considerably more disputed and lacking consensus. Without being able to specify exactly in what ways or to what degrees we act in a properly conscious, as distinct from a primarily instinctive and unconscious way, it is not possible or reasonable to allege conscious intentionality in much at all. I recognise that there is something resembling conventional ideas and assumptions about consciousness and intention, and that we do need to hypothesise such intentionality, including for purposes of law and justice, but traditionally, even jurisprudence recognises various limitations upon the assumption of intentionality, and those limitations ought also to apply in DFSV perpetration. A model of complete conscious intentionality would need to be able to exclude all unconscious, instinctive and impulsive or emotion-driven behaviour or influences from any action, not merely DFSV but from all human behaviour, insofar as whatever we assume about DFSV perpetration must also be true in other behaviour, but we cannot exclude these dimensions from any action and demonstrate that every action is the outcome of conscious calculation and reflection alone. There may be variations and different constellations in how these elements all contribute to any given action, there are certainly degrees of conscious calculation, but these other factors cannot all be entirely excluded.

Fourth, there is a significant incidence of mental health conditions among both perpetrators and victims. It is yet another serious failure of current responses to and advocacy around DFSV in Australia that mental health has been almost entirely ignored as an area requiring major reform and better, more universally and immediately available service delivery, and both preventative and early intervention responses. If we assume that every victim of DFSV has been traumatised, if we recognise that every child suffers ACEs as a direct victim or as an observer of DFSV, of sexual abuse, of deprivation and neglect, or of family breakdowns, single parenting, divorces and custody disputes, among other things, then how is it possible that nobody is demanding a public mental health system capable of caring for all of those many victims? How is it, that we do not even know how incapable our existing services are to care for all of these people in addition to other demands made upon them, or that if we do know, we don't care? Our entire public mental health system is in a condition of moribund atrophy, it is

another victim of decades of government neglect. It is also incapable of meeting the high incidence of mental health needs in prisons and other institutions, and many people do not have a mental health diagnosis despite clearly having a diagnosable condition or being at risk.

As noted below, various estimates, no doubt all incomplete, suggest that there is an incidence of mental health conditions among both perpetrators and victims anywhere between 50-90+%. That is a very substantial level of incidence, and yet it is neither being acknowledged and addressed nor even further researched by DFSV researchers and organisations, nor is there any targeted response offered in policy iterations. Such neglect could easily be interpreted as evidence of a refusal to acknowledge that mental ill-health has anything to do with DFSV, although there is no proof to substantiate such an attitude. There are a range of variables in this question: every individual manifests mental health problems in different ways and degrees, some individuals with a diagnosis experience severe sustained symptoms while another with the same diagnosis may be much less severely or persistently affected; and the extent to which any such condition might be considered a factor in DFSV remains an open question. Nonetheless, these issues ought to have been more convincingly and seriously confronted by government and by advocates, associated academics, organisations and researchers and also by clinicians, than they have been. Anybody experiencing a significant mental health condition who perpetrates DFSV is failed, and their victims are failed, by everybody responsible for better managing and addressing these issues *before* a perpetrator becomes a perpetrator, and individuals alone cannot be blamed for this situation.

I have outlined above effects of Adverse Childhood Experiences and how they can continue to shape and influence and trigger behaviour in adulthood, including in intimate relationships. If the unconsciously acquired compensatory and survival strategies that they display are triggered in intimate relationships, then the fact that these are unconscious both in how they function and how they are acquired, and that the affected individual tends not to be fully aware of them or to have insight into them, then they cannot be regarded as fully conscious, intentional and calculated behaviours. Moreover, their acquired motivation is the opposite of how victims interpret them, consequently, the actual effect that they tend to have in alienating the abused partner is not in fact the unconscious intention, but its opposite. From this perspective, as long as the perpetrator acts under the influence of this unconsciously acquired strategy and its emotional drive, they may act in one sense consciously, but at the same time they are unable to act intentionally to achieve what they want, and they are unable to fully regulate or control their behaviour. This conflict between acquired behaviours and what

the survivor in fact wants to achieve, and often fails to achieve, is not limited or specific to intimate relationships, and it is only because we are not considering any of this behaviour in terms of its causation or within the overall context of the individual's life that we fail to appreciate how pervasive it is. DFSV consists in different types of behaviour, and some of them are at least outwardly more intentional and purposeful than others: spontaneous outbursts of anger and aggression and violence are not fully calculated, whereas controlling behaviours appear to be. At the same time, however, the level of conscious intentionality in coercive and controlling behaviours may be complicated and not entirely what it seems. The model of conscious intentionality is unable to consider dual levels of action.

I am assuming that most victims have little understanding of even basic human psychology, certainly not of abnormal psychology, nor do most Australians display any understanding of how complex trauma either from ACEs or adult-acquired CPTSD actually influences triggered stress fight-or-flight and other poorly regulated emotional re-actions. This has its cause in mal-developed neurological emotional control processes. Instead of understanding such behaviour from these perspectives, they interpret it only from how they as victims are affected by it, and then assume – without much proof – that those effects upon themselves were the intention of the perpetrator. This is an understandable way of thinking, and it may be that aspects of the perpetrator's behaviour and speech appear to justify their interpretations; it is possible that there are both dimensions present. The perpetrator who is triggered by unconscious acquired childhood emotional re-actions is attempting to reassert control over a situation, but they are doing it because of their own lack of control, their helplessness and vulnerability in the situations in which these re-actions evolved, which occurred before an intimate relationship and have nothing directly to do with the victim at all; it has to do with how they perceive and re-act to the situation in the present through the prism of their previous experience.

The concern with not appearing to blame the victim has also coloured our ability to understand this pattern of behaviour and the topic of triggering. The victim, unless they are also in some way a co-perpetrator, does not knowingly trigger such re-actions. The perpetrator themselves lacks insight into their own behaviour, and generally, it appears that the victim also does. The triggering experience is unconscious for both perpetrator and victim, but it does occur. It can also be unpredictable, insofar as the perpetrator may be triggered in one analogous situation but not in another, if, for example, their emotional and psycho-social state is sufficiently confident and positive as to override an instinctive re-action and enable them to

control it or to feel less vulnerable on one occasion but not on another. The perpetrator can be enabled to gain more insight into their behaviour and to accept more responsibility for it through appropriate psychoanalysis/therapy, but it would appear that the vast majority of survivors have no access to such therapy, and unless they are themselves more reflective and self-aware, which some are but others are not, their ability to regulate themselves and to overcome the negative effects of their own abuse are likely to be limited and unsupported.

In my own experience of OCD and CPTSD, of quasi-psychotic moments, the uncontrollable outburst of anger and frustration and aggression, dissociation, as also in other emotionally driven behaviours in seeking gratification or acceptance or attention, and in states such as acute anxiety attacks and depression, the psychological condition of consciousness is itself not constant, one often feels as if one is confronted by a different person or personality in one's self, and as if one does not have control over many of these states. I am aware of symptoms or some level of occurrence of diagnostic elements of other conditions in my behaviour and emotional experience, irrespective of not having additional diagnoses for those other conditions, and in the nature of the case, such overlap is common; psychiatric diagnoses are not universal or standard and invariable. It is under such circumstances inaccurate to assume that one's "consciousness" is either completely in control of one's own behaviour or that it is an unchanging state. Some of these conditions are terrifying, others are overwhelming and can only be endured; none are freely chosen. Most of these states occur suddenly, without warning or preparation, there is no aura as with epilepsy, or gradual onset, and they are seemingly sometimes impulsive; they are all driven by intense emotional states. It is not appropriate to describe such behaviour arising from such mental states as fully conscious and intentional. In acute psychotic episodes one is not aware of what one is doing and can be violent in self-defence against hallucinations, and it is seriously objectionable to assume that people in such a condition are consciously aware of anything at all, let alone that they are responsible for their actions. Unfortunately, we do not have an adequate understanding of the spectrum of these states and how people are affected by them, and until we do, it is questionable to what extent we can assess anybody perpetrating DFSV in such a state. I would not claim to have experienced acute psychosis or hallucinations, but I have experienced temporary states in which I did not feel in full control of myself and in which I felt driven to act in ways I considered atypical and potentially violent, or I have acted violently under intense emotional impulses after which I was shocked at my own behaviour. I therefore wonder whether some behaviour by DFSV perpetrators may also occur within such a parameter and be being

misunderstood by their victims and advocates. The fact not only that aspects of mental illness and our psychology are not well-understood, but also that mental illness has been largely excluded from any consideration in the context of DFSV contributes to such misunderstanding – and then to injustice.

I do not wish to argue that the presence of any mental health condition, diagnosed or not, automatically explains or excuses any DFSV, and were Australians to provide better impartial research findings than they have on these issues, which would differentiate individuals and conditions and other factors to the highest degree, and not simply generalise, I would be prepared to qualify or modify my argument appropriately. At the same time, there is obviously a high degree of ignorance about all of these various states or conditions even in government and in the DFSV sector, not to mention the general public. I am not suggesting that all DFSV occurs under those circumstances, or that everybody living with such conditions is a DFSV perpetrator, but I have personally experienced several such episodes myself, I have multiple relevant mental health diagnoses, such acute episodes are often terrifying, and I do not recognise an adequate and accurate understanding of these conditions in any discussion at any level about DFSV. It is therefore highly desirable that those responsible begin to undertake useful research into these questions and explain to the community more precisely how they can contribute to DFSV in ways for which individuals may not be fully responsible. I suspect that there are a number of questions about which there has not been any or much original research, and which it would be beneficial to undertake; in numerous areas of psychiatry, it cannot be claimed that there is agreed and established knowledge, but only a body of evidence and hypotheses.

To judge particularly from online discussion threads around DFSV, there is a considerable desire that perpetrators should simply be punished – not understood, just punished, preferably severely, and the attitude that they are monsters and posing an unacceptable threat to the entire female gender. This is not the view of all women, but it is a pronounced position of many. This attitude is itself abusive, and it militates against any adequate understanding of DFSV, which is essential to effectively preventing or reducing the incidence of it. For some, it emerges from lived experience of abuse, for others, it emerges from a generalised sense of fear, insecurity and anxiety, from a vicarious identification with victims but without necessarily specific lived experience of it. Voices of child survivors are largely missing from this discourse, as are the voices of those who are *both* victims and also perpetrators. The focus often seems to be more upon murders than upon non-lethal abuse, and

not necessarily murders perpetrated specifically in a DFSV setting; women murdered in other contexts are being conflated with DFSV murders, which is not helpful. However, men's experiences of abuse are ignored, which means that they are not perceived or acknowledged to be at risk at all, and the underlying collective mentality has long been the assumption of a false binary. It is often argued that to understand everything [about DFSV and perpetrators] is to forgive everything ("*tout comprendre, c'est tout pardonner*", a saying with multiple attributions). I have known a number of women to make this argument over years.

A questionable desire to punish is also evident in recent developments in the UK and support for the same response to be introduced in Australia, according to which alleged perpetrators are, or would be, charged with homicide where an allegedly abused partner has committed suicide. There are many objections to this development, which I have formulated in another context, and in the UK, it has not achieved much success to date. Insofar as it constitutes changes to jurisprudential principles of our entire legal system, insofar as existing laws governing conviction and punishment for individual crimes ought to be sufficient, insofar as every victim and every perpetrator have already been failed by many systems and individuals before a situation ever reaches a point of suicide but where none of those others responsible are ever held to account, insofar as this development displays no acceptable understanding either of suicide or of factors such as ACEs and mental health conditions affecting both victims and perpetrators, insofar as this development is clearly directed only against male perpetrators without any consideration of a higher incidence of completed male suicides in the context of intimate relationships and DFSV or of female perpetration, and insofar as it is exceptionally difficult to establish beyond reasonable doubt a direct and single line of causation between an alleged or proven history of DFSV and a suicide, to the exclusion of any other possible causation, this trend easily appears to be very vindictive, gender-biased, and not sufficiently informed by anything else. It is difficult to regard this in terms of justice.

A perpetrator who is themselves a victim survivor of abuse and whose behaviour is caused or shaped by the experience of that abuse – which is what happens – and who has not received any of the help and support to heal that they ought to have received, is themselves a victim, even at the same time as they are a perpetrator, and their perpetration is a product of that prior abuse. The extent to which this occurs and the nature of it varies, and is contingent upon multiple determinants, but it is not consistent with the principles upon which their victims demand recognition as victims to deny the perpetrator their recognition as also being a victim. Each of those victims has been failed by government and society and multiple services, and

that is not their fault. If anybody acts under the influence of a serious mental health condition, then they and their victim have also been failed by a mental health system that has not adequately helped to manage and, where possible, to heal or treat their condition.

I do not see a binary here that excludes recognition of a perpetrator as also being a victim or as having diminished responsibility for their behaviour because of other factors (and I am not considering here some neurological conditions, which may also be relevant; neither am I considering other causes of DFSV here), or which assumes that if we do recognise this, then we cannot also hold them to account. Part of the issue here is what punishment then might consist in, whether it is appropriate, what it is supposed to achieve, and whether it is accompanied with or follows due acknowledgement of their own victimhood or challenges. Punishment that is only motivated by a desire to be vindictive or to eliminate a threat that might not have existed had others behaved differently, is not a just punishment. It should be possible to combine both concerns, in a reasonable but not judgemental or excessive manner, with the over-arching objective of helping them, not reducing them to eternal pariahs. The nature and extent of punishment would also depend upon what crimes they actually perpetrated, how much harm they caused to another, and whether it might be possible to compensate for that harm in some cases by means other than a simple carceral sentence. I am not opposed to punishment proportionate to both the crime and the degree of genuine culpability of the perpetrator, on condition that exactly the same applies to both female and male perpetrators and is not limited to, or harsher, for males than females. I am not confident that Australian society is currently capable of achieving such a just balance.

Scientific Method, Impartiality and Comprehensiveness, and the Limitations of ‘Research’ on DFSV in Australia

Much of what is presented as, or allegedly based upon, scholarly research in DFSV policy articulation, advocacy and academic studies in Australia has been criticised for bias and other methodological flaws, in some cases for twenty years or more, without these problems being addressed, or even acknowledged, and without a reliable and comprehensive knowledge base about all of these problems being provided to those in a position to act or to the general community. No organisation or individual is immune from these concerns, which means that potentially all “evidence” about DFSV in this country is unreliable, and that in turn neither

helps to protect those whom it is supposed to be serving nor does it inspire confidence in government, or academic work, or in public knowledge, or in advocacy. Such erosion of public confidence both in public institutions and in traditional sources and generators of knowledge is now wide-spread and worsening, without visible efforts to reverse it.²⁸ This is a self-defeating cycle, and it would be advisable for this consultation to take the problem seriously and to do what needs to be done to correct it. Both the DSS and ANROWS are complicit in it.

Any academic research is undertaken in order to ascertain truth, or what will be considered as truth at the time, not to predetermine an outcome or substantiate an already assumed but questionable truth claim. To that end, the researcher is supposed to be conscious of any biases or assumptions or prejudices they may have, and to endeavour to compensate for them and ensure that they do not corrupt the findings or the conduct of the actual inquiry. The researcher should be prepared to abandon any previous assumptions or beliefs or perceptions they may have had and to accept new findings, irrespective of what those findings may be, if they are the result of reliable, better evidence. Advancing knowledge inevitably means abandoning what was previously assumed to be true in favour of facts that are more true on currently available evidence, and this is a continuous process that never achieves complete, absolute, and infallible knowledge. We do not and we cannot maintain outmoded beliefs and assumptions indefinitely. What may have seemed true about DFSV in Australia in the 1970s/80s is no longer true, and current policy iterations should reflect that shift.

Any research should be comprehensive, that is, it should both examine the totality of a problem or a field as if every element or individual has provisionally equal importance, irrespective of any prior perspective, and it should also attempt to consider the question from every area of relevant knowledge, not only from the single discipline field of any one researcher. Multi-disciplinary examination of a phenomenon will generate potentially different accounts and perceptions of it, which then need to be harmonised or incorporated. It should

²⁸ The erosion of public trust has become topical particularly since disputes over both climate change and also vaccination during the pandemic, and is also increasingly becoming an issue *vis à vis* the unregulated dependence upon AI, but reference might also be made to e.g. Tom Nichols, *The Death of Expertise: The Campaign against Established Knowledge and Why It Matters* (New York: Oxford University Press, 2017). The ever-expanding dependence upon management consultancy, which has to a considerable degree now usurped and redefined what used to be respected university-based expertise into superficial and dilettante non-expertise, and the pursuit of corrupt self-interest, is a second way in which this has now become a major social problem; the lineaments of such developments were already anticipated in some respects by Jean-François Lyotard, *La condition postmoderne. Rapport sur le savoir* (Paris: Les Éditions de Minuit, 1979), in his discussion of the commodification of knowledge, but typically ignored. Several other factors specific to Australia are also weakening our capacity to undertake sustained and original long-term and internationally significant research and to adequately educate those engaged in it, and thereby discrediting what now passes for ‘research’.

also be informed by a working knowledge of all prior and other contemporaneous research into the question, including all international research. In many international university systems, it is expected or required that students and researchers are multilingual so that they are equipped to engage with any relevant published research or source materials in the relevant original languages – not that they can use a google translation tool but that they have actually learned and are capable of working in multiple languages, which is normalised fairly much across the entire non-Anglophone world even in high school and by undergraduate level, but not in Australia.

Any attempt to define, analyse, explain, and provide some solution or application of a problem, ought to examine it in its totality and without exceptions or omissions of any relevant aspect. Delimited studies, on the other hand, should not pretend to explain the problem in the same totality, but they should transparently and explicitly state their limitations, omissions, and justify them, a process that nonetheless acknowledges the relevance of those aspects of the problem that are not examined in these studies; they may still include some observations about what is omitted.

Any conclusion should integrate and confirm other relevant research or demonstrate its limitations or flaws and engage with contrary evidence to justify the new findings, or it should be clear about what is accepted and what is not, and *why*. Such conclusions should provide the evidence upon which they are based, or they should be considered as provisional or hypothetical, pending the presentation of such evidence. The principle of doubt should be a permanent *modus operandi*.

Meta-analyses are not generally original research in the sense that the publications surveyed in them are original research, and where there are identified lacunae in existing knowledge, new original research ought to be undertaken in order to fill those knowledge gaps. Meta-analyses can be useful, but Australian “research” now seems to be seriously over-dependent upon them. Management consultancies are not experts in anything in the sense that people who devote their entire professional lives to the study of a specific problem are experts, and DFSV research ought to be the work of the latter and not of management consultants. Original research requires usually as a preliminary phase the physical reading of every item of relevant research and cognitive, critical engagement with it, and following up on the bibliographies of those publications.

Any interpretation or explanation of a phenomenon should be capable of sufficiently explaining *every* manifestation of that phenomenon, including manifestations occurring under a range of conditions or within distinct population cohorts or other variables. If its heuristic model is not capable of equally and fully explaining every such manifestation within its stated paradigm, then it is not an adequate or useful explanation.

Research is supposed to be submitted to colleagues and peers and others for independent criticism. There are a number of ways in which this is done within scholarly communities, and this is supposed to be part of the process of eliminating possible bias, improving upon the work of the principal researchers by engaging with the knowledge or interests of others and also responding to any criticisms that they may have; acceptance and inviting of criticism is essential. This should be an extension of the process that researchers impose upon themselves, and the publication of knowledge is not complete until there has also been some such independent review. Such legitimate criticism must be incorporated, must result in appropriate corrections, and must be responded to. Unfortunately, the peer review process generally has been found to be seriously unreliable, while any such process currently occurring in this context in Australia is likewise evidently inadequate.

No statistical data are complete or fully reliable. Most do not capture the full incidence of a phenomenon from every actual occurrence, or provide consistently complete relevant details. Bias can affect the collection of such data at multiple points, and should be eliminated or compensated for as far as possible. Conventional means of collecting data via surveys and self-reporting are manifestly limited, not representative or differentiated, bias can occur in the formulation of questions, in who responds and who does not, in whether any self-reporting is verifiable, in the ways in which adjustments are made to ostensibly compensate for limited responses, in how respondents interpret both questions and their own experiences, in conflating experiences or circumstances or phenomena that are distinct and should not be conflated, in inconsistent definitions and understanding of problems, and in other ways. It seems likely that methods for “adjustment” are themselves over-used and problematic. National population percentages have been unjustifiably extrapolated from very small and unrepresentative sample responses, and that has a clear purpose that is not compatible with responsible “research”. There are clear examples of substantial under- or non-reporting of experiences which cannot be adequately adjusted for and which distort statistics, and there are also clear instances of false reporting and misidentification, which likewise result in distortion of data. Use made of data has been criticised for being inconsistent and biased in what they purport to describe. Statistics

are often cited in support of advocacy on behalf only of the majority affected cohort but not addressing equally the experiences and needs of proportionate minority but equally affected cohorts, or statistics for minority cohorts may be omitted entirely. An unconscious attitude that is widely observable is that the greater the numbers of victims, the greater their importance relative to other cohorts with lower data for victims, but this is not a justifiable attitude, nor is it compatible with other implicit assumptions; if a crime is by definition a crime, then it is irrelevant who it is perpetrated against or how often any group are victims of it, the essential issue is the fact of its being a crime, and we should be responding equally and in the same manner to every victim. For most specific forms of abuse or undesirable behaviour we have no readily available and reliable numbers – we have percentages derived from self-reporting, which even in their framing are misleading, and possibly also from limited or localised official reporting, but we do not have accurate dimensions of actual incidence in real time. The only reliable data for DFSV are murders, although DFSV-associated murders should not be conflated with other murders, of men or of women, and evidence that any such murder is a result of DFSV must be clear and substantiated.

It is, or it should be possible, for more comprehensive and differentiated, factual and verifiable data to be collected nationally about all of the elements of the problem of DFSV than has been done, and such collection is preferable to misleading unrepresentative approximations and adjustments. Government and other responsible agencies owe the community an explanation as to why such data and knowledge are not available as long as several decades after they could have begun to be collected or investigated.

The incidence of male victimisation in any area of DFSV is well-known to be seriously under-reported, which means that no statistical data about the incidence of DFSV will accurately represent that experience, and it is probable that no attempt to “adjust” for it will be very reliable, either. It is known that some women do not report DFSV, either, but the reasons for that are conceivably not the same as for male under-reporting. It is obviously in the nature of the case impossible to estimate female under-reporting, but one might expect it to be less than for males. Some women, notably but not only Indigenous and other non-Caucasian women, report being misidentified by police as perpetrators, which suggests racism; some claim that their partners prevent them from reporting; some appear to still not recognise DFSV when it happens; some may not report for cultural reasons; and perhaps some incidents are not reported because they dissipate quickly and victims choose not to report them. Police call out statistics do not accurately indicate any aspect of DFSV.

On the other hand, men's experiences and perceptions are not the same as for women. Women have been advocating for recognition of, and responses to, DFSV for half a century in Australia, and especially in recent years, public awareness has increased considerably and many women would now feel encouraged and supported to report it or to seek help, even if there may be no immediate response or assistance. That is not the case for males: there has been no comparable advocacy on their behalf, there are no policy responses or services available to them, no *National Plan* for males or which properly includes male victims, there is little public or political acknowledgement of female perpetration and male victimisation, but often even dismissal of it, there is no platform Counting Dead Men, men are reportedly twice as likely to be victims of false allegations as women are, and they are far more often misidentified as perpetrators when they are victims (I have seen this happen). Whereas women are often believed simply on their word, men are subject to higher requirements of proof and advised to video-record the actual abuse before they will be believed; that is also gender bias. Under these circumstances, it is very risky for men to report being a victim of DFSV to anybody, and any assistance is much less likely. There is another difference, which some men on social media discussion feeds have confirmed: men often recognise an abusive partner as needing help, not an AVO. Men have remained in abusive relationships suffering daily physical, verbal and emotional abuse and coercive and controlling behaviours for years, in the hope that by showing support and love they might actually help that partner. Without other help, they are unlikely to be very successful, and such men do also leave those relationships and have reported them, but some display an attitude which women do not express at present. I have myself taken this approach to one abusive relationship, this attitude embodies my understanding of how a relationship is supposed to function, as far as it is sustainable, and I was aware during her lifetime that my maternal grandmother could be abusive and difficult and that her last husband cared for her until her death. Until male victims are recognised and viewed and treated in exactly the same ways that women demand for themselves, it is unlikely that many will risk reporting their abuse and that anybody will have an accurate knowledge of the exact incidence of female perpetration and male victimisation. Existing international research places co-perpetration at around 50% of all DFSV, and female perpetration not in self-defence and unprovoked as equal to or higher (around 70%) than the incidence of male perpetration. If Australian advocates and "researchers" disagree with that, then the onus is upon them to *prove* it, and that would require them to properly and impartially investigate actual male experience, which their international colleagues have been doing over years but which we have not.

The scale of abuse in same-sex relationships, including murders, likewise appears to be proportionately neglected, and this is often an issue of dispute in the community, for example, as lesbian relationships are often claimed to have the highest incidence of intimate relationship abuse of any category of relationships. I am not confident that that claim about incidence of DFSV in lesbian relationships is justified, but I am not aware that Australian “researchers” have provided reliable evidence on these topics beyond self-reported data.

All of these principles of impartial and comprehensive, systematic and self-critical scientific methodology are being contravened in current research and evidence around DFSV. Governments, ANROWS, AIFS, AIC, and other organisations and groups and individuals, and journalists, have consistently failed the principles of impartiality and comprehensiveness, and while available research and data contain some useful evidence, which is within its limitations not necessarily false, numerous areas of current “research” have not examined both female and male experience equally, if at all, or from identical perspectives, and there are many issues that should have been properly researched over recent decades that have still not been. None of the inter-disciplinary fields mentioned in this Submission have been consulted or permitted to inform a more nuanced and sophisticated understanding of DFSV in ways I would have expected, and much focus has been on perceived problem behaviour by males and female victimisation, but not corresponding issues as they affect the other genders respectively. The assumed interpretations of behaviour have predetermined findings without giving due consideration to, or discussion of any other possible factors or explanations. In my opinion, none of the assumed causes and contributing factors of DFSV are correct, or adequate, even if they are sometimes present, they should all be subjected to fundamental review, and arguments against them should be properly addressed. There is no obvious engagement with or use of much international research specifically into DFSV, and lists of references in reports and policy iterations tend to be primarily self-perpetuating documents of the same nature, not extensive and substantive presentation of the range and scale of existing research, all of which should be reflected in the body of the documents. Consequently, most Australian “research” is unreliable, should be viewed with scepticism, and does not satisfy best practice standards.

I cannot claim to be familiar with everything published in Australia, and it is possible that I have overlooked some significant contributions. At the same time, I have now been engaging with this problem in Australia since 2020, from multiple perspectives, I have written a number of earlier responses and submissions on these topics in which I have raised these problems and provided the evidence that has been neglected, I have read and analysed countless

policy iterations and reports and other documents, and I am also familiar with samples of international research on the many elements mentioned in this Submission. I have not observed any reference to much of this material in Australian government policy documents and reports, or “research” published by other organisations, groups and individuals, nor can I see that it is informing public and political and advocacy discourses in ways that one would expect.

It was already acknowledged in the 1970s/80s that those beginning to engage with the problem of DFSV did not have much information about, or understanding of, perpetrators. It is possible that it was then viewed, and perhaps unconsciously has continued to be seen as a behavioural problem primarily common amongst working classes and lower SES population cohorts and communities, which one might then presume to understand sufficiently that one did not need to investigate further, while incidence among the traditional middle classes or higher could be perceived as anomalous and atypical. We still do not know how justified such a perception might have been, although some elements now considered to contribute to DFSV perpetration are increasingly identified amongst the more privileged, such that in various ways the nexus of problems seems to affect the entire community. Micaela Cronin was compelled to acknowledge repeatedly in the context of the recent Rapid Review that advocates and “experts” still did not know much about perpetrators. That admission effectively implies that in the past 50 years, nobody in Australia has made the effort to systematically collect useful information about perpetrators and construct any kind of reliable “evidence base”. That failure demands an accounting by government, if it has been prepared to declare a national emergency on insufficient evidence while having no idea about how, if, or when, that considerable lacuna will ever be filled. It also begs the question where the funding millions poured into DFSV prevention research have gone?

Of course, there is a perception about perpetrators, and various documents do attempt to characterise them and the circumstances and nature of their actions. Some of that is indisputable, at least in its general accounts, but it has not obviously achieved much, and it displays very significant flaws and inaccuracies and omissions. It consists of generalisations, it is based upon women’s testimonies which may be one-sided and incomplete, and in which the interpretations of the motives of behaviour are clearly far from accurate, it expressly denies or ignores known causal and contributing factors without substantiating evidence, and it cites a range of contributing factors the actual relevance and statistical incidence of which are likewise not substantiated. Common interpretations of perpetrators’ motives are inferred by their victims from the effects that their behaviour has upon those victims, but this does not

accurately explain actual motives; worse, it potentially excludes more accurate and nuanced understanding of those motivations or causes. There is also much that is not known, because no specific means of acquiring that knowledge have been formulated and implemented; some relevant and significant issues have been ignored even when documented. As I write this, four women and girls have been murdered within a week in separate incidents, they are all reported as being DFSV-related, and yet further information is not known. Whatever measures are in place to try to prevent such murders, they cannot be considered very successful under these circumstances; despite ever-repeated calls for more funding for frontline services, it is not obvious that frontline services could have prevented any of these, or many other such murders. Frontline services cannot prevent unanticipated murders, and other, better informed complementary strategies are required which we do not appear to have.

I should have expected that non-judgemental, competent clinical psychologists and social workers of both genders should have conducted extensive **life history interviews with every alleged or confirmed perpetrator, and also with every alleged or confirmed victim**, for as long as it takes or over multiple interviews to gather what is needed, in order to identify every factor in their lives from birth that may have or which clearly did contribute to their becoming a perpetrator or a victim (or both). Such interviews, however, will only be useful if they are open-ended, if all potentially relevant information is recorded, if causal and contributing factors are considered that are currently being dismissed or ignored, and if it is not assumed by the interviewers that they know in advance what causes any DFSV, but if they remain impartial and open-minded. The individual experience and circumstances of every interviewee would need to be considered, and stereotypes and generalisations avoided. Every individual is different, and consequently, their abuse and/or victimisation is also different. Such interviews should be conducted whenever and wherever any perpetrator or victim first comes into contact with any service or agency, or as soon as possible thereafter, and the reports can be added to in the event of any subsequent incident or development. They should also be conducted with every already known perpetrator *and* victim. I envisage these as contributing to data collection and analysis, and clarification would need to be established if such evidence were to be used for other purposes, such as criminal proceedings. There should be nationally standardised interview templates, terminology and classifications, reporting and recording procedures, real-time information sharing so that as applicable such accounts can be supplemented by other information about those individuals, the data should be depersonalised, collated and analysed, with the purpose of providing as comprehensive and differentiated as

possible an evidence base about DFSV perpetration in this country. I should have expected that such collection, analysis and recording should have commenced, at the very latest, by 2010, and not that we should still be in need of such knowledge in 2026!

Even if only one female perpetrator were ever known, one would expect her to be interviewed in exactly the same manner as it is recommended that male perpetrators should be. In fact, on the basis of current evidence, it is probable that there are as many female perpetrators as there are male, although because of substantial under-reporting by male victims, many of these will not be known as many male perpetrators are. Nonetheless, any focus exclusively upon male perpetrators to the exclusion or misidentification of female perpetrators where they are identifiable can only be construed as gender bias, and would be inexcusable. The majority of female perpetration of DFSV is not in self-defence, or cannot be shown to be, so that whatever the causes and triggers of male perpetration, we would plausibly assume those to be the same or comparable with female perpetrators.

There is considerable anecdotal and some survey evidence that women make **false allegations** of DFSV against men at twice the occurrence of male false allegations.²⁹ Police are involved in accepting false allegations without due investigation. Court judges are reported to have acknowledged such false allegations being made, that it is a relatively common practice, while other evidence suggests that lawyers encourage women to make false allegations even when it is known that they are false or exaggerated, in order to obtain outcomes favourable to those women. There have also been legal proceedings in which accused males have been found not guilty and that accusations made against them were or may have been false. These include allegations of sexual abuse and that they pose a threat to their own children, as well as of other DFV. This now appears, at least on anecdotal evidence, to be widespread and shamelessly opportunistic, and allegations are not being properly investigated before any further action follows from them, which can then result in exorbitant legal costs, ruined reputations and mental health problems, and other consequences for innocent victims, which is utterly unacceptable. This is not a justice system delivering justice: it is a mockery of justice. In court proceedings, this constitutes perjury, which is a punishable offence, and yet it is not being punished and lawyers disbarred. One would expect this to also be the subject of reliable and impartial investigation, and that dependable data would be published on this problem, as well

²⁹ Cf. e.g. <https://endtodv.org/pr/false-allegations-target-millions-around-the-world-survey-reveals/>
<https://dads4kids.org.au/false-allegations-global-threat/>
<https://www.alrc.gov.au/wp-content/uploads/2024/07/158.-J-Papadimitriou-and-T-Nankivell.pdf>

as acknowledging that it happens, that it often destroys innocent lives, and that it is distorting published statistics. These now number in the thousands annually, affecting men, while existing statistics are not entirely reliable. Obviously, this should not be happening, but neither should the fact that it does be swept under the carpet, or attributed only to males without accurate supporting evidence. Lying is an instinctive human behaviour,³⁰ so to pretend that it doesn't happen is disturbingly naïve or self-interested, and while such an issue remains unaddressed, we cannot “believe all women”. Failure to properly acknowledge and address this issue is now harming women and contributing to loss of social cohesion.

According to published government data, the majority of **males murdered in DFSV settings** – not all, but the majority – are murdered by other male family members. One would have expected detailed data and research to have been conducted into and published as to why this occurs, what risk assessments and prevention or other strategies are being implemented, or available, and ensuring sufficient other services and support. I am aware of some papers on this issue, including on parricide, but I do not consider summaries of data without detailed specific analyses of each separate case to be very useful or helpful for prevention. It further appears that in some cases, victims are also perpetrators, that there are multiple abusers, and that women are occasionally also murdered by other family members, both male and female, and not by their intimate partners. All of the family dynamics, causes and triggers of all such patterns should have been studied and information published about these cases, irrespective of the gender of victims or perpetrators, and irrespective of how many such cases occur. The prevailing public perception and “gender” narrative around DFSV tend to remain ignorant about these patterns, do not incorporate appropriate consideration of, or responses to them in policy iterations, and continue to propagate the generalised view that DFSV murders are only perpetrated by males against female intimate partners, but this is clearly not always true, and male murder victims are not reported or discussed in the same way, if at all, as female murder victims are. That is gender bias. There is no adequate risk assessment or prevention or protection strategy for male victims, nor are there adequate services; most services for males are for perpetrators, not victims. If the existing *National Plan* cannot include all males as equal victims, then we should have a separate *National Plan* to fully address the needs of males; the current omission of male victims from the *National Plan* is another example of systemic gender

³⁰ See e.g. David Livingstone Smith, *Why We Lie: The Evolutionary Roots of Deception and the Unconscious Mind* (New York: St Martin's Griffin, 2004).

bias, distorted perception of the problem, and of the *de facto* inferior status of males in this context.

All human activity occurs as a product of complex **human psychology**, and DFSV would not be possible without that psychology and its various constitutive elements. It is therefore highly problematic that there is no visible evidence of any understanding of human psychology or consultation of specialist psychologists or consideration of psychology as the cause of DFSV in any policy development or in published “research”. Behavioural problems do not occur within vacuums. Academics with no identifiable expertise in psychology implicitly pass judgement on psychological questions, and it is questionable how adequate the understanding of psychology is even among criminologists with some specialisation in forensic psychology. Many of the constitutive elements of human psychology mentioned above, including the personality, the unconscious, memory, emotions, sensitivity to (in)justice, and other elements including instinct and perception and imagination, as well as the psychology of violence,³¹ human sexuality, and evolutionary psychology, are all sub-discipline areas with decades of research. The fact that very little of that research is referenced or engaged with in any Australian discussion of DFSV not only impoverishes our understanding of the problems, but it also dehumanises everybody, it serves, intentionally or not, to tacitly endorse the punitive behaviourist response, but it even dehumanises female victims, or establishes a logical inconsistency by expecting us to emotionally identify with victims while denying the same

³¹ There is considerably more research spanning decades into this topic, primarily in the US, including e.g. study of particular forms of violence such as mass and school shootings, and within other sub-disciplines of psychology, and it is disappointing and not particularly helpful that so much of this research is not informing any discussion of DFSV in Australia. This research also indicates that we do *not* all use violence “naturally” or even necessarily in our own defence, that we have innate regulatory processes that prevent us from becoming violent, that females also have an instinctive capacity to be violent, albeit in some degree for different reasons, and that the conditions under which we may become violent are much more complex and nuanced than is being assumed. Therefore, if we are to prevent DFSV, it might be helpful to understand under what conditions it does not occur, and why? We are not asking those kinds of questions. The references I have used include: David M. Buss, *The Murderer Next Door: Why the Mind is Designed to Kill* (London: Penguin, 2005); Adrian Raine, *The Anatomy of Violence: The Biological Roots of Crime* (New York: Vintage, 2013); James Gilligan, *Violence: Reflections on a National Epidemic* (New York: Vintage, 1996) (cited by Jess Hill but not, to my knowledge, by anybody else); Kenneth Polk, *When Men Kill: Scenarios of Masculine Violence* (Cambridge: Cambridge University Press, 1994); Lt. Col. Dave Grossman, *On Killing: The Psychological Cost of Learning to Kill in War and Society* (New York: Little, Brown and Co., 2009); *The Wiley Handbook on the Psychology of Violence*, ed. Carlos A. Cuevas and Callie Marie Rennison (New York: John Wiley & Sons, 2016); Erich Fromm, *The Anatomy of Human Destructiveness* (New York: Holt, Rinehart and Winston, 1973); Konrad Lorenz, *Das sogenannte Böse. Zur Naturgeschichte der Aggression* (Munich: DTV, 1974); *Journal of Interpersonal Violence* (<https://journals.sagepub.com/home/jiv>) and *Trauma, Violence, & Abuse* journal (<https://journals.sagepub.com/search/advanced?SeriesKey=tvaa>) I do not agree with Steven Pinker, *The Better Angels of Our Nature: The Decline of Violence in History and its Causes* (London: Penguin, 2011).

"How much do we actually know about the psychology of violence?" — <https://theconversation.com/how-much-do-we-actually-know-about-the-psychology-of-violence-51533>

basic humanity and psychology to perpetrators. Without understanding this psychology, we have no credible explanation of DFSV whatsoever, and no acceptable “evidence base”.

Arguably the single greatest cause of DFSV is **complex trauma** resulting from any form of **childhood abuse** and disadvantage and deprivation. This is not to suggest that all DFSV is caused by this, or that all survivors become DFSV perpetrators, or that every victim of such childhood abuse reacts to it in exactly the same way, but it is to insist that every aspect of DFSV *can* be fully explained as effects of such complex trauma, that this explanation refutes the assumed “gender” narrative, that there is research spanning decades investigating the causal relationship between formative childhood mistreatment and problem behaviours in adult intimate relationships, there are decades of research establishing how any form of abuse and trauma permanently changes brain development, normal personality, emotional, psycho-social and behavioural development, emotional regulation and stress reactions, in ways that then lead to behaviour identified as DFSV, there is evidence that serious and chronic mental health conditions can be caused by childhood abuse, that there are multiple other lifelong impacts of such abuse (including suicide), and that there is an abundance of anecdotal evidence also strongly indicating causal relationships in numerous perpetrators. There are multiple indications that this evidence has been intentionally ignored or rejected in Australia as an explanation of DFSV. The standard academic or scientific practice that one would expect in such a case is that those denying this as a cause of DFSV would undertake their own research that would effectively disprove ACEs and resulting complex trauma as a plausible or probable explanation, that they would substantively engage with all existing research into these areas, and that they would comprehensively and transparently give reasons for their rejection of it, and that they would provide counter-evidence that would better explain the phenomenon. This has never been done by any government body or other organisation or individual researcher, and there is no convincing alternative explanation of all DFSV as perpetrated by both men and women, which means, that any such rejection is unsubstantiated, that the rejection lacks scientific objectivity, and that this decision is potentially intended to serve an ideological, not a scientific or genuinely problem-solving agenda. The fact that there is also no express concern with child survivors with histories of ACEs, now estimated to number several million in this country, as part of DFSV advocacy, means that this is not consistent with the ostensible objective of ending violence against children.

There is significant evidence that many perpetrators also have **mental health conditions**, for example, in a study of men convicted for murdering intimate partners,³² in male participants in a research project associated with the anti-depressant Sertraline as a possible means of reducing DFSV,³³ in studies of suicide victims of DFSV,³⁴ as well as in other evidence such as the cases of Greg Anderson and Rowan Baxter, both of whom clearly had serious mental health conditions irrespective of whether those had been diagnosed or were being managed or what the coroner's unsubstantiated assessment was in the Baxter case. Rowan Baxter is also known to have had a history of childhood abuse, the effects of which would have fully explained every form of abuse that is reported of him; his father served a custodial sentence for that abuse, and that environment includes multiple ACEs. The case of Greg Anderson is particularly perplexing, insofar as over the past twelve years, there has apparently been no credible discussion about his known but undiagnosed history of psychosis and its relationship to the murder of his son, as well as his longer history not only of abuse but of many other problems; to some extent, a parallel can be drawn between that indifference and the problems associated with Joel Cauchi's case, and had more credible action been taken from 2014 (and all of the other policy iterations and inquiry reports, and had calls for major mental health sector reform been acted upon), perhaps the Bondi stabbings could have been avoided. (The latest series of childcare worker child sexual abuse cases might also have been avoided had governments enacted Recommendations of the Royal Commission back in 2016, which they ignored.) There are clear failures of governments here. This begs the question when government, advocates and the wider community will finally take chronic severe mental health conditions seriously – because for decades, we haven't?

The community response to Joel Cauchi both at the time of his stabbing attack and when the coronial inquest report was released illustrated how inadequate public understanding of mental health crises is, as do the continuing police killings and abuse of people experiencing mental health crises. People are not in full control of their thoughts and actions when experiencing a psychotic or dissociative or similar state (e.g. in OCD), but they can be violent. My mother developed mature onset schizophrenia, possibly resulting from her earlier abuse and trauma, and during the acute psychotic phase in which she experienced paranoid or

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https://bridges.monash.edu/articles/report/Securing_women_s_lives_examining_system_interactions_and_perpetrator_risk_in_intimate_femicide_sentencing_judgments_over_a_decade_in_Australia_/25855543?file=47106574

³³ <https://unsworks.unsw.edu.au/entities/publication/4ccda4b5-2c6f-4807-b01e-bd5ea4a08732>

³⁴ See below.

persecutory hallucinations, she was also exceptionally violent with knives; there is no other family history of schizophrenia. Her violence occurred as her self-defence against what she believed to be demons attacking her, which is a typical example of paranoid psychosis. The high incidence of histories of childhood abuse and trauma, which are known to cause mental health conditions including psychosis, amongst both perpetrators and victims, would also lead one to expect that there is some correlation between mental health and the perpetration of DFSV. Estimates of incidence from this range of evidence span from ca. 40% to ca. 90+% of cases in the respective samples, although such conditions are not routinely and systematically recorded. These figures are relatively to exceptionally high, and should not be being ignored, but they have been consistently overlooked and neglected by “research” into DFSV. This is irresponsible and inexplicable, unless it is intentional and such neglect serves a higher, ideological purpose, or unless those “researchers” engaged in DFSV are not properly qualified.

None of this evidence is entirely accurate. It suggests minimum estimates, because it is all dependent upon comparatively random or chance evidence, where a mental health diagnosis *per se* has not been sought, but has been incidentally identified or mentioned without systematic data collection being conducted. We do not know how many people are living with such mental health conditions but without either adequate clinical management or a diagnosis. One would have expected it to be a requirement of every contact with any alleged or confirmed perpetrator, and their victims, to have this question answered and recorded, and if a diagnosis has not been made, to then have a psychiatric assessment made if deemed appropriate. The available evidence often does not identify exactly which diagnoses have been made or might be appropriate, or what the history of such conditions in individuals’ lives has been, what other impacts it may have had, or what association they may have with any experience of DFSV, but again, it should be possible to answer all of these questions, and it is disturbing that they cannot be. If our objective is to prevent or reduce the incidence of DFSV, and if there is a statistically significant causal or contributing factor that could be further examined, quantified, and addressed, then it would be reasonable that that factor should have attracted appropriate attention. But it hasn’t, which suggests that our objective is not actually to do anything about DFSV at all – doesn’t it?

Both other unrelated research and anecdotal evidence suggests that many victims of DFSV themselves have mental health conditions or are predisposed to them, and that people already in adolescence with common histories of childhood abuse tend to form intimate relationships, which then become abusive. This fact has been known, but it does not appear

either that the involvement of such histories of abuse or risk of mental health conditions or even the reasons for such attraction have been seriously researched. One would have expected that all of these questions should have been part of any serious DFSV research project, involving equally males and females.

In Australia, there are multiple reasons why many people with serious mental health conditions do not have clinical diagnoses or are not effectively managed for their conditions by clinicians. These reasons have largely to do with the now chronic dysfunction, underfunding, unaffordability, uncoordinated fragmentation, and inadequacy of services, other inaccessibility and waiting times, national shortages of clinicians and mental health nurses partly due to unacceptable employment and working conditions in the public sector, bed shortages, constant issues with the NDIS that exclude people needing mental health care which they cannot access elsewhere, combined with mounting lived experience frustration with and mistrust of clinical psychiatry, the fact that much of the help that people need (e.g. psycho-social) is not being provided and cannot all be provided by clinicians alone, and that many professionals with whom people with such conditions come into contact have a tendency to re-traumatise them instead of helping them, so that they become alienated and do not seek more help. There are important questions about diagnostic classifications and the education and training of clinicians, as well as lack of availability of optimum therapeutic options and over-dependence upon medications. There are multiple problems here, which should be being addressed by government in any case, but the fact that such problems within the mental health sector are not being prevented and eliminated also has adverse consequences for victims and perpetrators of DFSV. It should have been self-evident that major reform of our entire public mental health system would have been a priority in all DFSV policy iterations and advocacy, that mental health conditions should have been recognised as a statistically major element in both perpetration and victimisation, and that more research would have been invested in to quantify and differentiate that incidence on a national basis, to identify patterns and consistencies, with a view to then specifically targeting those conditions and preventable causes as a DFSV prevention strategy. It is also possible to have a serious chronic mental health condition but not know that you have it, or believe that you can manage it yourself without seeking help.

With one exception, multiple recent studies and discussions on alleged **DFSV-associated suicide** that I have read have been gender biased; that is, they have examined only female suicides, only a selection of those recorded in the sources from which their samples

have been taken, or they have examined a majority of female suicides relative to male suicides, and/or they have been subject to other limitations, but none have focussed equally upon male suicides in such a context.³⁵ Scientific objectivity and impartiality would require that male

³⁵ The exception is the Victorian Coroners Court Report provided in 2024 at the request of Dr Anne Summers for the Rapid Review: <https://coronerscourt.vic.gov.au/experience-family-violence-among-people-who-suicided-victoria-2009-2016>

Other reports and discussions include:

<https://ombudsman.wa.gov.au/sites/default/files/2026-05/FDV-Suicide-2022-Volumes-1-to-4.pdf>

<https://acuresearchbank.acu.edu.au/items/24e29bde-2aa9-48c0-b7d4-ea18832ed0d0>

Family violence and women's deaths by suicide : A Victorian study

Vasil, Stefani; Fitz-Gibbon, Kate; Segrave, Marie

<https://doi.org/10.24268/acu.914zx>

<https://hdl.handle.net/20.500.14802/7148>

"New data reveals rates of family violence among those who died by suicide" —

<https://theconversation.com/new-data-reveals-rates-of-family-violence-among-those-who-died-by-suicide-239090>

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<https://pubmed.ncbi.nlm.nih.gov/27774704/>

MacIsaac MB, Bujela L, Weiland T, Dwyer J, Selvakumar K, Jelinek GA. Prevalence and Characteristics of Interpersonal Violence in People Dying From Suicide in Victoria, Australia. *Asia Pacific Journal of Public Health.* 2018;30(1): 36-44. <https://doi.org/10.1177/1010539517743615>

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<https://www.anrows.org.au/resources/anrows-submission-dfsv-suicide-inquiry/>

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https://www.dvns.wa.gov.au/wp-content/uploads/2026/03/DVNSW-Submission_Inquiry-into-the-relationship-between-DFSV-and-suicide_March-2026.pdf

"Man convicted of causing his wife's suicide – why this is a landmark moment for abuse victims" —

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National Police Chiefs' Council (UK), Domestic Homicides and Suspected Victim Suicides, 2020-2025

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suicides should be equally acknowledged and researched along with such female suicides, but that is not being done and no explanation or justification for such bias has been offered (which is another failure of scholarly objectivity). Every single suicide recorded that has any alleged association with DFSV should have been properly examined and included in research studies without exception. Full comparison of any problem between affected sub-groups displaying differences, as between males and females, should routinely be done, but the findings of such comparisons can be useful in improving understanding of the behaviour or experiences of each group. Both generally and in the context of DFSV, male suicides are statistically higher than those of women, and one ought to be asking why that should be the case, if the assumption is that only women are DFSV victims and would therefore end their lives, or that in this instance only women's suicides should be the subject of "research". That question is not being asked, male suicides are not attracting equal or proportionate research or other interest here, and even female suicides are being examined only selectively for reasons not explained, which is methodologically problematic and may also indicate secondary bias. This suggests that the real interest has nothing to do with suicide, and only secondarily with DFSV: the principal interest here would appear to be – especially in the absence of any scientific objectivity and comprehensiveness – to exploit every possible opportunity in order to depict women as victims of male power and gender inequality. This is a working hypothesis throughout this Submission, and if it is not true, then government and its agencies have an obligation to explain why they are acting in such a consistently *non*-evidence-based, biased and unscientific manner, while pretending to be doing the opposite?

Admittedly, the data sources from which these cases are drawn are not complete or comprehensive; as with other topics mentioned in this Submission, it can be random whether or not any history of DFSV is recorded in a suicide report or inquiry, and it is therefore probable that we do not have exhaustive statistics for this correlation; not all suicides are confirmed, or the subject of a coronial inquiry, the quality of that inquiry varies, current records are state & territory, and we therefore do not have any systematic and comprehensive national resource. Male suicides in a DFSV setting will arguably not necessarily have the same motives as female suicides, while joint murder-suicides are typically male perpetrated. In two of the three other

Finds that governments lag in implementation of recommendations, despite initial acceptance, of domestic violence death reviews.

ShantiWorks submission to the Inquiry into the relationship between domestic, family and sexual violence (DFS) and suicide 2026

<https://static1.squarespace.com/static/60f610af1580e41ba30b1b46/t/697c3ed4d686c037ef9c58ff/1769750228551/Submission.pdf>

principal reports which I examined here, there is a clear gender bias in that only female suicides were examined, no reference to or comparison with male suicides was made, and no explanation of the reasons for that focus and omission provided. The Victorian Coroners Court report found a considerably higher rate of male to female suicides, and both genders included significant figures for victims, perpetrators, and victims *and* perpetrators. If other timeframes and jurisdictions record similar figures, then the selection and omission of cases in other studies requires an explanation. Any such study ought to fully examine *both* perpetrators and victims, and not exclusively victims.

It remains to be seen what the Commonwealth parliamentary inquiry into the relationship between DFSV and suicide will find and recommend (to which I made a submission), but there are serious problems with the manner in which this topic has been treated in other respects. The possibility that a suicide by anybody with a reported or confirmed prior history of DFSV did *not* end their lives because of that history but for other reasons must always be considered, and every other possible explanation must be systematically examined and disproven (not discredited, but disproven with reasonable standards of proof) if a finding that DFSV victimisation alone caused any suicide is to be justified. This requires a higher and more systematic and coordinated level of coronial investigation and reporting and information sharing and other practices than has currently been achieved, and on the basis of available evidence it would be virtually impossible to prove that *any* suicide was caused by DFSV alone. Every victim and every perpetrator of DFSV is currently being failed by governments, by numerous individuals, systems, services and agencies over prolonged periods of time before any murder or suicide ever results, sometimes over the course of their entire lives, but none of those responsible for, or contributing to, any of those failures is usually ever held to account, either for their failures or for such deaths, and that includes governments. Such a DFSV-associated suicide is never the fault of just one perpetrator. There is a very high incidence of mental health conditions among such suicides, but because mental health issues have not been taken seriously as a factor in any DFSV, any possible causal relationship between such a condition and the suicide cannot be and has not been adequately considered, even though it will probably be a relevant factor. At the same time, a tendency is discernible to simply assume that any such mental health issue occurring in a victim is caused by the abuse, which is highly questionable and in many cases arguably not true; that tendency itself illustrates the kinds of unchallenged assumptions being made by ostensibly academically qualified “researchers”, and how already false interpretations of DFSV become self-reinforcing and circular. There are

multiple other factors in people's lives that can also cause or trigger suicide, without DFSV playing a role; suicide commonly has more than one cause, such that even if some history of DFSV can be shown, that may have been a trigger but not the originating predisposing cause or even the only contributing circumstance at the time of the suicide. If any alleged or confirmed DFSV had not occurred or was not occurring at the time of the suicide, then establishing a causal relationship becomes more challenging. Other questions about the alleged or confirmed DFSV need to be considered, including when it occurred, what the nature and duration or frequency of it was, whether it in fact conforms to current legal definitions of DFSV at all, who alleged it and on what evidence, and why this particular individual was vulnerable to suicide but the vast majority of others with the same histories are not? A prior history of any childhood mistreatment, sexual abuse, bullying or other ACEs can also predispose to suicide, but the correlation between such histories and subsequent experience of DFSV is likewise not sufficiently researched. A significant percentage of victims are also perpetrators, not one or the other but *both*, but female victim-perpetrators are not being properly researched and neither are male perpetrator-victims, so that in this respect, current responses also demonstrate bias. The prevailing public attitude is to want to save victims but not perpetrators. Bullies have a known incidence of being both victims and perpetrators and also having an incidence of suicide, which strongly suggests that the unconscious psycho-social and emotional dimensions involved here are considerably more complex than has been recognised in Australia. Children who become suicidal or commit suicide within the context of DFSV or other abuse, disadvantage, or trauma, are not being sufficiently investigated, either, although for many adult victims, their childhoods are where it really begins. One would reasonably have expected that all of these questions should have been impartially and fully investigated by researchers, and that the multiple areas of bias mentioned here should have been avoided.

The vast majority of people subjected to any cause of suicide do not commit or attempt suicide, and may not seriously consider it even if they report some suicidal ideation. Other adjunct factors have been noted, such as the possibility that self-harming is a predictor of suicide, although this remains contentious and some research into self-harming argues that it does not always lead to suicide but can serve *de facto* a preventative function. It is currently not possible to quantify any of these aspects, but it does appear that there is an element of bias in how this topic is being discussed, including neglect of male victims of DFSV and female perpetration. Another question it would be desirable to be able to answer is whether any alleged DFSV-associated suicides previously expressed suicidal ideation or had attempted suicide, and

whether that was also specifically within a context of DFSV or in unrelated contexts; if such occasions did not all occur within a DFSV setting, then this would suggest that the suicidal disposition pre-existed it and had a distinct cause. The fundamental question that determines anybody's suicide risk is their individual personality, but that is not the subject of much useful psychological research known to me, notwithstanding some research on personality *per se*.

Of course, any instance of abuse and mistreatment should be treated as a punishable offence and should not have occurred. However, that does not warrant assuming that anybody who is alleged to have been at any time in their lives a victim of any kind of abuse and who at any later time then commits suicide, did so solely because of that alleged abuse, and that that then renders her (not his) abuser a murderer or guilty of manslaughter – which is the clear purpose of at least some of this latest discourse.

It is noteworthy that when the US Substance Abuse and Mental Health Services Administration and the American Psychology Association began considering suicide in the context of DFSV around 2014, and working to integrate knowledge and prevention between the two distinct areas, it considered perpetrators to be just as important as their victims, that any expression of suicidal ideation by a perpetrator could be misunderstood as being only manipulative but not symptomatic of any genuine other problems that should also be addressed, that men are also victims in abusive relationships (it was estimated then that 1 in 10 American men experience physical violence, rape or stalking by an intimate partner, and that female-perpetrated abuse is much more common than is acknowledged, and that male victims are also at risk of suicide), and that men needed to be recognised equally with women as being at risk.³⁶ It is difficult to detect this degree of balance in current Australian perceptions and responses.³⁷

As a person with lifelong experience of often acute suicidal ideation and multiple attempts, being a member of several peak bodies and the IASP, having supported others through suicide crises, and having participated in multiple suicide prevention research projects and consultations, I am now researching and writing my own book on suicide in Australia, in which

³⁶ <https://www.apa.org/monitor/2014/11/suicide-violence>

³⁷ It's interesting that classic films such as *Play Misty For Me*, *Fatal Attraction*, *Basic Instinct*, and *Disclosure*, all portray stalking and false allegations by women of male victims, they were all produced decades ago and at least *Misty* was even then based upon an actual case and also includes the female character's attempted suicide and mental illness, and yet films like this – notwithstanding the considerable attention garnered by *Adolescence* and *Baby Reindeer*, and notwithstanding the function of culture to examine issues that actually confront societies and offer us a prism through which to consider them - are never even mentioned. It is entirely likely that there are other films portraying these subjects, including male stalkers and false allegations, such as *Sleeping with the Enemy*, but these are merely films I have been familiar with for many years.

I discuss *both* male and female suicides in the context of DFSV *equally*, unlike current approaches mentioned here. Despite the fact that Australia has now had suicide prevention strategies for thirty years (which have been largely ineffective), despite the fact that we now have the government National Suicide Prevention Office and other peak bodies, despite the fact that organisations receive millions of dollars in funding to conduct research into prevention and other issues, the level of understanding of suicide even among such organisations and also among clinicians and as reflected in prevention strategies, is deplorably superficial and inadequate. This deficiency is of concern in the context of any discussion of suicide associated with DFSV, because it is already apparent that that discussion is not informed by any acceptable understanding of suicide, and consequently also not by any acceptable understanding even of those victims.

In his *Metaphysics*, Aristotle argued that there were four causes of any phenomenon, not one. We might question his categories and even whether four are sufficient, but the fundamental issue here is that every aspect of DFSV, including suicides, have multiple causes, that those causes are separate but interconnected, and without one of them, the others might not be effective, and any discussion of DFSV should endeavour to identify *all* of the causal factors in any individual case of perpetration and victimisation, to understand how they all interact and contribute, and desist from over-simplifying, generalising, stereotyping. Suicides usually have more than one cause, and causes often lie years or decades earlier in people's lives.

The majority of completed and attempted suicides do not seek help prior to acting, but we have no prevention strategy capable of reaching people who do not themselves seek help, or who may not be recognised as being at risk, the unpredictable nature and the very rapid intensification of some suicidal ideation to completion within minutes or hours is typically dangerously under-estimated (in the same way that the rapid escalation to murderous violence in DFSV is also under-estimated), while cohorts with known incidence are overlooked in prioritising. To my knowledge, we have one single university-based graduate programme in Suicidology in the entire country (Griffith), among 43 universities, when there ought to be such centres and programmes in every state & territory in the country, and these ought to be led by psychiatrists and others specialising for their entire careers specifically in the study of suicide. We do not have that level of education, training, or research, although there are such specialists in Suicidology in other countries, much of the original research and theories emanating from the US. Nobody whom I have met has been familiar with most of the past century of

international research on suicide, and as with every other area of mental health, Australians are not world leaders or conducting original and useful research, they are not highly visible in international collaborative research or reference publications, and these deficiencies doubtless contribute to the poor understanding of, and responses to our problems. Detailed and impartial research into both male and female suicides involving DFSV would certainly be valuable, but not if it is conducted in the current biased and selective fashion.

Failure to confront and address all of these issues results in miscarriages of justice. Every such death is a tragedy, and many if not all of them are preventable, but women's advocacy that continues to ignore major issues cannot then reasonably appeal to justice on other issues or only in their own interests, while encouraging or being responsible for miscarriages of justice against others. If men also commit suicide in the context of DFSV, including, allegedly, for reasons that women's advocacy continues to deny or gaslight, then any DFSV policy iteration ought to be acknowledging and responding to that, and it ought to be informed by impartial, comprehensive and reliable research into those causes.

Two recent studies into male suicide in the context of intimate relationships ought to have been considered in the context of DFSV. These are a Welsh study into both male and female suicide during the perinatal period, that is, between conception and two years after birth, and male suicides following relationship breakdowns or rejections;³⁸ neither of these studies focussed specifically on a question of DFSV, but both have relevance to that problem. Consideration of perinatal suicide would usually consider female suicide and depression, but the Welsh study was more inclusive in that it examined both male and female suicides, recognising that both genders can be affected by these life events (the fact the women might do most of the caring for children and endure pregnancy does not mean that their partners are unaffected), and found over a twenty-year period that prospective or new fathers committed suicide 6-7 times more than mothers. One assumption about such depression and suicide is that the perinatal period is typically a major life 'transition period', which in many other contexts also causes depression, suicidal ideation and other challenges for men and women alike.

³⁸ <https://www.1001criticaldays.com/article/paternal-suicide-in-the-1001-critical-days>

Wilson MJ, Scott AJ, Pilkington V, Macdonald JA, Rice SM, Oliffe JL, Seidler ZE. Suicidality in men following relationship breakdown: A systematic review and meta-analysis of global data. *Psychol Bull.* 2025 Jul;151(7):819-860. doi: 10.1037/bul0000482. Epub 2025 Jul 17. PMID: 40674014.

<https://pubmed.ncbi.nlm.nih.gov/40674014/>

Also: <https://aifs.gov.au/tentomen/all-research/research-snapshots/intimate-partner-relationship-breakdown-and-risk-suicidal>

Interestingly, though, some women report experiencing perinatal depression and suicidal ideation not with their first but with their second child, and there is no immediately obvious explanation for that. Suicide or suicide-risk following intimate relationship loss, or following rejection even if an actual relationship was not formed, has long been known as an issue, it is widely portrayed in the Arts and other cultural contexts, and it is conceivable that the incidence of this problem is currently increasing, in view of other social changes affecting the stability, duration, and opportunity of such relationships.

As noted, neither of these studies specifically associated such suicides with any DFSV, and they are recorded as occurring even without any such history known or reported. At the same time, however, the perinatal period and the end of relationships are known to be precisely the two periods in which women are most at risk of abuse by a male intimate partner. Suicide is violence against the self rather than against another, but it is still violence. These two studies suggest that one explanation of such abuse, as equally of such suicides, is a feeling of emotional deprivation. There are multiple factors currently preventing any recognition of male emotional and psycho-social needs at all, let alone as a significant cause or contributing factor to DFSV perpetration. This dimension is also ignored because childhood abuse and complex trauma are typically denied as causes of DFSV, even though natural universal human needs of emotional bonding and affection are increased and rendered insatiable, more demanding and intense, and poorly regulated by any form of childhood abuse and complex trauma, and would therefore make male partners more susceptible to denial or reduction in such emotional needs being met while a mother directs her attention to the child or when a relationship ends and denial of further emotional satisfaction becomes manifest (although it has conceivably already ended by that point). From this perspective, primarily male suicides as a result of emotional deprivation within an intimate relationship, while generally unintended, unconscious, and in some measure perhaps unavoidable, should nonetheless be considered within the purview of suicides associated with intimate relationships, while much more consideration ought to be given to these questions. Perpetration of DFSV within these contexts could be better understood from this perspective of emotional deprivation, instead of continuing with the “gender” narrative of misogyny. This is similarly another example where a better understanding of, and discussion around pertinent issues and changes in terms of intimate relationships, would improve our understanding of DFSV. Girls also develop known behaviour patterns less obvious in boys that are caused by ACEs, and which can also impact upon their intimate relationships, but we are not addressing those, either.

Incest is a form of DFSV generally perpetrated against children by an adult, although it can also be perpetrated between siblings, or by a step-parent, or within a larger family context, it can be perpetrated or tolerated by mothers, and it has male as well as female victims. Incest was excluded from the purview of the Royal Commission into Institutional Responses to Child Sexual Abuse, but it would have been a reasonable expectation that an additional Royal Commission or analogous inquiry should have been commissioned into incest at the same time or immediately afterwards. In view of both the alleged high incidence of incest and its devastating and lifelong impacts, as well as its obvious relationship to DFSV, it is very concerning not only that Australia has not yet undertaken such an inquiry, but that doing so is also not a priority around a *National Plan to End Violence against Women and Children*. Child victims of incest can also then become perpetrators and/or victims of adult abuse.

I do not identify as Aboriginal or Torres Strait Islander, I have had almost no interaction with those communities, I do not claim to be qualified to speak on their behalf, and I therefore cannot speak to DFSV among their communities. I would, nonetheless, suggest that the incidence of DFSV among their communities is unlikely to be reduced or prevented until the **Closing the Gap** strategy has been fully implemented in every one of its priority areas, including universal employment and improved life opportunities for all Indigenous Australians, an end to poverty and homelessness, better service delivery in all of their population centres, an end to all deaths in custody, juvenile detention, the revolving door between juvenile and adult incarceration, and an end to all forms of racism and discrimination. DFSV is perceived essentially as a behavioural problem occurring within a vacuum and perpetrated by “dangerous” male individuals, but the reality is that every one of those individuals is subjected to innumerable triggers and stimuli from birth onward (or *in utero*), all of those ambient determinants contribute to any proclivity for violence, and consequently, DFSV prevention must recognise and act on every potential adverse trigger or stimulus. Currently, it doesn’t. The Closing the Gap strategy has now been in effect in some form for twenty years, and it is still nowhere near being fully achieved; all the time that it is not achieved, more people die or are harmed because of that ineffective implementation. Projection of full implementation into the mid-2030s is not acceptable, and unlikely to be achieved in any case, while regular progress reporting clearly achieves no visible improvement or correction of failures.

Policy iterations acknowledge the existence of **intergenerational trauma** to which the Indigenous population has been subjected since 1788, and which still continues in numerous ways today. Despite such acknowledgement, however, it is not evident that any credible action

is taken about it, or that the complexity of it is adequately understood, and there appears to be no convincing incorporation of any such understanding into the articulation of relevant policies, including for DFSV. This is one form of complex trauma, it is collective, which means that it affects everybody who identifies as Indigenous even if not every member of their community experiences any specific incident causing trauma – for example, the continuing deaths in custody affect every Indigenous Australian by vicarious identification, not only the immediate families or local communities, and every such death demonstrates that Australian governments, police and other agencies are racist and indifferent to the harm they cause, while none of them is ever held to account. The Recommendations of the 1991 Royal Commission have not been fully implemented even 35 years later. Conditions in prisons and juvenile facilities have not been improved, staffing and staff training have not been improved, multiple forms of abuse have not been stopped – including sexual abuse and denial of access to appropriate services and care, complaints are not being dealt with fairly, suicide and self-harming and mental health conditions continue without appropriate improvements, and so on. Out-of-home “care” or child removals are continuing on a scale compared with the first Stolen Generations without governments or the responsible agencies finding better solutions, including addressing the conditions that lead to those removals long before a removal is even considered;³⁹ in the same way, no credible action is taken to prevent what leads to juvenile detention, so that the focus is only on punishment, not on prevention. Every juvenile detention facility in the entire country should be permanently closed, the practice of such detention should stop, those responsible for all such abuse and deprivation of children, from government ministers down, should be held to account for such human rights breaches and criminal behaviour tolerated on their watch, and our society ought to be forced to find better and more humane solutions to the problems perceived – but none of that is likely to happen. How many Indigenous DFSV perpetrators have experienced how many of these injustices? An estimated more than 50 inquiries into juvenile detention around the country have changed very little, and certainly not the underlying racist and punitive attitudes of governments. All of this proves how discriminatory our society

³⁹ Cf. e.g. https://theconversation.com/spending-on-child-protection-has-almost-doubled-in-a-decade-so-why-isnt-it-improving-285248?utm_medium=article_clipboard_share&utm_source=theconversation.com
 "Indigenous child protection is often a political football. Here's what would actually help" —
<https://theconversation.com/indigenous-child-protection-is-often-a-political-football-heres-what-would-actually-help-283471>

Claudia Bull, Delyse Hutchinson, Lakshmi Neelakantan, Jaimie Northam, Debbie Scott, Daryl J. Higgins, A decade of data: Trends in child protection system activity and expenditure in Australia between 2014–15 and 2023–24, *Child Abuse & Neglect*, Volume 177, 2026, 108092, ISSN 0145-2134,
<https://doi.org/10.1016/j.chiabu.2026.108092>.
<https://www.sciencedirect.com/science/article/pii/S0145213426002127>

continues to be against them, and that awareness affects *all* of them; it is one of many examples of the structural violence of Australian government and society which militates against effective implementation of any policy, including about DFSV.

Collective intergenerational trauma has been the subject of international research since the 1980s, and in some contexts for much longer,⁴⁰ across numerous different population groups, and yet there is no evidence that any of that research has credibly informed our understanding of such trauma and the impacts it has on both the Australian Indigenous population and also on other population cohorts, including the intergenerational dimension of DFSV, which has conceivably been intentionally ignored along with so much other relevant evidence, in order to propagate one specific, *non*-evidence-based biased account of DFSV. This is yet another area in which existing “research” and policy iterations around DFSV are clearly biased, and where research that might have benefitted our responses has not been utilised or undertaken. If more detailed and differentiated data collection had been undertaken about all perpetrators and victims in Australia, it is very probable that we would have found a statistically very high incidence of intergenerational abuse and trauma, which would help to account for many victims also being perpetrators.

I can identify some form of trauma and/or abuse, some intentional, some not, across at least five generations in my extended family; with the exception of my father, all of those involved were women, not men. The ways in which any such experience affects anybody from one generation to the next is complex and emotional-psychological, and is not simply a question of simply normalising and internalising another’s behaviour that has been witnessed.

The **Manosphere** has attracted series of publications by a number of mainly female researchers, as well as being the subject of allegations by women online. As Tanya Plibersek has recently acknowledged,⁴¹ the Manosphere is not one single and consistent entity, but rather

⁴⁰ The *International Handbook of Multigenerational Legacies of Trauma*, ed. Yael Danieli (New York: Plenum Press, 1998), immediately became and remains a major international reference work on this topic, along with other research that has continued, and it includes sections on both Indigenous populations (including the Australian) and also on DFSV. One might have expected this work to be familiar to everybody working in DFSV. Jill Salberg and Sue Grand, *Transgenerational Trauma: A Contemporary Introduction* (London: Routledge, 2024), offers a shorter and more recent account. Intergenerational trauma is not primarily caused by biomedical factors, but as a supplement to this discussion, the influence of epigenetics should be mentioned; cf. e.g. Renato Paro, Ueli Grossniklaus, Raffaella Santoro, and Anton Wutz, *Introduction to Epigenetics* (Cham CH: Springer, 2021); Nessa Carey, *The Epigenetics Revolution: How Modern Biology is Rewriting Our Understanding of Genetics, Disease and Inheritance* (London: Icon Books, 2012).

⁴¹ Dismantling the manosphere, Saturday Paper 4th July 2026, available at:

<https://ministers.dss.gov.au/editorial/19081>

Studies cited: <https://au.movember.com/story/inside-the-manosphere-a-world-first-look-at-what-young-men-actually-see-on-tiktok>

is a broad-ranging online realm encompassing many viewpoints and areas of activity and interest, not all of which are equally or obviously obnoxious; many boys and young men will not be drawn into it, and many others are actively opposing it. Nonetheless, the entire perception of it as she (and innumerable others) presents it, seems to imply that the grievances that find expression there are unfounded and that views which observers construe as misogynistic necessarily are so. Both of these attitudes fail to recognise fundamental issues, and the “everyday frustrations” which she acknowledges are not trivial everyday frustrations, or they are not experienced as such even without the Manosphere, and we are not asking what other adversities young males are facing which then make it more difficult for them to keep these experiences within manageable limits. We have abundant evidence of several million Australian children, boys and girls, growing up with various adversities, some very serious and life-changing, many are caused by government and could be addressed by it but aren’t, but every one of those can adversely affect how any individual struggles to cope with these “everyday frustrations”, except that nobody asks. The finding that “27% say that content can leave them feeling worthless, compared with young men who don’t engage with it” seems somewhat questionable, as the causes of mental health challenges and stressors faced by younger Australians, both males and females, are not being adequately recognised or even quantified, there is absolutely no convincing application of epidemiology in this context, and so such a figure taken in isolation from any other factor has little value. Do we know that they had no other cause except exposure to the web to feel worthless, and do we know that they previously did not feel worthless? It isn’t stated. Certainly, some of what is being identified here is of concern, and it does expose how the algorithms are being programmed and operating, and we can accept that this realm is a problem. Yet the notion of anger and entitlement is also labelling reactions that can have causes other than what is assumed, and women calling male attitudes and behaviour “entitlement” is becoming extremely problematic, as this can be nothing other than emotional deprivation of legitimate development, emotional and psychosocial needs, or what have been defined as their universal human rights, and these kinds of

<https://www.ipsos.com/en-uk/almost-third-gen-z-men-globally-agree-wife-should-obey-her-husband>
https://www.ipsos.com/sites/default/files/ct/news/documents/2026-03/TWD%202026%20Global%20Charts%20FINAL_0.pdf
<https://jss.org.au/programs/the-adolescent-man-box/>

labelling require a more critical assessment.⁴² Women are not the most reliable diagnosticians of male attitudes and behaviours or of their emotional lives. Reported problematic Gen Z male attitudes towards women are, on the face of it, undesirable, but the underlying reasons for them are not being considered (some relevant observations are made through this Submission), nor the fact that such attitudes tend to arise within contexts of social change which first, in this case, affects males. Typically, male attitudes are viewed as gratuitous, but they're not. We should be identifying how males are in fact being affected by such changes and attempting to support women by addressing the impacts of those changes, not simply by blaming males. I do not accept the "explanations" offered in this article, because they are much too superficial. The basic equation is that young males are victims of harmful influences, but not of actual challenges affecting their lives. The author does list off a number of things that governments can do, although she does not recognise any of the social changes directly affecting boys' relationships with girls, but governments are not doing any of the things she mentions at all or sufficiently or quickly enough, and had they been doing them for the past twenty years or more, then perhaps some of these problems might not have become so unmanageable and consequential. Many of us would dearly like to know when, for example, major tax reforms will be introduced that guarantee full government funding for public services, better welfare support and other benefits, or when Medicare will be sufficiently funded to cover all of our medical expenses that we cannot afford, or when waiting lists will become redundant, or when Arts & Humanities students will have their student loan debts cancelled and university will be free again, or when more than 1 million new, secure, well-remunerated jobs appropriate to everybody's qualifications and choices will be generated, and who will invest in them, or when homes will become affordable and not a legacy of intergenerational debt and there will be enough of them? The current government has now been in office for four years, it could have done almost anything had it chosen to do so, but it stands a very good chance of going out of office without having made much of a contribution to any of these challenges. Agreed, the absence of hundreds of thousands of fathers from their children's lives is not helpful, but that is often not the fault of those fathers, and the real causes are likewise not being confronted. Men are not being listened to when they do attempt to raise their concerns, entirely legitimate concerns are still too quickly and easily branded as "toxic masculinity", which means that the

⁴² Cf. also e.g. Kate Manne, *Entitled: How Male Privilege Hurts Women* (London: Penguin, 2020). I agree that there are legitimate causes for complaint, but I do not agree that we are being presented with the whole picture, or that a range of other issues including massive recent social change, women's own changes affecting males, male mental health and well-being, or male human rights, are being sufficiently considered. Labelling many of these issues in terms of "entitlement" is unhelpful.

DFSV agenda is still having the effect of silencing males instead of allowing them to assume the role being asked of them on their terms. The Manosphere is but the symptom of an immeasurably bigger problem, or nexus of problems, and governments have too often facilitated and caused those problems, not helped to solve them.

There has been some study of various recruitment and opportunistic business practices as well as linkage with more extreme political groups and ideas and the Manosphere. I have no knowledge of any of this sphere, I do not identify with any of the ideas or activities associated with it, and I have not knowingly visited any of those sites, but I have read a considerable number of articles and discussions published about it. I have also on occasion been accused without evidence or justification by individual women of belonging to or associating with the Manosphere, for no other reason than having cited evidence that did not conform with their opinions.

It is a matter of concern that some women's advocates have tended to make gross generalisations both about it, and also about men expressing either any legitimate concerns about men's experiences and circumstances or questioning unfounded women's claims, that some women have simply attacked men as identifying with the Manosphere, which is understood not as a broad range of activities and ideas but as one single undifferentiated extremist misogynist threat to womanhood, that they misrepresent legitimate male concerns as "male entitlement" and misinterpret what they assume to be men's motivations for even mentioning them, and hence perpetuate a misrepresentation of "toxic masculinity", for no other reason than that men do not unconditionally agree with women. This is now a very pervasive toxic atmosphere online particularly, where some women even troll men's support and advocacy groups and make *ad hominem* attacks on men in discussion feeds, while displaying an inability to substantiate their own claims, or to acknowledge differences and complexity, or to engage with published evidence that challenges those women's own views. Men moderating men's social media support and advocacy groups now have to block female trolls in exactly the same way that women block those whom they assume to be male trolls. This situation is counter-productive for women, and I consider it to be a consequence of one-sided women's advocacy and a lack of respect and equality embodied towards men by that advocacy. There have been widespread demands for respect for women, but corresponding respect for men remains a serious deficit. Men can explicitly demonstrate deference or respect, acknowledge women's legitimate concerns, and still be attacked by them. Notionally, government and public

organisations may not be overtly misandrist, but online, many women are, and they have arguably not been set a responsible example by advocates.

If the Manosphere has attracted so much female “research”, then why have those same female “researchers” not balanced their discussions with parallel “research” into the “**Femosphere**”, which one might have considered to be responsible and impartial “research”, or what would it look like for men to “research” the “Femosphere”, if women refuse to do so? The “Femosphere” has also been in existence for years, and while it may not be an exact mirror image of whatever the Manosphere is, it has been found to replicate its arguments. Two recent articles about it address the challenges it poses to girls and school teachers across multiple social media platforms,⁴³ but some of what might also be included within it is far more aggressive, abusive, and belligerent and extreme in its behaviour towards males. If the Manosphere is perceived to constitute a malign influence upon boys and men, then what similar influence might the “Femosphere” pose not just upon girls and women, but also upon males who encounter its abuse, and how do we think they might re-act? Discussions of girls’ concerns about boys’ purported attitudes tend to focus all blame on the Manosphere, without any consideration of ambient determinants affecting either gender, whether that is a reflection of dominant assumptions, or whether it is intentional and for the purpose of distorting and simplifying the problems. I know males who were not misogynist until recently, but who have become openly and offensively misogynistic precisely by being victims of these women’s abuse and online violence, and because of other adverse experiences such as false allegations of being DFSV perpetrators, and it is beyond time that women demanding that men step up stepped up themselves, and owned what some women are also doing. What do you think #killallmen attitudes do for women’s issues? This is not about gender equality or women’s rights, if it ever was: this is now an opportunistic exploitation of anger and fear that goes beyond anything that needs to be constructively improved, and has the potential to undermine the best intentions. It would not be an exaggeration to speak of gender warfare in such a context. If those women openly speak as if all men are potential murderers because a small number are,

⁴³ <https://www.tes.com/magazine/teaching-learning/secondary/what-teachers-need-to-know-femosphere-pink-pill>
https://www.abc.net.au/religion/girls-arent-alright-the-manosphere-and-its-female-equivalent/106603584?utm_campaign=abc_religion&utm_content=mail&utm_medium=content_shared&utm_source=abc_religion
<https://www.psychologytoday.com/au/blog/digital-world-real-world/202302/research-casts-doubt-on-male-centred-theories-of-aggression>

then why should men not say the same about women, because a small number of them also are? How far are advocates prepared to tolerate such escalation before confronting it?

Discussion of the Manosphere illustrates once more the failure of purported “research” to examine a problem within any historical or social context, viewing it instead as if it emerged within a vacuum or with no other cause or motivation except to pose a threat to womanhood. A token acknowledgement that boys might be attracted to the Manosphere because of frustrations with problems they experience, about which nobody is doing anything or listening to boys, is meaningless, if there is no formal and adequate acknowledgement of exactly what those problems are and a concrete strategy to resolve them – and government is not doing that. This just transfers blame, but it offers boys no reason *not* to be attracted to the Manosphere. This demonstrates a lack of understanding of how ambient determinants influence or contribute to social problems and changes in value systems, attitudes and behaviours, and how such factors intertwine but may have nothing necessarily to do with women at all. And it is why one should have expected women studying a topic such as the Manosphere to have involved a range of academics, including men, representing other discipline fields. It displays the typical superficial notion of how “influence” works, as if it can be reduced to a single factor and we can assume that boys acquire pejorative attitudes for no other reason except that one single alleged “influence”, it fails to explain how and why some individuals are led to adopt particular beliefs and attitudes while others who could just as easily do so in fact do not, it does not even attempt to identify ways in which many boys might be immune to such purported influence which it might be of practical usefulness to examine, it offers no explanation as to why males should adopt such attitudes and beliefs while females are apparently completely immune to comparable purported influences (which in fact, they’re not), and it also overlooks the fact that some males have some of these ideas and attitudes in common without necessarily having ever been exposed to the Manosphere at all.

We have had no constructive and useful discussion about what **positive masculinity** might look like, or why men might be struggling in many areas of their lives, or why fathers might be absent and unable to provide positive role models to their sons (and daughters), or how contradictory society’s demands upon males are, or how major substantive social change in recent decades might have changed the situation of men without benefitting them. All of these problems have been reduced to exceptionally facile gender-focussed and intentional behaviour, which they are not, they have little or nothing to do with the patriarchy (another over-simplified purported explanation of everything affecting women, without much substance

or clarity), or with misogyny, or with threatening women: that is all essentially a female construction based solely upon how women feel threatened and might be conflating many separate issues into a single perception of danger, but it is not informed by any consideration of larger causes. There is likewise no understanding of how women have benefitted from much of that social change in ways that men have not, there is no acknowledgement that women's issues now attract far more public funding than men's issues or that women now enjoy levels of opportunity and careers which a generation ago they didn't, there is only the endless cry that women are victims, and a consistent strategy to emphasise that victimisation at every opportunity while refusing to recognise equally any male victimisation and disadvantage in any context. Every day brings a new headline about how women are or will be disadvantaged by factors contributing to their inequality – nothing about how men might be affected, it's all just about women. Apparently, no male experiences any inequality or negative consequences of anything.

Personally, I do not think that any concept of masculinity, positive or negative, had much to do with my own experience or the issues that I have faced or with my behaviour, and I wonder to what extent this focus upon “masculinity” is another misconception of what the fundamental issues are. Yes, men as a generalisation respond to experiences and circumstances differently from how women respond to them, and these differences are beginning to look far greater and more profound than had been assumed, but can such gender differences all be reduced to some abstract notion of “masculinity”? At the same time, I think that society's expectations of males are contradictory and conflicted, and that no current discussion has seriously grappled with those contradictions. I most definitely do not see any evidence that any better options are being offered to the challenges around males' perceptions of their gender roles or those conflicted expectations, or to any of the other challenges they are being confronted with.

There is today a concept of a **poly crisis**,⁴⁴ which involves corruption of government and democracy, increasing tendency towards authoritarianism, loss of public confidence in public institutions and systems, unelected corporate influence on politics and society, declining employment opportunities, growing disparities in wealth distribution, sustained economic

⁴⁴ e.g. <https://polycrisis.org/>
<https://cascadeinstitute.org/wp-content/uploads/2024/04/Introduction-to-Polycrisis-Analysis-Guide.pdf>
<https://www.theguardian.com/us-news/2025/mar/06/polycrisis-disasters-politics>
<https://www.cambridge.org/core/journals/global-sustainability/article/understanding-polycrisis-definitions-applications-and-responses/970EC4CDD3698E3D5F0162C94900246A>

downturns, weakening of economies and slowed growth, worsening mental health, impacts of climate change and extreme weather events, new and continuing global conflicts, debt crises and unsustainable household debt, cost of living crises, housing crises, supply chain disruption, insufficiency of natural resources, technological/digital crises and challenges, large-scale involuntary migration, misinformation, terrorism, failure of multilateral/international institutions, failure of public services, epidemics, illicit financial activity and tax evasion, among other factors. The consideration of these factors, or separate crises, continues as situations develop and change, but the fundamental issue is that they are intertwined and affect and compound the effects of each other, none of them can be effectively resolved or addressed without resolving or addressing others, and the world has long been likened to a global village; individuals are more affected by some than by others, but in time, we are or will all be affected by potentially all of them, whether directly or indirectly.

They pose a permanent stress challenge, which predictably finds expression in aggression, violence, social division, tendencies towards more extreme political views and loss of trust in mainstream political parties that bear responsibility for these crises without the willingness or ability to control and reverse them, and which tend to allow them and their impacts to worsen. People's lives are being affected on a daily basis, but no government demonstrates any concern about those effects or willingness to endeavour to ameliorate those impacts in real time, or to control them from becoming worse. Some people are profiting from these crises, while the rest of us pay a price. The poly crisis includes worsening global mental health, which the WHO identified as the single greatest global health challenge a decade ago, but there has been no proportionate and appropriate response to that increase, nor is there much recognition that worsening mental health is being caused precisely by individuals being adversely affected by all of the other elements of the poly crisis without being able to protect or help themselves, and without their elected representatives having protected them. Therefore, while governments might appear to be racing to put fingers in dikes to belatedly contain other problems, they do not recognise that a problem like DFSV, including any mental health problems contributing to it, may be caused or triggered in some cases by how people re-act to these other stressors. Violence does not come out of nowhere, nor is it caused by single attitudes or beliefs: it comes as a stress re-action, except that we are not seeing the stress.

The Australian economy did not double its job generating capacity as women entered the workforce *en masse* thanks to positive discrimination policies from the 1970s onwards, it did not proportionately increase its job generating capacity as people lost their jobs to increased

use of technology in workplaces, it is not increasing its job generating capacity to compensate for jobs lost to energy transition or increased use of AI, and unemployment statistics do not accurately report the full extent of changing employment conditions and job opportunities. The Australian economy is traditionally under-developed, under-invested in, under-diversified, uncompetitive, not self-sufficient, overly dependent upon multinationals and other economies, and we have never made maximum use of our opportunities or potential. Our economy has now been shrinking for more than twenty years (Harvard Index), and a shrinking economy combined with other unfavourable employment conditions, wage stagnation and systemic wage theft, slave labour, chronic under-funding of public service delivery and its privatisation and out-sourcing (which used to employ 10% of the entire workforce), enormous household debt with ever-diminishing capacity to service it or pay it off, all means that fewer and fewer Australians have any realistic opportunity to obtain career employment of their choice, with job security and sufficient remuneration over their entire working lives. While women are also statistically affected, all Australian women are not equally adversely affected or all in the same ways, nor are they all affected in the same ways as men; but men are also seriously affected in this scenario.

This situation causes high levels of stress, anxiety and insecurity, worsened by one of the highest household debt levels in the world, which a generation ago we did not have and which has been artificially encouraged by government and the business community, we now live with permanent levels of stress that are unhealthy, and these factors are arguably one of the greatest contributing aspects to numerous social and behavioural problems, including in our children and also arguably contributing to DFSV, and also causing much of our worsening mental health. DFSV is essentially an expression of distress, in one form or another, and it is worst within intimate relationships by virtue of the unique nature of that relationship, not because men hate women. If we were more honest about the level of female perpetration and co-perpetration, we might then also recognise that women are being affected in the same ways that men are being affected and are indeed also re-acting under those stressors in the same ways that men are, as well as being equally affected by the other causes mentioned in this Submission. One means of DFSV prevention would require more research into the psycho-social and emotional and relationship impacts of employment and financial stress. We already know what this level of stress does to the brain and the body,⁴⁵ we know that employment and

⁴⁵ Cf. e.g. Gustavo E. Tafet, *Neuroscience of Stress: From Neurobiology to Cognitive, Emotional and Behavioural Sciences* (Cham CH: Springer Nature, 2022).

financial stressors were associated with an alleged spike in DFSV incidence during the lockdowns in 2020, and we know that people re-act in similar ways in other financial crises, we know what Neoliberalism and corporate managerialism have been doing to people's well-being and mental health for more than twenty years,⁴⁶ so it is curious that none of this has been acknowledged or even vaguely considered in DFSV advocacy and "research".

Part of the problem of the cognitive paradigm within which all social problems in Australia are viewed is that they ignore how any individual is affected by anybody else or by ambient determinants or by government or by socio-economic adversity, which would make society as a whole at least partly responsible for every such problem, and instead, we view these problems only as questions of individual responsibility (i.e. culpability) occurring in a vacuum because of the character flaws of those individuals. This may be convenient, but it consistently fails to diagnose problems correctly and either prevent them before they can occur, or effectively manage them once they do occur. Social democracies operate with a fundamentally different conception of what a society is, how it functions, and how every individual is affected for better or worse by the whole of it. We do not.

A shrinking economy and worsening employment opportunities and working conditions make it more difficult for young people to form and retain intimate relationships. The originating problem has nothing to do with women, but a lack of opportunity to have such relationships is a consequence of that originating problem, and it then has further consequences for both men and women. Insofar as women may be less inclined to form such relationships and prefer to remain uncommitted or unattached or without a family in the pursuit of their careers, or may choose to have a child via a sperm donor without a partner, or may opt for a different gender identity, or may prefer speed dating, or may feel that they have backed themselves into a corner with their grievances and that they now do not know how to return to more conventional behaviours, this might not be as much of a problem as it is for men, who have not undergone all of these changes and who often still want a permanent female partner. It is difficult to quantify the exact extent of these changes, but it seems evident that they are occurring, and that the pool of available women is shrinking proportionate to the numbers of males who are seeking them. Numerous stereotypes about men are now being debunked and shown to be clouding women's perceptions of where the problems are; men are on average not

⁴⁶ Cf. e.g. *The Handbook of Neoliberalism*, ed. Simon Springer, Kean Birch, and Julie MacLeavy (New York: Routledge, 2016); *Captured: How Neoliberalism Transformed the Australian State*, ed. Phillip Toner and Michael Rafferty (Sydney: University of Sydney Press, 2024).

afraid of commitment, men often declare their love before women do, and men want stability and children, so that established and newer stereotypes can appear as projections onto men of unacknowledged women's attitudes. If men want commitment and are prepared to make it, if they identify masculinity with the responsibilities that go with commitment, and if even some forms or cases of DFSV are actually attempts to maintain such commitment rather than losing it, then why would men be accused of being afraid to commit?

Were we to have been better informed by **evolutionary psychology**,⁴⁷ which has a considerable amount to say about some of these issues and which in other countries is a more prominent and established academic sub-discipline than it is in Australia, we might then realise that some males are going to become violent when there is a shortage of females. Evolutionary psychology is predicated upon the principle (in my interpretation of it) that all human behaviour stands in some causal relationship to our universal survival instinct, and our survival has two dimensions: our own individual physical survival, and the survival of our genes or our community, and that in turn requires reproduction and stable relationships. The challenging natural environment within which our survival instinct evolved – and every living organism displays variations of the same behaviour – was entirely different from the modern industrialised societies in which we live today, but our primitive or reptilian survival instinct remains much less adapted and changed, so that many behaviours do not obviously have anything to do with our modern survival, but the instincts that drive that behaviour *do*. And while sex might have other benefits and not be engaged in exclusively for the purpose of producing children, the reason why anybody has a sex drive is to reproduce. We could then posit the hypothesis that many of our current social, behavioural, and “gender” problems arise because our current socio-economic environment and recent social changes are making the fulfilment of our survival instincts, particularly for males, unsustainable.

⁴⁷ See amongst an enormous body of research and more popular works e.g. Robert Wright, *The Moral Animal: Evolutionary Psychology and Everyday Life* (London: Little, Brown and Co., 1993); Ronald Giphart and Mark van Vugt, *Mismatch: How Our Stone Age Brain Deceives Us Every Day (And What We Can Do About It)* (London: Robinson, 2018); David M. Buss, *Evolutionary Psychology: The New Science of the Mind* (London: Routledge, 2024); Dorothy L. Cheney and Robert M. Seyfarth, *Baboon Metaphysics: The Evolution of the Social Mind* (Chicago: University of Chicago Press, 2007); Christopher Ryan and Calcilda Jethá, *Sex at Dawn: The Prehistoric Origins of Modern Sexuality* (Melbourne: Scribe, 2010); Cindy Meston and David Buss, *Why Women Have Sex: Understanding Sexual Motivation from Adventure to Revenge (and Everything in Between)* (London: Vintage, 2010); David M. Buss, *Bad Men: The Hidden Roots of Sexual Deception, Harassment and Assault* (London: Little, Brown Book Group, 2021); idem, *The Evolution of Desire: Strategies of Human Mating* (New York: Basic Books, 2016); Frans de Waal, *Different: What Apes Can Teach Us About Gender* (London: Granta, 2023); Ogi Ogas and Sai Gaddan, *A Billion Wicked Thoughts: What the World's Largest Experiment Reveals About Human Desire* (New York: Plume, 2012); Steve Stewart-Williams, *A Billion Years of Sex Differences* (London: Swift Press, 2026).

When I was growing up, it was common for most people to have one or two usually significant and potentially lasting intimate relationships from high school or university or having entered the workforce or training, to have had their first sexual experiences in later adolescence, and to then marry at some time in one's 20s, to have children early, to have purchased a family home and paid off the mortgage by one's 40s or 50s, and for most people to be in full-time secure and continuing employment earning an income sufficient to support their family and bear all costs of living without a credit card, without major debt beyond a manageable mortgage, and to be able to retire in reasonable security. Admittedly, life expectancy was somewhat shorter, but one could expect to be able to retire with sufficient assets and superannuation or insurance. Certainly, women's opportunities were fewer, but not non-existent. For most Australians today, little or nothing of this is true anymore, and for most it is worse, not better, and it is still getting more worse. Growing numbers of women may find this model of married bliss and the nuclear family unpalatable, and I do not wish to seem nostalgic or to suggest that returning to all of that would be better, but it remains more or less what many males still imagine, and they don't have better alternatives – more pornography, more “friends with benefits”, more prostitution? We now have estimates that many younger males may possibly never in their entire lives achieve a satisfying intimate relationship,⁴⁸ many males have not had their first sexual experiences or any intimate relationship into their mid-late 20s, and beyond the emotional and psycho-social deprivation that this situation also comprises, it is guaranteed to lead to some violence and aggression and other undesirable problems that will also affect women. One thirty-year-old male wrote to an advice columnist today that he had just lost his first partner of eight months, never having had a relationship until now, and he felt anxious that he might never find another partner.⁴⁹ The actual situation may be more complicated, fluid, and not justify too much concern, although impressions derived from social media do suggest concern among many people and that they do in fact perceive growing challenges. It should be asked why none of these factors are being considered as contributing to a nexus of problems such as DFSV. I do not know how many women would also like to find a male partner for life, or how easy they make it, because this is not being very openly discussed, and one is more likely to hear about women feeling liberated and free from

⁴⁸ Cf. e.g. <https://www.pewresearch.org/short-reads/2023/02/08/for-valentines-day-5-facts-about-single-americans/>

<https://www.pewresearch.org/topic/family-relationships/marriage-divorce/unmarried-adults/>
<https://ifstudies.org/blog/number-3-in-2023-theres-no-huge-gender-gap-in-being-single-among-young-adults>

⁴⁹ <https://www.theguardian.com/lifeandstyle/2026/jul/24/my-first-relationship-just-ended-how-can-i-expect-to-find-someone-else-when-it-took-15-years-to-find-her>

men than one is to hear about women wondering why they cannot find a male partner. If we consider concerns about declining birth rates, and declining fertility rates, it might also appear perplexing that we seem unable to even discuss these issues more objectively and constructively.

In addition, we now have the demonisation of those who are involuntarily celibate. These have become identified as holding extreme misogynistic and sometimes other radical ideas parallel with or as an appendage of the Manosphere. While there appear to be some more extreme views advanced in this context, however, what such a generalised pejorative characterisation of a social group ignores is that many of these “Incels” are, or once were, ordinary human persons who wanted nothing more than a girlfriend and a shared life – but that circumstances beyond their control, or which they perceive as being beyond their control, work against them, which then results in a more aggressive response. Yet the “Incel” problem is also part of the purported loneliness epidemic, it encompasses multiple sub-groups and issues, and it presumably includes females, not just alienated males. I have been involuntarily celibate for twenty years – am I misogynist or an anarchist? No, decidedly not, and why would anybody think I might be? Instead of confronting genuine human psycho-social problems and their causes, however, we simply dispose of it all and criminalise it on the basis of its alleged extremism. Problem solved?

If sociologists had been invited to contribute their expertise to a better understanding of DFSV and adjunct challenges, as earlier generations of Australian sociologists indeed did make significant contributions, we might then have a deeper perception of the social changes we have lived and continue to live through, and the myriad ways in which we are all, albeit largely unconsciously, affected by such change. All such social change is traumatising, we are all affected by it, but we often do not “see” it – like the proverbial frog in a beaker of slowly boiling water.

Before the poly crisis, historians used to speak in terms of “**Ages of Anxiety**”, of which there have been a series through western history from Late Antiquity through the twentieth century. These varied in nature and also in geographical or regional extent, they had different types of impact, but they were typically periods of complex conflict and processes of change and re-action and conservative regression. They often caused mental health crises, wars and other violence, and significant social conflict and division, but also creativity, innovation and new directions. They were also often characterised by multiple causes and effects continuously

interacting with one another as social processes. It is in precisely such “Ages of Anxiety” that people become typically more conservative than they previously may have been. This process is a human instinct to restore or return to the familiar, the myth of origins, against the unfamiliar, the familiar affords a sense of security against the uncertainties of change in which the familiar is lost, may cause grief and nostalgia. Change is often perceived as decadence, corruption, atrophy and decline, and in order to recover, one returns to one’s roots, or formative sense of identity, or what is reconstructed as such. In more religious times, this often results in religious reform movements and attempts to restore what is perceived to have become corrupt, and we still find people attracted to religious groups as a hoped-for source of assurance. It is in these same contexts that we see moral conservatism, and one might consider the endless attempts to reform sexual and family morals throughout history, and which we are still seeing today both in Australia and in many other societies, or in reactionary fundamentalist Islam in the 18th/19th centuries. This is a recognisable and oft-studied historical phenomenon, also across other discipline fields of knowledge, and it would have made much sense to have considered the challenges associated with DFSV from such a perspective. As an academic researcher, I have previously studied several historical examples of this process, and formulated a typology of such reactive social processes. I believe that this is exactly what we are now living through. While I do not think it is a principal cause of DFSV *per se*, it is unquestionably contributing to ambient determinants that do feed into the nexus of problems around DFSV.

The alleged tendency of some males to favour more conservative and traditional female roles and “trad wives” is entirely understandable in such a context, if at the same time we also recognise the profound insecurity – socio-economic, financial, relationship, masculinity – that those males are experiencing, while our society is offering them nothing better. Attempts to impose some form of control are also means of self-preservation and self-defence, to retain that which is psycho-socially and emotionally most important to them. A man’s intimate partner is the single most precious person in his life, when everything else might be spinning out of his hands he still has her, and it is understandable that he would wish to be able to trust her and depend upon her when he needs her. Women may not like it, but it isn’t just about them.

Men are going to express pejorative views about the very objects of their desire, because those women are unavailable, or perceived to be unreliable and unpredictable. Misogynistic attitudes are then expressions of frustration about that unavailability, which women misunderstand. Arguably the principal cause of discrimination against those who identify as LGBTIQ+ is because they have removed themselves from the marriage market and

traditional roles of reproduction, and this is largely instinctive, but we don't appear to understand that, either. A similar instinctive concern also underpins opposition to abortion and women's reproductive rights, in which women are also engaged. I would not like to claim that this explains all purported misogyny or femicide (in those cultures that actually have cultural traditions of murdering women for particular reasons, which Australia does not), or other prejudice, but it certainly helps to explain elements of many of the issues that women now believe they have to protect themselves against, and those problems are caused not by individual men but by governments, the corporate sector, and other social changes, including some resulting from women's advocacy. I would not like to suggest that it would be easy to resolve these issues, but it might be helpful to at least understand them correctly, and begin talking about them.

There has now been an international discussion about '**the boy crisis**' for at least a decade, and in some respects considerably longer, and some of it has been contributed to by women.⁵⁰ This discussion has been absent in Australia, and very particularly ignored by those

⁵⁰ I recently encountered several women's advocates in an online discussion feed who denied that there was any such thing as a 'boy crisis', and who appeared to consider this notion as another invention of men seeking to undermine women's advocacy around DFSV. They had evidently not read any of the relevant scholarly, clinical and political international publications on this topic, they were unable to explain why such evidence should be dismissed or why data sources that they would accept for other purposes should in this case be rejected, and instead resorted to unprovoked ad hominem abuse, also against other males in that feed who addressed the issue. This is unfortunately now typical of some online discussion fora both in Australia and internationally, it is a parallel universe to the Manosphere which is not attracting the responses one would expect from those so concerned by the Manosphere, it is alienating many men who at the same time are being asked to support women, and it is counter-productive to women's own advocacy. If abusive male behaviour is considered to be a problem requiring a response, then the same should also apply to abusive female behaviour. Most discussions about 'the boy crisis' originate in America and Britain, where conditions are similar but not identical to Australia, and evidence of multiple challenges is not equally true for every individual boy nationwide in any such context; I am somewhat critical of some arguments, while I believe that some dimensions of these issues are still not being adequately considered. These discussions focus particularly on declining school/educational achievement, reduced employment and career opportunities, worsening mental health, questions of 'masculinity', socio-economic disadvantages, and absent fathers (who are not always absent by choice or because they are all abusive, because most are not), among other topics. Cf. e.g. Richard V. Reeves, *Of Boys and Men: Why the Modern Male is Struggling, Why It Matters, and What To Do About It* (Washington DC: Brookings Institution Press, 2022); Warren Farrell and John Gray, *The Boy Crisis: Why Our Boys Are Struggling and What We Can Do About It* (Dallas: BenBella, 2018); Benjamin A. Hine, *Current Issues Facing Men and Boys: A Case for Urgent Change* (London: Routledge, 2025); Andrew Reiner, *Better Boys Better Men: The New Masculinity that Creates Greater Courage & Emotional Resiliency* (New York: HarperCollins, 2020); Christina Hoff Sommers, *The War Against Boys: How Misguided Policies are Harming Our Young Men* (New York: Simon & Schuster, 2015); David Maywald, *The Relentless War on Masculinity: Does it Ever End?* (Canberra: Celebrating Masculinity, 2025); Simon James Copland, *The Male Complaint: The Manosphere and Misogyny Online* (Cambridge: Polity, 2025); Helen Smith, *Men on Strike: Why Men Are Boycotting Marriage, Fatherhood, and the American Dream – and Why It Matters* (New York: Encounter Books, 2015); Susan Faludi, *Stiffed: The Roots of Modern Male Rage* (New York: HarperCollins, 2nd edn 2019); Matt Pinkett and Mark Roberts, *Boys Don't Try? Rethinking Masculinity in Schools* (London: Routledge, 2019); Hanna Rosin, *The End of Men: And the Rise of Women* (New York: Riverhead Books, 2012); Andrew L. Yarrow, *Man Out: Men on the Sidelines of American Life* (Washington: Brookings Institution Press, 2018); Kay S. Hymowitz, *Manning Up: How the Rise of Women has Turned Men into Boys* (New York: Basic Books, 2012); Philip Zimbardo and Nikita Coulombe, *Man, Interrupted: Why Young Men are*

“researchers” examining issues such as Incels and the Manosphere. This neglect is yet another illustration of how current discourse around DFSV and related issues is not being adequately contextualised or informed by highly relevant evidence; it suggests that female “researchers” working in these areas do not wish to consider any issues affecting males which might be considered as ameliorating their basic purported misogyny, and in the process, that they wish to dehumanise males. This may not be entirely conscious, or something that one would admit to, but this is how it looks. Most discussion of this issue comes out of America and Britain, and no corresponding attempt has been made to investigate the extent to which and the ways in which this combination of challenges also affect Australian boys, although one might have considered that to have been a desideratum; we have had other less helpful and biased discussions of undesirable boys’ attitudes and behaviour, but no impartial and fact-based discussion of any of the principal issues comprising what is defined as ‘the boy crisis’, or any attempt to quantify it – we have heard of national prevalence, but no actual research evidence.

‘The boy crisis’ examines reported decline in boys’ educational achievement relative to increases among girls, the absent father, who is often absent not by choice but because he is excluded by mothers claiming custody of their children, with or without understandable cause, and who therefore cannot provide positive role models for their children even if they want to (this issue in turn raises a Pandora’s Box of other issues about changes in relationships, marriage decline and high incidence of divorce majority initiated by women, unfair custody conflicts and outcomes, etc.), the lack of opportunity for meaningful, secure, sufficiently remunerated employment of their own choice and appropriate to their education and potential (which likewise brings with it further consequences), increasing social inequality, the impact of ACEs, the alleged influence of pornography (a highly contentious topic about which there is much less consensus or clear evidence than many might like),⁵¹ and increasingly disoriented

Struggling & What We Can Do About It (Nashville: Conari Press, 2016); idem, *Man Disconnected: How Technology has Sabotaged What It Means to Be Male* (London: Rider, 2016). This list can be extended. Another, somewhat related discussion has recently emerged in the US about girls feeling devalued and therefore resorting to more extreme and irreversible behaviours, but I have seen no awareness of that discourse in Australia, at least from that perspective, despite its equal relevance here.

⁵¹ Cf. e.g. Alan McKee, Katerina Litsou, Paul Byron, and Roger Ingham, *What Do We Know About the Effects of Pornography After Fifty Years of Academic Research?* (London: Routledge, 2022). A Commonwealth parliamentary inquiry lapsed in 2016, but was resumed by the following parliament:

https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Environment_and_Communications/Online_access_to_porn
https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Environment_and_Communications/Online_accesstoporn45

A NSW parliamentary inquiry reported in 2025: <https://www.parliament.nsw.gov.au/parliamentary-business/committees/inquiry-details?committeeInquiryId=3067>

questions of masculinity of male gender roles (which even in women's expectations tend to be contradictory), worsening mental health including ADHD and male suicide, unnecessary and poorly served and rehabilitated prison populations, the impact of climate change as a mental health problem, the assumed but less than clear dangers of social media, to which can now be added the generalised "Femosphere" attack by many women against males *tout court*.

It is claimed that boys more than girls are affected by some of these changes, and that statistically, boys are showing disproportionate impacts. Girls are also affected by many of the same challenges that boys face, whether or not in the same ways or to the same degrees, and it should not be perceived to be a neglect of girls if we attempt to draw attention to how boys are faring. Boys are also women's sons, brothers, fathers, after all, and without boys there would be no girls. These problems are not the fault of individuals, either males or females, they are due to choices made by those in positions of national decision-making power, and few individuals would have freely chosen them if they do not benefit from them, but it would be naïve to think that nobody is going to be adversely harmed by them – including males, and if males, then predictably also females. In Australia, some evidence is less than clear, we do not have reliable data, or the evidence we depend upon does not present a consistent picture, and it is probable that some groups of boys are more affected than others, so that impacts are not universal or equally distributed; nonetheless, it seems clear that government is not effectively addressing those problems, it is often complicit in causing and perpetuating them, and there ought to be a more balanced and informed public discussion of them. We should also have more comprehensive, systematic national data collection about specific behaviours and problems with more precise evidence about incidence and distribution, instead of unsubstantiated generalised claims about them by implication affecting the entire country indiscriminately. Australia's globally aberrant, chronically under-funded, under-staffed, under-resourced, and over-burdened public school system would not be helping this situation, and neither would our chronically shrinking national economy, insecure and toxic employment and working conditions.

As mentioned above, if how parents actually model **relationships** is the single most decisive influence upon both boys and girls, then why are we not examining how and why that is not having the desired effect, and how far this may be responsible for undesirable behaviour

"Porn not 'inherently harmful', says first inquiry of its kind in Australia" — <https://theconversation.com/porn-not-inherently-harmful-says-first-inquiry-of-its-kind-in-australia-268105>

"Is porn actually addictive? The science isn't straightforward" — <https://theconversation.com/is-porn-actually-addictive-the-science-isnt-straightforward-284087>

in such children? And what impact is that also having upon girls and their behaviour in intimate relationships or towards boys? These are legitimate questions which any impartial psychologist would be asking, so why aren't they being asked in the context of DFSV? It is the primary responsibility of parents, *not* schools, to educate *both* girls and boys in respect for others, consent in sexual relationships,⁵² and in the ability to resolve problems and potential conflict in intimate relationships (many if not most relationships experience some conflict at some point), so that those relationships remain viable and desirable. I can appreciate that there is a concern about appearing to blame parents by raising such issues, but instead, we end up blaming teachers, who are often enough also parents, and the problems stay the same. The profound and considerable social changes that Australia has undergone over recent decades have also contributed to these problems in whether children learn everything we expect them to learn from their parents, and we ought to be capable of having an honest and mature discussion about this, and conducting the research necessary to inform such a public discussion. So why can't we, and why haven't we? Available data from the ABS, AIFS and AIHW do not appear to be used to stimulate and inform a constructive discussion of some of these issues.

If significant numbers of **men are now telling their own stories of unprovoked non-self-defence female-perpetrated DFSV** on their own online platforms, including post-separation abuse and coercion, false allegations and long-drawn-out custody disputes, and if those stories are verifiable, then why are women's advocates demanding attention when women tell such stories but not treating men's stories with the same legitimacy, importance, and credibility? Why is there no Australian research into men's experiences of DFSV as there has been for many years in other jurisdictions?⁵³ Are these stories being intentionally ignored,

⁵² Cf. e.g. "Teens want more advice about navigating consent but teachers' sex ed skills are falling short" — <https://theconversation.com/teens-want-more-advice-about-navigating-consent-but-teachers-sex-ed-skills-are-falling-short-288276>

⁵³ Probably the largest single study and online resource of DFSV is: <https://domesticviolenceresearch.org/> It is very clear that Australian "researchers" are not doing what their colleagues internationally are doing in also investigating men's experiences of female-perpetration of DFSV. Cf. also e.g. *The Routledge Handbook of Men's Victimization in Intimate Relationships*, ed. Louise Dixon, Denise A. Hines and Emily Dixon (London: Routledge, 2025); *Domestic Violence against Men and Boys: Experiences of Male Victims of Intimate Partner Violence*, ed. Elizabeth A. Bates and Julie C. Taylor (London: Routledge, 2023); *Intimate Partner Violence: New Perspectives in Research and Practice*, ed. Elizabeth A. Bates and Julie C. Taylor (London: Routledge, 2019); Bates, E. A. (2020) "Walking on egg shells": A qualitative examination of men's experiences of intimate partner violence. *Psychology of Men & Masculinities*, 21(1), 13–24. <https://doi.org/10.1037/men0000203> <http://elizabethbates.co.uk/publications/>

Straus M.A. (2010). Thirty years of denying the evidence on gender symmetry in partner violence: Implications for prevention and treatment. *Partner Abuse* 1(3), 332-362. <https://doi.org/10.1891/1946-6560.1.3.332> https://www.researchgate.net/publication/233717660_Thirty_Years_of_Denying_the_Evidence_on_Gender_Symmetry_in_Partner_Violence_Implications_for_Prevention_and_Treatment

Alexandra Lysova, Kenzie Hanson, Jenny Mackay (2024), Bidirectional and Unidirectional Intimate Partner Violence: A Comprehensive Review. *Partner Abuse* 16(1)

gaslit, denied, challenged with counter-claims and deflection, in order to preserve the appearance of primary female victimisation? If not, then when will women's advocacy begin to acknowledge male victimisation by women, and when will policy iterations equitably also confront this issue?

https://www.researchgate.net/publication/386189016_Bidirectional_and_Unidirectional_Intimate_Partner_Violence_A_Comprehensive_Review, DOI:10.1891/PA-2024-0039

<https://abusedmeninscotland.org/wp-content/uploads/bates-lit-review-for-website.pdf>

<https://anrows.intersearch.com.au/anrowsjspui/handle/1/19403>

<https://discovery.dundee.ac.uk/en/publications/mens-experience-of-domestic-abuse-in-scotland-what-we-know-and-ho/>

<https://www.bbc.com/news/articles/c36pr3nle2do>

https://repository.uwl.ac.uk/id/eprint/10223/1/Characteristics%20of%20men%20who%20seek%20help%20from%20an%20Irish%20domestic%20abuse%20helpline_%20the%20MENCALLHELP%20study_Partner%20Abuse.pdf

<https://www.primevideo.com/detail/0GISAETM8V0XLSZDWIDFGSJANW>

<https://criminalinjurieshelpline.co.uk/blog/my-wife-my-abuser-2/>

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"Men abused by women don't all fight back. Some believe a strong man is non-violent – South African study"

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<https://www.sciencedirect.com/science/article/pii/S0047235224000710>

"One in three domestic abuse victims is male – here's why we need to talk about them" —

<https://theconversation.com/one-in-three-domestic-abuse-victims-is-male-heres-why-we-need-to-talk-about-them-227178>

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Rinat Ben Simon, Chaya Possick, Yael Aviad (2024), The Fragmented Experience of Male "Victims" of Intimate Partner Violence in Heterosexual Relationships, *Studies in Clinical Social Work Transforming Practice Education and Research* 94(2):157-180. DOI:10.1080/28376811.2024.2328010

https://www.researchgate.net/publication/379496560_The_Fragmented_Experience_of_Male_Victims_of_Intimate_Partner_Violence_in_Heterosexual_Relationships

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Mezzapelle, J. L., Russo, L. N., Hines, D. A., Douglas, E. M., Lee, K. A., & Sabina, C. (2026). "It was a living hell": Black, Latino, and White U.S. men's experiences of female-perpetrated intimate partner violence victimization. *Psychology of Violence*. Advance online publication. <https://doi.org/10.1037/vio0000689>

This list can be considerably extended, including numerous other media reports of individual cases; I have a similar list of references on the topic of Incels. It is worth noting that, unlike in Australia, many of the researchers in other countries publishing these works are women.

Sex is a significant element of DFSV, except that as usual, Australians have difficulties understanding sex. Sex is an issue associated with many other topics mentioned above. If we knew our history a little better, we would know that Australia has had one of the most sustained and extreme regimes of censorship of any western society, at times even more so than Britain,⁵⁴ that the principal if not the only target of that censorship has been sex, and that still today we continue to observe conflicted and reactionary attitudes propagated. This observation suggests an intergenerational collective mentality. It would not be a stretch too far to suggest that current discourses are partly motivated or determined by exactly these inhibitions. There are reasons why we have not succeeded in openly explaining sex and relationships to our children for generations, and apparently still can't get it right. This does not mean that sexual abuse is worse here than it is elsewhere, but it does mean that we have difficulties acknowledging and addressing it that are distinctive in some degree to our collective national mentality, and that the majority of comparable countries no longer display quite the same mentality. That itself is a mark of our idiosyncratic moral conservatism, which we evidently do not understand or recognise. Sex is relevant here, because it is the subject of pornography, which is perceived to be a major cause of the mistreatment of girls and women, although there are no conclusive research findings that prove that pornography alone causes anything, including in Australian inquiries and research.⁵⁵ Certainly, there are legitimate ethical and other questions we can discuss, but pornography alone is not the fundamental cause of any of our problems, and that means that we ought to be asking different questions. And again, if we knew our history, we would know that pornography has existed since *homo sapiens* first learned to be creative (some of the oldest surviving rock art includes depictions of coitus, and the numerous examples of primitive fertility figurines, the most famous example being the Venus of Willendorf, dated ca. 35,000 years old, are among the oldest figurines), it has often been very public, it has assumed diverse religious and political, cultural and social functions, European museums are full of it, it is a central theme in our literature (including erotica, but also everything we class as canonical or classical literature), and for most of our human history nobody has been conspicuously

⁵⁴ Cf. e.g. Nicole Moore, *The Censor's Library* (St Lucia: University of Queensland Press, 2012); *Australia's Censorship Crisis*, ed. Geoffrey Dutton and Max Harris (Melbourne: Sun Books, 1970); Patrick Mullins, *The Trials of Portnoy: How Penguin Brought Down Australia's Censorship System* (Melbourne: Scribe, 2020); *Intellectual Suppression: Australian Case Histories, Analysis and Responses*, ed. Brian Martin et al. (North Ryde: Angus & Robertson, 1986); Michael Pollak, *Sense and Censorship: Commentaries on Censorship Violence in Australia* (Balgowlah NSW: Reed Books, 1990); Clive Hamilton and Sarah Maddison, *Silencing Dissent: How the Australian Government is Controlling Public Opinion and Stifling Debate* (Crows Nest NSW: Allen & Unwin, 2007).

⁵⁵ See references above.

worried about its allegedly pernicious and morally corrupting influence; when they have been, other concerns have usually also contributed to that.

Censorship displays our innate conservatism, and conservatism tends to be most insistent in face of perceived threats, in face of anxiety, fear, insecurity. This is a trauma response in the individual, and it is equally such a response within a population. Australia's dominant disposition is towards conservatism, not an expression of self-confidence and self-assertion and openness. This in turn results in control and authoritarianism, which our governments have a continuing tendency to display in response to challenges and crises. This is a dimension of the punitive attitude that characterises our society, and censorship is likewise a form of punishment and control. Sex is a behaviour that societies have often felt a need to regulate at least in some degree, but modern societies are not all the same in the degree to which they tolerate sex-related behaviours and expression, or in the ways in which they do it, and some elements in Australia remain very conservative. The appeal of a "trad wife" does not come out of nowhere, it is a predictable reaction, like other discriminatory attitudes, with a purpose, and many express similar attitudes in Australia without having had anything to do with the Manosphere.⁵⁶ It is unfortunately symptomatic that our understanding of where such attitudes come from and why should be so superficial, and itself reactionary.

If we were a little more analytical of our culture, we might recognise embedded inconsistencies in our attitudes and behaviour and in our criticism of allegedly opportunistic

⁵⁶ In the 1970s/80s, Australia introduced multiple legislative and other means of supporting women, including "positive discrimination", from which the current generation of women continue to benefit. The Howard government then undermined and reversed some of those measures, and sought to emphasise a stronger family-centred politics. People have apparently forgotten those positive developments, as well as the conservatism of the Howard government in these areas, which was possible not because of any Manosphere but because the attitudes that Howard could appeal to already existed in our society alongside more progressive attitudes and demands, and they still do. Yet they have also evidently never considered how, and equally importantly, *why*, for example, the Weimar Republic went from being one of the more progressive and tolerant western societies of its time, including areas of women's equality and liberation, to returning women to the kitchen and the bedroom and the nursery under Nazism, how many women embraced that shift because they supported the larger national priorities it was intended to serve, and that such a reversal is not unusual in history; see e.g. Johann Chapoutot, 'L'ordre sexuel: reproduction, monogamie et polygamie sous le III^e Reich', repr. in idem, *La révolution culturelle nazie* (Paris: Gallimard, 2017), pp. 177-211; also the chapters by Victoria de Grazia and Gisela Bock in *Storia delle donne in Occidente: Il Novocento*, ed. Françoise Thébaud (Rome-Bari: Laterza, 1997), pp. 140-175, 176-212 respectively. Precisely that pattern under Fascism has been replicated recently in Russia, Hungary, the US and elsewhere. Any ideas that are now associated with the Manosphere are nothing more than the latest iteration of permanently existing human social ideas, you will not understand what is happening in our society if you do not understand either history or human psychology or sociology, and challenging the Manosphere is like trying to cut off one head of the Hydra. This is why it is essential that all discussion of the nexus of problems comprising DFSV must involve credible experts – whom Australia increasingly lacks – in multiple academic discipline areas. All that current policy responses are doing are attempting to criminalise and punish as much undesirable male behaviour, but not equally female behaviour, as possible, without demonstrating the vaguest understanding of why any of it is happening, with no self-criticism, and even resisting such understanding. That is guaranteed to fail.

and oppressive entities – which we sometimes indulge in with one hand while complaining about it with the other. We might also ask ourselves why some other cultures appear to have few difficulties with more flirtatious and less inhibited interactions between the sexes and different social norms than we now have. Yet the distinctively Australian anxieties about sex mean that we cannot always think clearly about such topics or discuss them honestly. How many “researchers” or advocates in Australia have any inter-disciplinary knowledge of the history of human sexuality and are able to bring that knowledge to bear on how we consider DFSV and adjunct issues? How many of our universities could even teach a comprehensive and impartial degree programme in the history of sexuality as a qualification for the teachers we expect to do what our parents are not doing?

Sex is also important because it is a source not necessarily or simply of physical pleasure, but equally, and perhaps more importantly, of emotional need fulfilment, because some sexual abuse is psychological and emotional, because in order to prevent such abuse the psychology and emotional needs of abusers need to be better understood and addressed, and that it is probable that advocates often confuse what they perceive to be an exercise of power and control instead of the psychological and emotional dimensions of human behaviour, because psychology and emotions tend to be excluded from our education and consideration or cognitive paradigms. Hyper-sexualisation and promiscuity are consequences of earlier abuse, both prior sexual abuse and also emotional deprivation and other effects, and this does sometimes lead to sexual abuse of intimate partners, but we are not seeing that, although there is some international research into these questions dating from at least the 1980s, and one might also mention Freud here.⁵⁷ Women’s gender stereotypes of men that “men only want one thing”

⁵⁷ Cf. e.g. Cassioli E, Tarchi L, Rossi E, Faldi M, Dani C, Giuranno G, Siviglia S, Baroncelli A, Maggi M, Vignozzi L, Giraldi A, Ricca V, Castellini G. Early traumatic experiences are linked to hypersexual behavior and erectile dysfunction in men through the mediation of body uneasiness and general psychopathology. *J Sex Med*. 2024 Jun 27;21(7):635-647. doi: 10.1093/jsxmed/qdae058. PMID: 38778740.

<https://pubmed.ncbi.nlm.nih.gov/38778740/>

Fontanesi L, Marchetti D, Limoncin E, Rossi R, Nimbi FM, Mollaioli D, Sansone A, Colonnello E, Simonelli C, Di Lorenzo G, Jannini EA, Ciocca G. Hypersexuality and Trauma: a mediation and moderation model from psychopathology to problematic sexual behavior. *J Affect Disord*. 2021 Feb 15;281:631-637. doi: 10.1016/j.jad.2020.11.100. Epub 2020 Nov 16. PMID: 33229025.

<https://pubmed.ncbi.nlm.nih.gov/33229025/>

<https://aifs.gov.au/cfca/sites/default/files/publication-documents/issues16.pdf>

The following websites are a sample of advice on hypersexualisation and trauma:

<https://oxbowacademy.net/hypersexuality-in-teens/>

<https://www.charliehealth.com/post/is-hypersexuality-a-trauma-response>

<https://incacs.org/prevention/hyper-sexualization-and-hypo-sexualization-in-abused-youth/>

<https://www.smsna.org/patients/news/early-trauma-may-be-linked-to-hypersexual-behavior-and-erectile-dysfunction-in-men>

<https://yatracentre.com/can-trauma-lead-to-hypersexual-behavior-a-closer-look/>

are seriously superficial, dehumanising, and unhelpful, as are the contradictions in current demands that men should get in touch with and learn to express their feelings – and are then mocked or not listened to by women when they do. DFSV *is* itself also an expression of emotions. What else would we think it is?

We might also ask ourselves what damage precisely is being done to child sex abuse victims that the rest of their entire lives are often completely destroyed by that abuse, on the one hand, why, even fifty years later, are they still drinking and drugging themselves to death to numb the pain⁵⁸ – what, exactly, does their psychological and emotional harm consist in, and why does it also make many of them predictable abusers in their turn, and yet we do not recognise any of this - and on the other hand, why we then in effect treat them as pariahs, instead of caring for and making the effort to understand and help them? How many child sex abuse victims have our governments, our other institutions, and our society largely abandoned, left to be further abused and re-traumatised, and why are many unreformed systems still tolerating such abuse? Every human action has a cause and an explanation, but we do not always ask the right questions or consider all of the possibilities, and our conflicted prejudices prevent us from unconditional responses. There are reasons for incest, there are reasons for the behaviour condemned by the #MeToo movement (behaviour which had been publicly known and common as the casting couch, for example, since the beginning of cinema, and with actresses long before then – my maternal grandmother was the product of one such union), there are reasons for different types of rape, and there are reasons for other forms of promiscuity, and arguably all of those are in some measure aberrant, but we only seek to punish the behaviour, not to prevent it by first understanding it and by early intervention; at least in Australia's responses to such behaviour, there is little evidence of much understanding or use of existing research or an interest in undertaking more original research into any of these areas. A less moralistic and fearful approach to sex, a less punitive attitude, or a more critical and independent, educated, sophisticated and nuanced view, might enable us to better understand and address the central issues here than we have done.

An adjunct issue here is female sexual predation. It is, perhaps, understandable that male sexual predators have tended to attract most attention and that any form of sexual abuse is perceived to be a typically male proclivity. However, this constitutes another illustration of

⁵⁸ https://www.theguardian.com/australia-news/2026/jul/11/christian-brothers-properties-housing-convicted-child-sexual-abuse-offenders-ntwnfb?CMP=GTAU_email

gender bias, insofar as there is sufficient evidence that female sexual predation is not a niche behaviour, but is more common than is recognised, that there are multiple reports of female school teachers across multiple international jurisdictions grooming and sexually abusing children and adolescents, predominantly boys but in some cases also girls, as well as females in positions of responsibility sexually abusing and humiliating adult males or forming relationships that ought to be recognised as abuses of power in the same way that such relationships would be viewed if the genders were reversed. Women can also be complicit in incest, and in co-perpetrated rape and other crimes beside male perpetrators. And women also abuse male partners in intimate relationships. It appears to be assumed that males are not harmed or affected by female sexual abuse in the way that females are affected by male sexual abuse, and that therefore we needn't worry; there is no evidence to support such a hypocritical attitude. The statistical incidence of female sexual predation may be less than that of male behaviour – I assume that it probably is, depending upon how we define it, and that it sometimes differs from male predation – but it is evidently not an aberration or a rarity, there ought to be more research into and quantification and public acknowledgement of such behaviour,⁵⁹ and it ought to be treated in exactly the same way that any such behaviour by

⁵⁹ Individual cases across jurisdictions are primarily known from media reporting.

Cf. also e.g. "We interviewed Australian women who sexually abused children. This is what we learnt" — <https://theconversation.com/we-interviewed-australian-women-who-sexually-abused-children-this-is-what-we-learnt-273359>

Priebe, B., Christensen, L. S., McKillop, N., & Rayment-McHugh, S. (2025). "What Could Have Stopped This?": Exploring Opportunities for Early Intervention Through the Voices of Women Who Have Perpetrated Child Sexual Abuse. *Journal of Child Sexual Abuse*, 34(8), 962–982. <https://doi.org/10.1080/10538712.2025.2598546>

Fortunato, E., Slikboer, R., Henshaw, M., & Ogloff, J. R. P. (2025). Females who engage in online child sexual exploitation: a critical narrative review. *Psychology, Crime & Law*, 1–28. <https://doi.org/10.1080/1068316X.2025.2540384>

Fortunato E, Slikboer R, Henshaw M, Meyer D & Ogloff J 2026. Do females known for online child sexual exploitation differ from males? Group characteristics and recidivism. *Trends & issues in crime and criminal justice* no. 729. Canberra: Australian Institute of Criminology. <https://doi.org/10.52922/ti78267> <https://www.unisc.edu.au/about/unisc-news/news-archive/2024/december/child-sexual-abuse-by-women-is-on-the-rise>

Munroe C, Shumway M. Female-Perpetrated Sexual Violence: A Survey of Survivors of Female-Perpetrated Childhood Sexual Abuse and Adult Sexual Assault. *J Interpers Violence*. 2022 May;37(9-10):NP6655-NP6675. doi: 10.1177/0886260520967137. Epub 2020 Oct 21. PMID: 33084459; PMCID: PMC9901498.

Kelly Richards has informed me that she is finalising a study of female child sexual abusers to supplement her study of male abusers: "World's largest study of child sexual abuse perpetrators reveals why they abuse" — <https://theconversation.com/worlds-largest-study-of-child-sexual-abuse-perpetrators-reveals-why-they-abuse-275930>

These studies unfortunately still do not offer substantive investigations into the range of adult female sexual assault, harassment or abuse.

Stemple L, Meyer IH. The sexual victimization of men in America: new data challenge old assumptions. *Am J Public Health*. 2014 Jun;104(6):e19-26. doi: 10.2105/AJPH.2014.301946. Epub 2014 Apr 17. PMID: 24825225; PMCID: PMC4062022. <https://pmc.ncbi.nlm.nih.gov/articles/PMC4062022/>

males is treated, and not with double standards. It appears that we do not have a clue about *why* women are behaving like this. We assume, wrongly, that we understand men, but that explanation does not apply to women doing the same things – or does it?

I do not unconditionally trust the statistics that one in five women have experienced sexual violence in Australia (since the age of 15, child sexual abuse being discussed separately).⁶⁰ This is not because I do not think it matters. Having experienced this as a child myself, alongside other forms of abuse, I know that it does, and I think that everybody, both boys and girls, who experience any such abuse should have full and unlimited access to any care and support that they need. Probably the majority of them in Australia do not in fact have such access to care and support, which is a second crime against them after the abuse itself. While most – not all, but most – sexual abuse of younger boys is perpetrated by males, that is not an equally justified assumption as boys get older. My experience also involved the abuse of teenaged girls, which I did not recognise as being abuse at the time (I didn't recognise what happened to me as abuse, either, although it was), and to my knowledge, none of it was ever reported. If my questions were convincingly addressed, I would be prepared to accept the data, or that actual incidence may be higher; no data are perfectly accurate and reliable, and it is very conceivable that the actual statistics here might be higher – for boys as well as for girls. This is not a dogmatic rejection of anything, but a more critical questioning of the data. It is not my intention to argue or suggest that traumatic experiences of serious sexual violence did not occur, or that a victim should not be believed because it wasn't reported or cannot be proven; it is about the lack of differentiation between different types and circumstances, about the weaponizing of these data and the perceptions of problem behaviour that they contribute to, and whether all of that is equally justified. As challenging as it may be to some advocates, I do not believe that all alleged sexual abuse is the same, and while the categories of abuse that are unquestionably criminal and unacceptable should be actively prevented by any reasonable means, some alleged sexual interaction particularly in the context of relationships or between people known to one another, probably cannot be prevented.

https://www.scientificamerican.com/article/sexual-victimization-by-women-is-more-common-than-previously-known/?fbclid=IwY2xjawSyre1leHRuA2FlbQlXMAbicmlkETFRYW5yUUJOSVhzelQxV1Btc3J0YwZhcHBfaWQQMjlyMDM5MTc4ODIwMDg5MgABHgg73FVBTHamm5GOJaTV0OQKPYn9yFH-N1fsonEetp8Ap9QdN2o6IwcQN923_aem_yV3omaz3jpnW4LvWu30ZFw

⁶⁰ E.g. <https://www.aihw.gov.au/family-domestic-and-sexual-violence/types-of-violence/sexual-violence>
This is an excellent example of a government department discussion of sexual violence that focusses only upon female victimisation and offers no useful discussion of male victimisation and female perpetration.

First, how are these data collected? These data are in part comprised of self-reporting, and self-reporting is not verifiable, and its reliability varies. Self-reporting means that the way in which the questions are formulated may not allow for variation in how an experience is perceived and classified. Attitudes change over time, and what is probably perceived to be “violence” now may not have been at the time that it occurred, and may not have been as unambiguous as such statistics make it appear. I think that some forms of sexual abuse or assault are unequivocally criminal, without consent, and should not occur. At the same time, I know that some sexual interaction among children and teenagers is not clearly sexual assault in their perception, or not necessarily intentional abuse, but results from ambiguity, from poor sex education, or is conditioned by the situation, and both parties may regret it later or come to view it differently, but it is questionable how useful and accurate it is to classify this as if it is all of the same type of sexual violence when it isn’t. I have personal experience of this, as many do – perhaps even a majority -, I was not at the time conscious that my behaviour might have been problematic or that anybody might have been affected by it, I was certainly not controlling or forceful or persistent in my own perception, and I do not think it is identical with other forms of sexual violence. Data collection also does not specify whether it occurred once, or whether it was a repeated or recurrent experience, and in exactly what it consisted – one hand brushed against the body, some exposure that may have been inadvertent, or physical penetration or something else similarly forceful. These are not all the same things. This is not an attempt to trivialise the effect upon any individual or to excuse it: it is a question that recognises that the alleged perpetrator does not necessarily perceive or understand their behaviour or involvement in the same way that the person reporting it does, many women today are attributing attitudes, motivations and intentions to males which males most certainly do not all have, but the implicit criticism is directed against the alleged perpetrator, not the alleged victim, and it is this that determines the current perception of a problem. What an alleged victim may regard as sexual attention may also involve no physical contact or actual sexual abuse or intention at all, and may be simple unwanted personal or emotional attention, which in the mind of the alleged victim but not in the mind of the alleged perpetrator may be escalated into something it isn’t, or wasn’t conceived to be, or which triggered a reaction in the alleged victim that the alleged perpetrator had no knowledge of or intention to trigger. Not all unwanted or questionable behaviour of males towards females is actually “sexual”, and one wonders to what extent female stereotypes and generalisations and disproportionate reporting of the worst cases without balancing discussion of other perspectives are also distorting and reinforcing perceptions. There are indisputable degrees of ambiguity involved here. In the current

environment, we do not acknowledge any of this, but it is significant because of how it is also used to convey a particular perception of sexual violence that lacks any nuance or differentiation, and it is being used by some advocates unreasonably against males as a group.

Second, these statistics vary according to source between, for example, 14% and “1 in 5”, which is a significant variation. The AIHW data, for example, are broken down and explained usefully, but when these statistics are quoted by politicians or journalists or advocates, they are not, and we get nothing more than a single raw figure as if everybody included has had identical experiences when they have not. In either case, however, it means that the majority of women, by a considerable margin, have *not* reported any such behaviour or experience, and that this also implies that the majority of males, by a significant margin, are *not* potential rapists. That majority tend to be overlooked, and as so often in these areas, “research” does not appear to be comparing why a majority of Australians have *not* experienced any such behaviour and what could be learned about alleged perpetrators from that, and what might help to reduce the statistics further. Australians only tend to focus on the single figure they want to emphasise, but they rarely if ever give due consideration to the remaining percentages, including when they only want to talk about females but not acknowledge males. In the current perception of male purported threats to womanhood, this statistical disparity is sometimes being entirely ignored and all males are being inflated into potential or alleged perpetrators, which is not helpful. One might even suggest that in how they are being used, available statistics are being used to say something that they do not in fact say at all.

As in other areas so also here, there is a problem of false allegations. False allegations happen, and they tend, I suspect, to be mostly made by females against males, not equally or often by males against females. There is, predictably, dispute about how common these are, and it is in the interests of women to minimise and deny them, but if they occur *at all*, then they distort published statistics, and that makes any such data unreliable. I am not interested in insisting upon a particular level of incidence: I am interested in insisting that this happens at all, and that the fact that it does has multiple consequences, for statistics, and often for those against whom such allegations are made, and in cases of child custody also for those children. That is unacceptable.

Third, again in the current climate, male experiences are not being treated or perceived with the same concern as any alleged abuse against girls and women. Most advocacy around sexual abuse is done by women, not by men (men do not even advocate very actively about

sexual abuse of males), and women do not advocate equally for males and females, not even equally for boys beside girls. Males are now beginning to be more vocal, they are presenting their own evidence, they are defining themselves as victims, they are questioning the presentation of data, but they are doing this largely in re-action against the gender bias of women's advocacy against males. Different attitudes and perceptions between and about males and females mean that, notwithstanding an acknowledged incidence of non-reporting of incidents by females and the low rate of trials and convictions, the incidence of unreported female sexual perpetration is conceivably higher than for unreported male sexual perpetration, and largely for different reasons. Men's reasons for non-reporting are not being considered by women advocates. I have experienced through several decades of my life especially a high incidence of female "attention" with varying degrees of assertiveness or aggressivity – most of it less so, but some was more so (some of it persisted over several years and caused considerable irritation), and it more than once involved competition between two females over a male partner – and I have also observed a considerable level of sexual aggression by young women against males. Some of this occurred in the context of universities, where any reporting of alleged female sexual predation or harassment or provocation is unlikely to be believed or investigated and can easily result in false accusations against the victim and misidentification, with the destruction of an entire career (which I suspect in at least one instance, and possibly more, actually occurred, and no apology or compensation was ever offered). The same would not as commonly occur in the opposite case. This did not happen to me, but I have repeatedly witnessed such behaviour, and it does not get acknowledged or recorded; none of what I have mentioned was ever reported.

Males do not engage in some of this kind of behaviour, which appears to be sufficiently common internationally to have gone into popular culture (I can think of multiple films in which it is depicted): it is a typically female behaviour, and it can be dangerous. How many male students display revealing *décolletés*, short skirts, exposed undergarments, appear highly made-up, and suggest their sexual availability in order to get a pass grade? I have often witnessed this or similar behaviour, in some contexts it was normalised, as well as occasional vindictiveness when their expectations were not acceded to. The issue here is that such behaviour is instinctive, nobody makes them do it, it has nothing to do with the patriarchy, they could just as easily choose not to do it, or work harder so that they are not placed in a situation of needing a pass grade they haven't earned, this is simply something that women do in order to get what they want, and within a DFSV setting, that is called coercion and manipulation (which

I have experienced). Do we think this is acceptable because we refuse to acknowledge it or to recognise male lecturers (or in other situations) as victims? Or do we endorse forms of female “entitlement” but not a male equivalent?

A difficulty here is that female sexual predation, including various contexts and types and motives, and also including issues such as female stalking, are not being sufficiently acknowledged, or always included in published or cited data, and from this perspective, available data are significantly incomplete and, potentially, significantly distorted. It is not merely a question of incomplete data: it is a question of distorted perceptions and the relative importance attached to behaviour when perpetrated by males against females but not when perpetrated by females against males. And yet the totality of the social problem and the human behaviour contributing to it, necessarily involves *both*. An implicit assumption that males are not harmed in the way that females are harmed by such behaviour lacks an evidence base, and it won't have one until women begin acknowledging the extent of it and properly “research” it. We assume, wrongly, that we understand male sexual behaviour and aggression, but we have not even begun to admit that females have their own sexual psychology that is active here and also requires an adequate explanation. If male sexual violence is viewed as a crime and as something that should involve better education and prevention, then that should apply equally to female sexual abuse, and we should be better educated about why females also behave in these ways. That is not happening.

The foregoing comments illustrate some of the areas in which one could reasonably have expected serious research to have been undertaken in this country as means of better understanding DFSV and adjunct issues, but which to my knowledge has not been undertaken. Further, they also illustrate limitations in work that is done and the questions that could have been asked but which have not been. Those limitations include consistent patterns of gender bias, whereby males and females are not considered equally as victims and/or perpetrators, or relevant behaviour and experiences of one gender are not considered at all. One might have expected that if women's safety is perceived to be threatened by males, then any research for the better protection of women would investigate male behaviour, but that has not occurred in ways that would be useful. None of this should be driven with the intention of emphasising or confirming women's victimisation: it should be an impartial and comprehensive and systematic attempt to quantify *all* dimensions of problems and their multiple causes, with a view to then

developing better-informed policy responses to prevent these behaviours as far as possible amongst *both* boys and girls, men *and* women. I therefore have to assume that ANROWS is not fulfilling its mandate with taxpayer money.

On the face of it, ANROWS has an impressive list of publications spanning a decade, much of their work is genuinely valuable, but none of it tells the whole story about DFSV, and while its remit may be to undertake research about women, it cannot support women's safety without equally and comprehensively also understanding men, and it doesn't understand or investigate men's experiences properly at all. If ANROWS cannot, or will not, undertake necessary and useful research about males, including perpetrators, then we should have a brother organisation as ANROMS, staffed by male academics. Women live as intimate partners in a continuously evolving and shifting daily dynamic with male intimate partners, not on another planet, and women's perceptions of men's behaviour is half the story, not the whole of it. I would not wish to suggest that the work outlined in the ANRA 2023-2028 should not be undertaken, but it illustrates several limited foci which have the effect of excluding numerous other important issues. The argument of this submission is that substantial population groups of victims are still not equally recognised or addressed, that the needs of child victims are not being addressed nor are their voices being listened to (and neither are adults who were child victims), and that there is no acceptable and sufficiently "evidence-based" understanding of the causes or of much of the dimensions of DFSV. Current policy responses are largely oriented towards prevention strategies without understanding or sufficiently engaging with known causes. In reality, these are not "prevention" at all: they are interventions at some point only *after* DFSV has already occurred. That is not "prevention". The various systems and structural and concrete challenges affecting both causation and functioning as impedimenta to prevention are not being acted upon - some too slowly, others not at all.

ANROWS' research, like all such research, is also unfortunately typically dependent upon limited data sets, whereas we need comprehensive, differentiated national data sets that routinely record all of the information we require for a balanced and more targeted response to the problem, but we still do not appear to have any such resource. Overall, it is difficult to believe that the current commitment to "research" with the objective of better informing prevention and early intervention or other responses is capable of fulfilling that objective. Consequently, endless policy iterations will not be supported by the kind of evidence base that is claimed and which in fact we need.

There are many indications that suggest that it is the intention of advocacy and the responsible organisations and individuals to perpetuate a perception that DFSV is essentially or *de facto* entirely a problem behaviour perpetrated only by males only against females, and that any evidence of female perpetration and male victimisation or incidence in same-sex relationships is ignored, and not the subject of any serious inquiry, while relevant statistical evidence may be formally acknowledged but no further implications are then drawn from it. If you are going to mention male reported experiences of sexual abuse and harassment, you should not do this *en passant* before then moving on to only discuss female experiences and formulate responses to them: you should do exactly the same also for those males, but that is never done. The expression that “anybody” can be affected by DFSV is not an accurate or appropriate acknowledgment of the reality, but must be interpreted as being intentionally misleading. Higher statistical incidence of problems affecting males are not considered, such as male suicides associated with DFSV, ‘the boy crisis’, or males murdered in DFSV contexts by other male family members. It might be suggested that detailed evidence about perpetrators has never been collected, because doing so would risk exposing the “gender” narrative as being false and untenable. Other areas in which there is already considerable relevant evidence, such as the correlation between behavioural effects of ACEs and their transmission into adult intimate relationships and the high incidence of them among both perpetrators and victims, or the exceptionally high incidence of mental health issues among both, have similarly not been investigated, conceivably because to have to acknowledge and investigate such factors would similarly both jeopardise the “gender” narrative and involve perpetrators not being eligible to be held unconditionally to account and punished for their behaviour. Evidence that would support any explanation of DFSV not consistent with the prevailing paradigm is denied, but without any evidence that justifies or explains that denial. International research on relevant areas has not been utilised, “researchers” do not display awareness of or familiarity with it, and current “research” is not genuinely interdisciplinary and properly informed by all of the fields of knowledge that might have been expected to have contributed. Such “research” as is being published in effect perpetuates the “gender” narrative without contributing any new, original, or more differentiated interpretation of the problems, and its value is therefore questionable. It has not improved effective prevention or early intervention.

As I write, another bun fight has erupted over remarks by Pauline Hanson about DFSV being “a two-way street”. I do not know if I agree with everything she said, or what her exact intentions were, but I do know that there is a spectacular level of misinterpretation going on

alongside a refusal to acknowledge basic facts and an equally embarrassing display of public, advocacy and political ignorance. Tragically, above all for the victims, this characterises the entire response to DFSV. There has been some overseas research that suggests that the single greatest cause of women's physical injury in DFSV settings is due to men eventually reacting violently to those women's unprovoked consistent abuse.⁶¹ Both this study and other research and anecdotal evidence indicate that men do not always fight back or act in self-defence; women do not, either, but in view of the arguably generalised and distorted perceptions here, it is important to note it. Male DFSV victims do not always physically and violently defend themselves. It is typical of the Australian response that nobody appears to be familiar with that research, nobody has better and more reliable evidence from Australia to suggest this might not be accurate or justified, and instead, we simply re-act in a predictable but ill-informed manner against anything we refuse to even consider. I have not seen any genuine engagement with any of these remarks, only knee-jerk circle dancing. I have no ideological or other commitment to any particular position here, beyond the fact that a significant percentage of unprovoked, non-self-defence or co-perpetrated female DFSV occurs, which I know from personal experience and other men's personal testimonies and even the acknowledgement of some women, but if anybody is going to reject the views expressed by others, then they should be doing this on the basis of solid evidence, but Australians don't argue like that and they don't have the reliable evidence that we should have and which we should be using.

I have found multiple relevant studies in multiple European languages of significant length, including books, which are not available in English, and which Australian "researchers" should therefore be reading in those languages and engaging with.⁶² Not only can most Australians not read a foreign language, and sometimes seem to regard citation of foreign-language research as pretentious, but they don't even read international published research in English, which ought to be underpinning our understanding of, and responses to, DFSV in its nexus of complexity.

⁶¹ Whitaker DJ, Haileyesus T, Swahn M, Saltzman LS. Differences in frequency of violence and reported injury between relationships with reciprocal and nonreciprocal intimate partner violence. *Am J Public Health*. 2007 May;97(5):941-7. doi: 10.2105/AJPH.2005.079020. Epub 2007 Mar 29. PMID: 17395835; PMCID: PMC1854883.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC1854883/>

⁶² e.g. https://www.jacobscenter.uzh.ch/dam/jcr:ea186cf6-13b4-4e98-87f8-5f6d9bbcc2e7/Maennlichkeit_im_Wandel-Studienbericht.pdf

Australia's entire education system, from its globally aberrant and dysfunctional public-private school system, which embeds social inequality, to its corporate managerial management consultancy tertiary education system, is not capable of educating anybody to best international standards. It is not my intention to cast aspersions upon any individual or to judge their ability: Australian graduates are primarily the victims of an incompetent education system for which politicians are responsible, into which we are finally seeing some long-overdue inquiries that should not even have been necessary. At the same time, one must question the extent to which this culturally philistine system is responsible for the level of ignorance, the lack of acceptable scientific methods, as well as the generally sub-standard quality of our policy analyses and responses. Documents prepared in support of this consultation read as if they were written by a basic AI programme, they are repetitive, extremely generalised, and they lack any substance. They say nothing about how any policy iteration objective or aspiration is supposed to be achieved on the ground by actual human persons in which organisations at what cost with which qualifications addressing what problems and within what concrete timeframe? They give no indication as to whether adequate services and support and alternative long-term affordable or public housing will be available proportionately around the entire country in every population hub, or whether any of this will all be permanently and securely funded. We're not told. The Safe and Supported document describes a policy for children that is now half way through its implementation period but which has evidently still not even been implemented in any credible way, and which demonstrates absolutely no comprehension of the actual needs of children, and it most definitely was not informed by the lived experience of child survivors of DFSV. I therefore have no idea what use it is.

Australian universities have forced an estimated 40,000 lecturers into redundancy since 2020, and still continuing to do this, while domestic enrolments have not been reduced by a proportionate number. That represents between one-fifth to one-quarter of our entire lecturing staff, who cannot be replaced, but whose entire careers and therefore their lives have mostly been destroyed by this social vandalism. The remaining lecturing staff are majority casualised, with unsustainable workloads, grotesquely inadequate remuneration, and even encouraged by management not to do their jobs properly because doing so would cost more. Partly as a result of this situation, which was ushered in by the Dawkins "reform" in 1987/8, entire degree programmes have been closed or drastically reduced so that their usefulness is questionable, and academic quality & standards have been reduced on average by one-third from what they were prior to Dawkins – and in some respects worse. No degree programme at any Australian

university can now be reasonably compared with the comprehensive and systematic content or the academic standards of many international systems, not even a Medicine degree. This means that, combined with the mediocrity even of our most expensive private schools, Australian education systems are not educating and training people to work properly as “researchers” or even to think clearly as responsible citizens of a democratic society, and our entire media landscape is seriously intellectually destitute. It is conceivable that most Australian university-based “researchers” are no longer working under conditions that allow the kind of career-long dedication to and mastery of one discipline area, including much of the published research pertaining to it, and that they are forced to publish deficient studies frequently, whereas within living memory, academics could not publish much over a number of years while working on their own research project which would, eventually, result in a substantial book of influential originality. This situation unquestionably poses real challenges and impoverishes our entire national research environment, although I am not sure if this fully explains problems with DFSV “research”.

Graduates in many comparable education systems have been trained in systems informed by a centuries- or even millennia-old philosophy of education shaped by some philosophical rigour and method, none of which Australia has ever had, and they have therefore been raised to think and work differently from Australian “researchers”. “Researchers”, for example, who cannot even acknowledge that there are male victims of DFSV-associated suicide, that their numbers are higher than those of female suicides, but that male suicides are not even mentioned in their studies, although they don’t even explain why, nor do they explain their selection of some but not other female suicides, nor do they display any expertise in Suicidology, are not adhering to even basic scientific methodology standards, and yet this is what we now call “research” and the “evidence base” upon which policy is articulated. This is not acceptable, and it raises a very serious question about Australia’s intellectual ability to understand this problem at all, let alone to address it in any competent and just manner. I do not believe that the manifest deficiencies of our education system are entirely responsible for the degree of bias and ignorance on display in such publications, but they presumably contribute to it in some degree, when if anything, a better quality of education should have critiqued and resisted any such bias instead of conforming to it. An education should teach

everybody to think for themselves, but clearly, that has not been taught, and perhaps many people are now too afraid to think for themselves about an issue such as DFSV.⁶³

It is not possible to determine to what extent this constitutes an intentional and calculated strategy, and to what extent it may result from other causes. What can be unequivocally observed is that none of this constitutes acceptable or responsible or impartial and objective scholarly “research”, and notwithstanding details that may be correct in themselves and potentially useful, this approach cannot be accepted. As outlined in the preceding paragraph, there is remarkable consistency in what is, and what is not, being done, and the effects that it achieves, that it legitimises a false interpretation of DFSV as a widespread social problem and form of criminalised behaviour, while refusing to confront evidence to the contrary. As such, it is not keeping women and children safe, it scarcely even recognises the harm being done to children at all, or what their needs are, it is not contributing to any visible reduction in DFSV, but it is perpetrating considerable injustice to those being misrepresented, denied, demonised, or whose own experiences as victims are being gaslit.

DFSV Policy and Advocacy as Ideology

- There are many areas in which detailed, differentiated and critically analysed data should have been collected both to better inform prevention and early intervention strategies and also to better educate the community in a more trustworthy manner, but which has not been undertaken even over considerable timeframes, and for which continuous data collection instruments have not been established;
- Where “research” or other documents have been published, they have not included basic methodological explanations, and have frequently displayed gender bias that has the effect of perpetuating the portrayal of male abuse and female victimisation;
- There is no equal recognition of female perpetration and male victimisation, nor appropriate prevention and early intervention strategies or other assistance available to male victims

⁶³ Cf. e.g. https://quillette.com/2026/07/16/a-crisis-in-the-humanities/?fbclid=IwY2xjawTOJcJleHRuA2FlbQIxMABicmlkETFaa2c3QXhQUXNXREJwcWVUc3J0YwZhcHBfaWQOMjIyMDM5MTc4ODIwMDg5MgABHu6CImsu0MdtbPqlqTEjxYqW4_I6B3lo65JbxVfogimPhM28ucsE2BmZBL_aem_Ekh6HpLDlMI5Iba97jO7pg

comparable with those produced and available for female victims; male victimisation is consistently under-estimated and under-recorded, lived experience testimony is gaslit and disregarded, males are more often at risk of false allegations, misidentification, and multiple consequences thereof than females;

- There is no impartial scholarly engagement with international research suggesting different causes and factors or reflecting more complex and nuanced explanations;
- There is no consideration of diverse ambient socio-economic, historical or other determinants and stressors, which would explain some DFSV;
- There is no inter-disciplinary contribution by academic specialists across multiple fields of knowledge all relevant to and potentially helpful in understanding these problems from diverse and ultimately more inclusive and comprehensive perspectives;
- Known causes and contributing factors of DFSV are denied or downplayed, while “explanations” of perpetration misinterpret male motivation, unconscious behaviour, and generalise from the female victim and “gender” narrative perspective, without being properly informed by multiple available sources from academic and professional discipline areas or systematic data collection directly from perpetrators;
- There are suggestions that discriminatory measures are being used to silence women in educational and other contexts who recognise male victimisation, which amounts to censorship and worse, as well as possible self-censorship by some women in prominent positions;
- The perception of DFSV therefore remains disproportionately and without an acceptable evidence base essentially one of male perpetration and female victimisation allegedly driven by gender inequality, misogyny, toxic masculinity and purported influences;
- It is not possible to determine the conscious intentionality or calculation of this strategy, but it is reasonable to assume that it is at least in part intentional, and its strategies mimic precisely what women accuse males of doing;
- This approach is typical of Australia’s characteristic punitive, behaviourist response to any social problem, without offering support to those thus in need of it, or assistance to resolve the challenges that they face, and without any acceptance in practice of collective social, political or other responsibility, or recognition of problem behaviour as an effect of mistreatment perpetrated by others, or disadvantage. The perpetrator is therefore constructed as a non-

conforming abusive individual acting within a vacuum with no credible explanation of his or her behaviour;

- This cognitive paradigm is dehumanising, insofar as it is not informed by any understanding of the humanity or the psychology of the individual, whether victim or perpetrator, or of their behaviour or experience as a product of their humanity. In effect, we are all assumed to be automatons;
- This approach also involves a pattern of binary thinking which is demonstrably incapable of equally recognising more than one co-existent truth, or of holding two facts in tension, or of formulating an heuristic model capable of explaining every manifestation of the phenomenon rather than alleging the importance or explicative strength of a majority, thereby ignoring minority groups and manifestations and denying equal value and legitimacy to non-majority affected or participatory cohorts;
- The cumulative impression of this combination of omissions and biases is that it is the intention of government, advocacy, and multiple organisations, groups and individuals working in “research” and policy articulation to perpetuate a misrepresentation of the nature and causes and extent of DFSV as it affects females, while marginalising and excluding male victims, including children;
- This conduct is *de facto* a perpetuation of the abuse of and discrimination against males, and the maintenance of gender inequality in reverse against males and a denial of their human rights, in the name of government and of gender inequality of females over males;
- This pattern can now reasonably be described as an ideology and not as a scientifically viable and substantiated explanation of, and potentially effective response to, a “problem”;
- While it can be hypothesised that this development constitutes in some measure a funnel for the articulation of anger and anxiety caused by multiple factors not all or specifically tied to DFSV, but as a larger reaction to the poly crisis, for example, which male behaviour may also be, and/or a more radicalised continuation of some feminist advocacy, it is far from obvious what women’s proponents imagine will ever be achieved by this behaviour, insofar as it will not reduce the problem that ostensibly legitimises it, namely, female victimisation in DFSV, it has already begun to provoke a male backlash, nor is it likely to achieve improvements in any other area of grievance and anxiety. Ideologies always eventually fall.

I grew up during the Cold War. I read Solzhenitsyn as his books were being published, I knew about the gulags and the re-education camps and the branding of any dissent as counter-revolutionary. I understood why the USSR opposed Pasternak's acceptance of the Nobel Prize, I knew about the show trials and how Stalinism transformed a revolutionary movement into totalitarianism, I know how something similar occurred under Nazism, how popular movements became ideologies. I have read Hannah Arendt. But I also observed how, like Europe after the French Revolution, America developed a counter-ideology, embodied in, among other things, McCarthyism, which engaged in exactly the same kind of behaviour as authoritarian Soviet Communism, and that America's creation of a series of straw men through the twentieth century is another form of ideology construction.

I have also watched as initially understandable and reasonable revisionist and protest movements in the past quarter-century have transformed into exactly the same ideological, intolerant movements embedded in sections of our community but ultimately no different from whatever they are opposed to, and often even less democratic. We have also seen over this period numerous protest movements such as Black Lives Matter, the Davos protests, climate activism, Anonymous and Wikileaks, #MeToo, the supporters of increasingly right-wing movements, and advocacy around DFSV and femicide – *and*, the poly crisis. All of these movements are not just about one issue: they become channels for far greater discontent and grievances, unrelated to their starting premiss, and that is arguably also true of DFSV advocacy today in Australia and internationally. It isn't just or necessarily really about DFSV, even though it presents itself as if it is, and that concern conceivably motivates many of those most involved. But it has also become an ideology, and it is about fear. This collective fear is not "just" about DFSV: it comes from somewhere else, and however serious, DFSV is only one fraction of this equation.

An ideology usually begins from genuine injustice, and as long as it is only concerned about righting that wrong, and as long as it adheres to fundamental moral principles such as genuine equality, willingness to engage with different ideas and evidence, with dissenting voices, with reasonable criticism, as long as it constructively engages with questions and does not impose a single myopic vision of the injustice that silences or eliminates anybody with a different perspective, it remains true to its origins. But advocacy around DFSV is no longer demonstrating any of these principles, and neither are many of its supporters, whose voices have become extreme, abusive, and intolerant. At some point over the past decade or two, justified anger and demands for change metamorphosed into something much more one-sided

and sinister, and that is what it still is.⁶⁴ Even if government, “researchers” and advocates admitted tomorrow that they have been biased, unjust, and wrong, they could not undo the damage that this strategy has now done in our society, and it could take many years before we had eradicated every trace of this ideological indoctrination. People’s habits of thought do not change overnight, and in the foreseeable future, they can feel secure in their perpetuation and adherence of it, rather than abandoning it in favour of something more justified and constructive.⁶⁵

According to the Gender Compass survey, a significant number of women believe that feminism has gone too far and do not unequivocally support the direction of what has become concentrated around advocacy about DFSV. There are women in men’s discussion feeds online who agree that DFSV is not a gender problem and that women also perpetrate it. There are women whose sons or brothers or fathers have been victims of unprovoked female abuse and who do not accept the dominant narrative. There are girls who were alienated by their mothers from their fathers and who are now alienated from their mothers because of that. There are women “influencers” posting regular reels online trying to explain to women why they are getting so much of these issues wrong. And there are the men telling their own stories of female-perpetrated abuse and how they have been ruined, financially, psychologically and emotionally, and in their relationships with their children, and claims that men are committing suicide regularly because of this abuse, that extends beyond their ex-partners to the entire policing and legal system and even further. Men whose stories female advocates and “researchers” and policy development are all attempting to ignore and silence. Women whom even other women attack if they don’t conform. Women’s responses are often no different from men’s responses which they criticise: they’re not making cogent arguments or engaging with evidence, they’re only deflecting, propagating *ad hominem* attacks, and re-acting defensively – I have literally observed this on a daily basis, and have often also fallen victim to it. Nobody is denying the abuse and murder, discrimination and inequality of some women, but advocating for that to

⁶⁴ In some contexts, which advocates might benefit from considering, there has been substantial scholarly observation and analysis of these trends. From a different perspective, cf. e.g. Leor Zmigrod, *The Ideological Brain: A Radical Science of Susceptible Minds* (London: Penguin, 2025).

⁶⁵ The legacy of Soviet Communism throughout eastern Europe was not suddenly eliminated by “the end of history” but still continues in various ways in those countries. Studies of how Nazism changed the German language and consequently how people actually thought likewise showed that those unconscious habits of thought and use of language continued into the next generations after 1945, and therefore in some ways Nazism still survived (cf. e.g. Victor Klemperer, *LTI: Notizbuch eines Philologen*, ed. Elke Fröhlich (Stuttgart: Reclam, 2018); *Sprache im Faschismus*, ed. Konrad Ehlich (Frankfurt/Main: Suhrkamp, 1989). The “gender” narrative around DFSV and its consequences will continue in Australian society for years to come even when it is finally abandoned.

stop cannot be at the cost of gaslighting male victims, denying that women are doing the same thing, and behaving as if women's lives matter but men's don't, or that men are not equals with women. Continuing with the line of advocacy we have seen in recent years will not improve women's safety, it will not end DFSV, but it is dividing society, and it has already provoked a strong male backlash which, typically, women have misunderstood because they cannot imagine that they might have caused it. That backlash has to do with equality and justice for all, not about misogyny and the patriarchy or the Manosphere. If you do not agree with more extreme women's voices in this context and the risks that are being run, then it becomes your responsibility to set a more respectful, inclusive, and gender-blind approach, to improve the tone, and to communicate more fairly with the public about this nexus of problems than you have done.

In this Submission, I have attempted to provide some substantive evidence as to why the current "gender" narrative is not justified, why the current orientation of policy articulation needs to undergo radical recalibration, why other causes should be considered, and a range of measures that, if convincingly and effectively implemented, would conceivably assist in reducing or preventing some DFSV. I have written multiple previous submissions, responses to policy iterations, and other documents. Yet beyond receiving *pro forma* responses, there is no evidence that the DSS, ANROWS, other organisations or individuals including fellow academics, or the responsible ministers and their staffs, have seriously considered anything I or others like me have said. That means, that their positions are not "evidence based". Despite having been a male child victim of years of multiple forms of abuse and complex trauma, primarily in a DFSV context, as well as having experienced unprovoked, non-self-defence abuse by at least two female intimate partners in different ways, none of that lived experience appears to matter. How you respond to this Submission will determine just how genuinely you *do* want to hear from us, as you have said you do.

Recommendations

- Government should identify the reasons why no Australian government has effectively, urgently and comprehensively implemented the Recommendations of any Royal Commission, Senate Select Committee or joint parliamentary inquiry, coronial inquest, other commissioned report or policy iteration into any portfolio area over decades, resolve those causes, and ensure

that any future policy iteration or Recommendations are effectively, urgently, and comprehensively implemented in the interests of the entire Australian people, or show cause.

- Government should resolve its conflicted and counter-productive attitudes, end all punitive responses to social problems, and invest in consistently supportive and genuinely preventative social, welfare and other policy responses. If UN Human Rights agreements are cited in any future policy iteration, then a genuine and convincing, unconditional commitment to fully comply with those human rights should be enacted and demonstrated, or any future such citation should be avoided. Australia is not compliant with its human rights obligations, including in any area pertaining to DFSV, and has a consistent history of non-compliance.

- DFSV can no longer be justifiably viewed or described as “gendered violence”, as such intimate partner or family violence perpetrated in same-sex relationships or by women against men or co-perpetrated, or any such abuse against children (including boys), cannot by definition be “gendered”, in the sense commonly intended. Known and suggested principal causes do not involve pejorative attitudes towards women, defence of a patriarchy, or even the motives assumed by victims. DFSV can also not be considered as “gendered violence” on the grounds that more women than men are murdered in such settings, notwithstanding a statistically significant number of male murder victims, or on the inadequate basis of data that do not adequately capture male under-reported victimisation or engage with international research evidence, thus allowing a distorted impression of negligible male victimisation and considerably greater female victimisation, as if male lives do not matter. This narrative should therefore be abandoned, as it is being in international jurisdictions, and be replaced by a gender-neutral or inclusive concept, which recognises and seeks to protect *all* victims equally, irrespective of gender and alleged statistical incidence.

- Any explicative model, paradigm or hypothesis must be equally valid in explaining *every* instance of the problem, irrespective of real or assumed proportionate incidence among different constitutive groups or population cohorts. If it cannot do that, then it is not a valid explanation, and it should be corrected or abandoned. The Duluth model and the “gender narrative” both fail this test and are inherently discriminatory. DFSV is not acceptably explained by them, and an alternative explanation is therefore owing to the Australian people. This is an epistemological and scientific method issue.

- Several decades of several thousand international research and other publications have consistently found that female- or co-perpetrated DFSV is statistically equal to that of male

perpetration. Government, ANROWS, and other Australian advocacy, organisations, groups and individual researchers should explain why they have not recognised that evidence, which any academically trained “researcher” ought to have done, or addressed the substantial anecdotal evidence of female-perpetrated abuse of Australian males and other female partners, and either correct their perception of this problem on the basis of such evidence, or provide justification for not responding to it equally.

- The *National Plan to End All Violence against Women and Children* is discriminatory, and should be changed to end all domestic, family and sexual violence against *all* Australians, inclusive of boys and men, or a parallel plan should be developed and released that addresses the rights and needs and experiences of boys and men. If even one single male is ever the victim of DFSV, then there ought to be a paired or inclusive plan to address that, but there isn't. Men should be entitled to equal recognition as victims, to the same legal rights and assistance, the same risk assessments and protections, freedom from any allegation of lying or misidentification as perpetrators by police and other professionals and services, the same standards of proof in support of reporting, the same right to emergency and alternative long-term accommodation, mental health care, welfare assistance etc. as victims, and the punishment for perpetration should be the same for both men and women – the same punishment for the same crime.

- There should either be a brother organisation as ANROWS, or ANROWS should undertake equal and parallel research into male victimisation and female perpetration, every research project should examine men and women equally, and proportionate numbers of male academic researchers should be so employed.

- There should be an immediate implementation of a national data collection programme and differentiated analysis of patterns and types of abuse, using standardised reporting, terminology, interview templates, analysis and publication, and comprehensive and real-time information sharing, in which competent, non-judgemental clinical psychologists and social workers interview in depth every alleged or confirmed perpetrator and every alleged or confirmed victim of both genders, at the first point of contact with any authority or service or as soon as possible thereafter, in which their entire life arc is recorded and every point at which they may have been influenced by any circumstance to dispose them towards abuse or victimisation is impartially identified. The same should be implemented with already known perpetrators and victims. The de-identified information obtained should be critically analysed

with a view to providing the most extensive data base possible about DFSV perpetration that is fully informed by available research and knowledge. This should identify actual causes and the statistical incidence of such causes of perpetration, and existing generalised characterisations of (male) perpetrators should be corrected or abandoned accordingly. This evidence should then form the foundation for a more targeted and differentiated prevention and early intervention response.

- There are numerous areas of research that have not been undertaken but which ought to have been, and where consequently, we do not have useful knowledge that we should have, or where any such existing research is not used or publicly familiar. These include, for example, systematic and detailed examination of female perpetrators, the dynamics of DFSV-associated murders by other family members and why the majority of murdered males in DFSV settings are murdered by other male family members, while some victims are murdered by children; a national inquiry into incest; quantification of false allegations made by both genders and their effects; original research into different ways in which ACEs impact children and which different kinds of intimate partner abuse might then result from different forms of abuse; and a similar investigation into the incidence of serious mental health conditions among both perpetrators and victims, which conditions people have, and how each of those conditions might then lead to particular types of DFSV. Some other areas in which research is lacking are mentioned here separately.

- It would be expected that all research pertaining to any aspect of DFSV or adjunct issues should be inter-disciplinary and team work, in which representative specialists of every relevant field of knowledge participate and contribute to outcomes, that such research no longer be undertaken primarily or solely by female criminologists with no appropriate qualification in other fields, and that every possible explanation for problems be considered, and not the narrow parameters of the “gender narrative” that has dominated interpretation and responses in recent decades. I would expect sociologists, historians with various areas of expertise, psychologists representing all relevant fields including child and adolescent psychology, developmental psychology and Attachment Theory, the neurosciences, evolutionary psychology, the psychology of violence and sexual behaviour, epidemiology, economists or economic historians, historians of human sexuality, relationship therapists and researchers, cultural anthropologists, gender studies (including LGBTIQ+), Indigenous and CALD experts, and philosophy, and as deemed appropriate also other experts. The same inter-disciplinary research approach should be implemented for the investigation of any social challenge.

- It is established that much recent and current “research” on issues pertaining to DFSV and adjunct issues is gender-biased and/or flawed and hence at risk of discrediting and undermining confidence in research knowledge. There is also consistent misleading use of statistical data without full explanations of their limitations, that they are not representative, that unjustifiable extrapolations and adjustments are made, that they are based upon unverifiable self-reporting, that timeframes in which alleged experiences occurred are inconsistent and sometimes meaningless, that they are intentionally distorted in order to support the “gender narrative” while ignoring further consideration of male experience, that they do not accurately and fully capture under-reporting or false reporting, and that the lines are blurred or eradicated between established legal definitions of what is, and what is not, DFSV as a recurrent and sustained pattern of behaviour. Emphasis tends to be placed upon women as factually or alleged majority victims, while the same importance and consideration is not attached to minority victim cohorts, although it should be – crime is not a matter of numbers of victims, but of every single one victim of either gender – and there is insufficient research into issues such as male sexual abuse including by women in any context, but which is reportedly higher in incidence than is being admitted. All of the flaws and distortions and poor adherence to scientific impartiality and critical independence ought to be corrected, all “researchers” ought to be properly trained in scientific method and impartiality as well as systematic and comprehensive engagement with all relevant publications, and excessive dependence upon meta-analysis in lieu of more original and comprehensive research should be questioned. Meta-analyses can be useful, but they are not generally original research. The contribution of purported “research” in these areas is highly problematic and requires critical, independent re-appraisal.

- Failure to properly comply with basic standards of scientific method and impartiality, failure to recognise one’s own bias and prejudice, failure to undertake systematic and comprehensive investigation of a question irrespective of any outcome and to then adjust one’s working hypothesis or argument according to that outcome, failure to transparently explain why relevant evidence may be excluded from a study or any other limitations of it, failure to justify one’s argument by detailed engagement with every other relevant argument and inquiry and a critical assessment of alternative positions and their respective evidence bases, ignorance or neglect of relevant evidence and published research, and the manipulation of purported evidence to support a predetermined narrative, constitutes the propagation and perpetuation of an ideology, not of genuine knowledge.

- It is hypothesised that there has been intentional bias in discussion, framing, definition, recognition, and research around DFSV. Intentional bias may not fully account for all forms of such bias, but it seems probable that some such bias has been intentional. This is arguably due to the desire of advocates to be able to hold all (male) perpetrators punishable for their behaviour, and thereby to eliminate any reason to claim that their behaviour may not have been fully intentional, conscious and calculated. This in turn is underpinned by the manifest Australian national predisposition to respond punitively to all social problems as individual behavioural failings and to ignore both contrary evidence and international practice and also more effective prevention measures, as well as collective social responsibility. This attitude creates a false binary, as if, were we to acknowledge that ACEs and mental health issues, and conceivably other ambient determinants, cause or contribute to DFSV, then it would not be reasonable to punish offenders. The adage that to understand all is to forgive all (*“tout comprendre, c’est tout pardonner”*; multiple ascriptions) has often been cited in this respect. This binary is not justified, but suggests a preponderant preference to punish rather than to more effectively prevent causes *before* they become causes. Punishment is not prevention or an effective deterrent, while every victim of ACEs, every sufferer with mental health issues, everybody affected by unemployment or extreme weather events or any other adversity, should have a universal human right to the care and assistance and protection that they need. The effects of this punitive and false binary response have been to deny affected individuals the care and support that they should receive unconditionally – including women and girls. This mentality is a national idiosyncrasy, also evident in every other aspect of national life and government, but it is profoundly counter-productive and needs to be abandoned.

- All further study of DFSV-associated suicides should examine such suicides by both victims and perpetrators, both male and female, including children, and never study only female victims alone, or selectively. More detailed and standardised recording of all relevant factors and historical information, and inquiry by coroners into any relevant aspect, is necessary. Findings should not be pre-determined or assume a necessary causal relationship between any history of abuse and a suicide without persuasive evidence of probability, and without due consideration of other co-existing stressors and triggers. Men now claim to be committing suicide in significant numbers because of their victimisation by women and systems including the courts working against them, as well as because of false allegations and parental alienation; there ought to be comprehensive, impartial and trustworthy investigation of these claims. The psychological processes leading a statistically small number of people to end their lives, while

the vast majority of those exposed to the same abuse or adversity do not, are generally complex, involve multiple causes, originating disposition to suicide risk may be unrelated to the immediate trigger that results in a suicide, and causation spans longer periods of time over a person's lifetime to that point. Every suicide involves the failures or choices and actions of many other people which affect the deceased.

- Australia does not currently have sufficient psychiatric or analogous specialist experts in Suicidology, who should be principal advisors on any matter of DFSV-associated suicide, we are not world leaders in suicide research or in any other mental health field, we do not make substantive original contributions to international research in these areas, nor do we have national research centres on the model of other countries, and it is desirable that at least one centre for the research and teaching of a comprehensive and systematic knowledge of Suicidology to international standards should be established in every state & territory, which would also serve prevention generally. Our suicide prevention strategies are ineffective, and there are important areas of possible research in suicide that are not being investigated.

- Any further study of the Manosphere should differentiate between aspects of it and its relative attraction for boys and young men, and avoid generalisations; it should fully identify and articulate effective responses to address the real-life challenges experienced by boys and young men, also including the involuntarily celibate, which make such platforms and ideas attractive because their needs are not being addressed by governments.

- What has been characterised as “the boy crisis” ought to be fully examined, all of the issues allegedly worsening and affecting primarily boys – but also in various constellations, girls – should be better informed by more wide-ranging and differentiated data collection and interdisciplinary research. Possible policy responses by government should then be considered and implemented where possible.

- Corresponding research should be undertaken into the Femosphere and its potential or real adverse influence upon both genders.

- Reductionist assumptions that anybody is “influenced” by one single or dominant idea or experience are facile and untenable. All human behaviour and beliefs or attitudes are the result of a combination of both the individual personality and numerous ambient stimuli and potential “influences” not only in an immediate situation but also throughout their lives, as well as formative positive and negative life experiences. Nobody is “influenced” by the Manosphere merely because the Manosphere exists. People may have arrived at similar or identical views

without ever having been exposed to such an alleged “influence”, while we ignore the cultural, political, and historical embedding of such views that pre-existed the Manosphere and continue to be voiced by some whom we do not accuse of being influenced by the Manosphere, including politicians. The entire perception of this issue displays very concerning superficiality and, again, an uncritical tendency to reduce complex and diverse problems to single assumed causes.

- Government and all advocacy and research organisations have a responsibility to demonstrate gender neutrality, not gender bias, in all consideration of DFSV and adjunct areas, and should be required to recognise equally male experiences of abuse alongside female experiences on the same terms. In view of a persistent prejudice of many women both professionally and as private individuals against recognition or equality of any male experiences, and a proven tendency to misrepresent and attack males, a more inclusive and mutually respectful tone must be exhibited in all public discourse, and greater effort made to communicate effectively with males if it is expected that they should support the prevention and reduction of DFSV. Ultimately, such prevention and reduction are the responsibility of *both* men and women, and not of men alone.

- Mental health issues have been repeatedly and in a range of contexts identified as a statistically significant to extremely significant factor in DFSV perpetration and victimisation. ACEs also cause mental health issues. This has not been acknowledged as a causal or contributing factor in the manner one should have expected by government, advocacy and research, and consequently, the radical and extensive reform of our entire public mental health system has not been a policy priority in any DFSV prevention strategy, as it ought to have been. Existing services are not fit for purpose, they are another victim of decades of government neglect, and consequently are not capable of providing as, when and wherever needed all mental health/“trauma-informed care” for every victim and perpetrator, or child experiencing Adverse Childhood Experiences, if necessary throughout their lives. Specific research informed by relevant psychiatric, psychological and other expertise, should investigate the precise incidence of any mental health condition, irrespective of whether or not diagnoses have been provided, in all DFSV perpetration and victimisation, any causal relationship, and the nature of such relationships. Such de-identified research should inform future policy iterations and be made publicly available.

- All aberrant character classifications (e.g. narcissism) and purported behaviours of abusers should be considered as the result of ACEs or other mental health issues, and addressed

appropriately. All of these character traits are well-known as psychiatric categories typically caused by forms of trauma, and there is no reason why this evidence should be disregarded or not properly investigated in relation to DFSV and adjunct problems. Our society rewards and validates these character traits in other contexts, such as in business and politics, but the cause is the same in the case of DFSV and analogous behaviours.

- There is currently no scientific evidence known to me that justifies the prevailing assumptions that DFSV is motivated solely by misogynistic attitudes or the desire to dominate or control or exploit women – but not women doing the same to men – without any influence of mental health issues or ACEs or any other such adverse life experience. This Submission does not claim to understand or explain every instance of DFSV, but it is not aware of evidence that substantiates the prevailing interpretation of it. Such evidence should be produced, or this heuristic and tendentially ideological paradigm abandoned.

- The single greatest cause of DFSV is arguably any form of childhood abuse and resulting complex trauma. There is considerable research into the reasons how and why this occurs, which establishes a causal arc between unconsciously acquired survival and compensatory behaviours, interrupted or maldevelopment of normal emotional regulation and stress reactions, as well as the impacts of parental alienation or loss of a parent or parental relationship failure and separation or divorce, between childhood and adulthood, as well as into the impact of ACEs upon adult intimate relationships. Effects are cumulative and compounding, with significant incidence of multiple, not single, ACEs in individuals. There is also considerable anecdotal evidence of a high incidence of ACEs among both perpetrators and victims. Australia has an estimated population of child victims and adult survivors numbering several million, most of whom receive no appropriate mental health, psycho-social or other care and assistance, but are at considerable risk of further victimisation and re-traumatisation, and further complicating adversity, discrimination, criminalisation and disadvantage, including by government and its agents. That ACEs are a cause of DFSV has been consistently denied, including by government, without any justification or explanation or counter-evidence, and such denial should be explained, or this attitude reversed and this cause acknowledged and appropriately addressed. It is not claimed that every survivor of ACEs becomes a DFSV perpetrator and/or victim, but many who do not nonetheless still do display other problems that are equally neglected, while every aspect of DFSV can be explained in these terms, and there is considerable evidence supporting the correlation. ACEs affect both boys and girls, and can

cause perpetration and/or victimisation in both genders. Such evidence should be taken seriously and appropriately examined.

- On the assumption that ACEs are a significant cause of DFSV, prevention would require both the prevention of any form of mistreatment and disadvantage for which government is responsible and which it can eliminate, and also appropriate early intervention in every individual's life, continued support as necessary throughout the life cycle, and also improved public and professional education. The nature of such complex trauma (including adult-acquired CPTSD and secondary mental health conditions) is not well-understood in Australia at any level, adequate care and support are not available throughout our public mental health, welfare and other systems, and further consideration should be given to how several million survivors can all be appropriately treated, cared for, and supported. In my opinion, long-term continuous psychoanalysis or a comparable form of psychotherapy is the treatment of choice. Victims should not have to bear the cost of their treatment for what others are responsible for.

- Children are victims of DFSV in many different ways, but their needs are largely neglected, they are not effectively protected even where necessary against parents who weaponize them against the other partner, the psycho-social and emotional impacts of DFSV, including ACEs, parental marriage breakdown, custody disputes and alienation, upon them are not sufficiently comprehended, and they are not being guaranteed long-term continuing care and support. This is despite ostensible policies for children and recognition of their victimisation in their own right.

- The principal model from which children learn to conduct their own intimate relationships with both respect for their partners and effective problem-solving skills is their own parents. More consideration should be given as to why many children are apparently not learning these attitudes and skills from their own parents.

- Insufficient consideration is given to the dynamics of intimate relationships between the time they are entered into and the time when they become abusive or when one partner decides that they wish to leave the relationship. It is assumed that every abusive relationship is by definition irredeemable, but that is predicated upon a generalised worst-case scenario of all DFSV, when reality is more complicated and diverse. It would be beneficial to have more research into the processes leading to relationship failure, which avoids or transcends stereotyping about DFSV abuse, but it would also be useful to ask whether sufficient relationship counselling is always available before a point of no return is reached, and whether some of these relationships could

be saved. Statistically, the highest incidence of DFSV occurs between the later 30s and the 50s/60s, which suggests that it is often occurring in relationships of some duration.

- Increasing attention is now given to “psycho-social” support, but there is no implementation of the means required to provide such support as appropriate to everybody who needs it. This extends beyond categories of the disabled to every unemployed Australian, not one of whom should ever be un- or under-employed. There is no economic strategy to generate more than 1 million new, genuine, permanent jobs across every sector, and to be capable of continuing to generate more jobs to compensate for jobs lost or for population growth, or to fully meet all of our national needs; there is also no intention to increase welfare support to levels reflecting actual costs of living and to end discrimination against the unemployed, lessons have not been learned from the RoboDebt debacle, which illustrates entrenched prejudice and government propagated stigmatisation and far greater counter-productive attitudes, and there is no attempt to reconcile the assumption that a percentage of unemployment is necessary for economic management with the rights of the unemployed. There is, therefore, no credible intention to implement “psycho-social support”. It also requires an end to all homelessness for any reason, and effective and urgent resolution of the national housing crisis, which was also preventable.

- Data collection demonstrating the actual incidence of alleged contributing factors in DFSV, including alcohol and substance abuse, gambling, sporting events, household debt, impacts of extreme weather events, unemployment, should be available, and there should be an informed or research-based explanation of exactly what psychological and emotional processes cause DFSV in association with any of these alleged factors. Currently, generalised claims are being made without detailed and reliable supporting evidence, without substantive understanding of psycho-social and emotional impacts, while these factors may be absent in significant numbers of DFSV incidents.

- Concrete responses to these alleged contributing factors and other known causes of DFSV are either non-existent, or inadequate to need. If the incidence of DFSV is to be prevented or reduced, then more effective responses to these factors and causes are required that are capable of assisting every affected Australian.

- Every person who reports DFSV, which is confirmed, should have immediate and continued access to secure, affordable alternative housing, and be able to remove themselves from that environment or be assisted to do so. Current responses are not sufficient, and every such individual should be considered as being at high risk. Action plans and risk assessments are not

adequate, as plans cannot always be enacted in an emergency, and the escalation of abuse and violence by a perpetrator is unpredictable, so it should always be assumed that it has already been escalated to a life-threatening level. There should be no waiting lists for services.

- There is a significant incidence of misidentification of alleged perpetrators and victims, conceivably more typically affecting male than female victims (but acknowledged to be affecting both genders), and there is also a significant incidence of false allegations. Every report and claim must be properly investigated, and where any misidentification is made or false allegation identified, they must be appropriately corrected by police or other actors. False allegations as perjury should attract legal sanction, including against lawyers who knowingly advise and defend it. No harm should be done to anybody accused until the veracity or falsehood of the allegations against them have been properly investigated and confirmed or rejected. Data should also be corrected accordingly, so that they do not retain reports where a perpetrator has been misidentified or where an allegation has been found to be false. Everybody with whom victims and perpetrators may come into contact should be aware of these issues, and more research and data collection are required.

- Every victim should be eligible for welfare financial assistance that is adequate to their needs, to all expenses incurred until resolution of their case and other circumstances, including mental health care, legal costs, child support, housing costs and relocation. This must be substantively higher than current welfare support, and it should be available without any mutual obligations or unjustified cessation of payments by other agencies. The Morrison government's one-off \$5000 payment scheme should be abolished.

- Police training and resourcing in relation to DFSV have remained inadequate over years despite numerous recommendations for improvement and numerous inquiries exposing such failures. This issue should be addressed nationally.

- Perpetrators remain human persons, and should not be deprived of their universal human rights by virtue of what they have done. Human rights are universal and predicated solely upon our humanity, not contingent upon arbitrary recognition or denial or because of any crime. They may be denied for the predetermined time of personal liberty and other opportunities requiring such liberty (e.g. as a carceral sentence), but they should not be subject to any additional disadvantage, deprivation, abuse or discrimination during incarceration. They should be provided with all mental health care, behavioural modification therapy and other rehabilitation

measures during incarceration, and they should be provided with appropriate and sufficient assistance including housing and employment upon parole release.

- Former partners of incarcerated perpetrators should be safe upon the release of those perpetrators, they should be notified in advance of such release of it, and they should be provided with protection if deemed necessary. The risk assessments of recidivism of perpetrators are evidently unreliable or non-existent, and reconsideration should be given to release of convicted perpetrators who may still pose a risk to former partners and/or to others. It is possible that such assessments and other evaluations of prisoners are not sufficiently informed or conducted by clinical psychologists or other competent professionals, while prisoners do not all have adequate access throughout their period of incarceration to appropriate therapies and clinical observation. This Submission does not support indefinite incarceration or punishment disproportionate to crimes, but former partners have been murdered by released perpetrators and such murders should have been preventable, while there are other known inadequacies and failures involving Australian prison systems that should have been addressed before now.

- Where it is established that an accused person is a DFSV perpetrator, following an adequate preliminary investigation, the principal concern should be for the safety of their victims, and as such, it is incomprehensible that such perpetrators should be released on bail where they may pose a risk. Current measures that depend upon the compliance of perpetrators and which cannot be effectively and continuously monitored and enforced, are obviously not sufficient to purpose. I do not support indefinite detention for such crimes pending trial or indefinite prolongation of legal proceedings, nor do I consider such detention without trial consistent with human rights or an ideal solution, but victims should be safe, and if this is the only way in which they can be protected, then it is a reluctant response. Such detainees should be able to commence any appropriate therapy programme with a view to addressing the causes of their behaviour.

- It is acknowledged that evidence of the effectiveness of behavioural modification therapy is inconclusive, but that it is conceivably more effective for some categories of perpetrator than for others. All such therapies ought to be non-judgemental, they should be offered uncapped for whatever time period is considered useful for any individual, they should be capable of identifying more serious underlying mental health issues, histories of abuse and complex trauma, and able to ensure that such individuals then receive appropriate longer-term care, and

all such programmes should be led by adequately educated and trained therapists; psychological and mental health education and training in Australia is poorly regulated, subject to poor quality control and monitoring, and typically sub-standard. Many therapists are not qualified to assume the responsibilities entailed by roles they assume, and this can place people at risk and cause more harm than benefit. Such therapy should be viewed as helping the individual, not punishing them; individuals who feel unjustly treated, or judged, or that their own adversity and abuse are not validated, will not respond well to such programmes. Insofar as BMT is considered appropriate, such programmes ought to be permanently funded and continuously available in every prison and in community centres nationally, and female perpetrators should be required to participate in them equally with males. If necessary, such programmes should be offered separately for men and women, and gender-appropriate. Research into the effectiveness of BMT should be completed as quickly as possible, and should not have been delayed over years as it has been, allowing for long-term effectiveness review.

- No known DFSV perpetrator should be issued with a gun licence.
- The Gap must be Closed in all of its priority areas with the greatest sense of urgency and without continuing failures and delays.
- Our sub-standard education and training systems must be improved to best international practice.
- Nobody should fall through any gap in any service delivery, because there should be no such gaps for anybody to fall through. These are faults of extreme fragmentation and lack of coordination and integration, as well as insufficient and insecure funding. As long as such gaps exist, government has not prioritised the well-being of every Australian. Cost-cutting is not compatible with meeting the needs of every Australian, published budgetary allocations are meaningless if anybody is failed by any system or service, and governments have refused to implement necessary tax reform and stronger economic management to ensure that all public service delivery can be continuously fully funded in ways that other countries have achieved but which Australia has failed to achieve.

28th July 2026

[redacted]

Holding the Map

A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

HOLDING THE MAP

A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

Submission to the Australian Government

Second Action Plan

National Plan to End Violence against Women and Children 2022-2032

Author

[REDACTED]

[REDACTED]

This submission is not written to revisit the past. It is written to improve the future.

"I only know what happened to me.

What follows is not only my story.

It is also a map of the systems I travelled while trying to survive."

Executive Summary

This submission is written from two perspectives.

The first is as a woman who experienced coercive control, physical violence, strangulation, post-separation abuse and the long, complex process of rebuilding a life after leaving.

The second is as someone who spent more than thirty years working in community services, supporting people to navigate complex systems during some of the most difficult periods of their lives.

Throughout my career I prepared funding submissions and grant applications for community programs, including Home and Community Care (HACC), disability services and youth homelessness initiatives. I understand that good policy is built upon evidence, practical implementation and measurable outcomes. This submission has been written with those same principles in mind.

Those two perspectives have shaped this submission.

Holding the Map

A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

I could have easily written about the physical abuse, injuries I have sustained, the times I left the relationship, the continual harassment for 5 months following the No-Contact Protection Order, but it is not about that. Or not only that.

Rather, this submission is about the systems those people work within.

Throughout my journey I encountered remarkable individuals: police officers, doctors, counsellors, advocates and support workers whose professionalism, compassion and commitment made an enormous difference to my recovery.

I understand how systems are designed. I understand how systems work. I understand that gaps that appear in systems, even when people are all individually doing their job. "Ticking a box". Working within their limitations.

I also understand what it feels like when those systems unintentionally create additional barriers for the people they are supposed to help protect.

Leaving domestic and family violence is often described as the hardest step. And domestic and family violence is rarely a single event.

Likewise, recovery is not a single service. Victim-survivors move through policing, healthcare, counselling, legal services and systems, housing, Centrelink, financial institutions, child and family services and property settlements. Each organisation performs an important role, yet they often operate independently from one another.

The result is that the only person who carries the complete picture is the victim-survivor.

While living with trauma, I became responsible for coordinating evidence, documenting abuse, reporting breaches, organising appointments, navigating legal processes, securing housing, managing finances and attempting to recover physically and psychologically at the same time.

The violence eventually ended.

The administration did not.

Over time I realised that many of the greatest challenges facing victim-survivors are not created by individual services but by the cumulative weight of navigating multiple disconnected systems simultaneously.

I experienced fragmented systems that required me to repeatedly retell traumatic experiences, prove my credibility, manage multiple disconnected processes and absorb significant financial hardship **while the person responsible for much of that harm remained comparatively stable.**

This submission argues that Australia already has many examples of excellent practice.

The opportunity now is to redesign how those services connect.

Holding the Map

A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

Reducing repeated storytelling, improving continuity between services, recognising the financial consequences of leaving abuse, strengthening post-separation responses and embedding “lived experience” into policy design would significantly reduce the burden currently carried by victim-survivors.

This submission is offered respectfully and constructively.

It is not simply a reflection on my own experiences.

It is an invitation to redesign systems so that recovery becomes easier for those who follow.

My recommendations will focus on practical improvements that could substantially reduce barriers faced by victim-survivors without necessarily requiring significant additional funding.

Again, I could have written a submission from the perspective of the victim-survivor. Something emotional. Something that again would damage my mental health, reliving the repeated trauma. But this submission is not about that. It is not about “him”.

The submission and my recommendations will centre on:

- improving continuity between services
- reducing repeated disclosure of trauma
- recognising the financial realities of leaving abuse
- strengthening post-separation responses
- improving property settlement processes where family violence exists
- supporting professionals through better information sharing
- recognising lived experience as valuable policy evidence.

About the Author

My name is [REDACTED]

For more than thirty years I worked in community services, advocacy and complex human service systems.

My career involved helping people navigate disability, chronic illness, trauma, disadvantage and major life change. I understood systems. I understood policy. I understood case management. I understood documentation, risk assessment and service coordination.

I also completed domestic and family violence training.

Like many professionals, I believed I understood domestic and family violence.

I understood the theory.

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I understood legislation.

I understood coercive control as a concept.

What I did not understand was what it feels like to become the person trying to navigate those systems while living through trauma myself.

What I did not understand until it happened to me was how profoundly domestic and family violence changes a person's thinking, confidence, decision making and ability to navigate even relatively straightforward systems.

I never imagined becoming a victim-survivor.

Like many women, I believed domestic and family violence happened to other people.

Experience taught me otherwise.

Between 2021 and 2025 I experienced coercive control, physical violence, intimidation, repeated assaults, strangulation, post-separation abuse and prolonged legal proceedings associated with property settlement.

Those experiences fundamentally changed not only my understanding of domestic and family violence but also my understanding of the systems designed to respond to it.

Importantly, they also reinforced my respect for the professionals working within those systems. Throughout this submission I deliberately distinguish between people and systems. The people I met were overwhelmingly compassionate.

The systems they worked within often made their jobs far more difficult than they needed to be.

This submission is written because I believe Australia has reached a point where listening to lived experience can meaningfully improve policy.

My professional knowledge did not make me immune.

If anything, it has allowed me to identify where systems work exceptionally well and where they unintentionally create additional barriers for victim-survivors.

I am the type of person that will take notes, ask questions, seek feedback, offer suggestions, and provide praise. I found myself doing all of these whilst I tried to navigate domestic and family violence systems.

Holding the Map

A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

Introduction

When people hear the words domestic and family violence, the focus is often placed on the relationship itself.

Questions naturally arise about why somebody stayed, why they left, what happened during the relationship and what occurred afterwards.

Those questions are understandable.

They are also incomplete.

My experience has taught me that domestic and family violence should not only be viewed through the behaviour of the person using violence.

It should also be viewed through the systems encountered by the person trying to leave.

Leaving violence is not a single decision.

It is the beginning of navigating an extraordinarily complex network of organisations, legislation, policies, funding arrangements and administrative processes.

Each of those systems has been developed with good intentions.

Each performs an important role.

However, from the perspective of a victim-survivor, they rarely feel like one coordinated response.

Instead, they feel like separate pathways that the survivor must somehow connect together while carrying trauma.

That observation forms the foundation of this submission.

Throughout my career I frequently reviewed systems to identify unnecessary duplication, improve communication and reduce barriers for clients.

The same principles apply here.

Rather than asking whether individual organisations performed well or poorly, I believe we should ask a different question.

What is it like to travel through the entire system from beginning to end?

When viewed in that way, several themes become clear.

Information does not always travel with the survivor.

Holding the Map

A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

Evidence is repeatedly collected.

Stories are repeatedly retold.

Processes often overlap without being coordinated.

Financial disadvantage accumulates rapidly.

Recovery is frequently delayed by administration.

None of these issues are the result of individual professionals failing to care.

Most arise because systems have been designed independently rather than from the perspective of someone experiencing domestic and family violence.

I hope this submission contributes to shifting that perspective.

It is written with gratitude for those who helped me.

It is written with respect for those who continue to work within these services every day.

Most importantly, it is written with hope that future victim-survivors will spend less time navigating systems and more time rebuilding their lives.

My Journey Through the System

Before experiencing domestic and family violence, I believed that recovery would begin once somebody found the courage to leave.

I no longer believe that.

Leaving was not the end of my experience.

It was the point at which I entered one of the most administratively demanding periods of my life.

Almost overnight I became responsible for navigating police, hospitals, general practitioners, counsellors, lawyers, courts, specialist domestic and family violence services, Centrelink, housing providers, insurance companies, financial institutions and property settlement processes.

Each organisation required information.

Each required documentation.

Each had different legislation, different policies, different terminology and different expectations.

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Every service looked at my life through its own professional lens.

Police investigated criminal behaviour.

Doctors treated injuries.

Counsellors addressed trauma.

Lawyers prepared legal matters.

Centrelink assessed financial eligibility.

Real estate agents assessed rental suitability.

Banks assessed financial capacity.

None of those perspectives were incorrect.

The difficulty was that no single organisation held the complete picture.

I became the person responsible for connecting every part of the system together.

Each organisation was focused on its own role.

Each required different forms.

Different evidence.

Different timelines.

Different processes.

Different explanations.

No single organisation could see the entire picture.

Yet I was expected to carry the whole picture while living with trauma.

Trauma affects concentration, memory, sleep, confidence, planning and decision-making.

Ironically, those are precisely the skills required to navigate multiple complex systems.

As the weeks became months, I realised that surviving domestic and family violence required much more than physical safety. It required becoming an investigator, administrator, project manager, historian and evidence coordinator for my own life.

Holding the Map

A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

No victim-survivor imagines that leaving violence will require developing advanced organisational systems simply to participate in the legal, financial and support processes that follow.

Yet that is exactly what happened.

The Cost of Leaving

One of the greatest misconceptions about domestic and family violence is that safety begins once someone leaves.

My experience was that leaving marked the beginning of an entirely different struggle.

The violence stopped being the centre of my life.

The systems and rebuilding became the centre of my life.

The practical cost of leaving is rarely discussed in public conversations about domestic and family violence, yet it influences almost every decision a victim-survivor makes.

Initially leaving meant “couch jumping”, going from friend to friend or family member. At times sleeping on a blow-up mattress on the floor.

And always having concern for their safety not just mine.

Leaving required me to find somewhere safe to live during one of the most competitive rental markets Australia has experienced.

Like thousands of other Australians, I attended open inspections where dozens of people walked through the same property, each hoping it would become home.

Every application required documentation.

Employment history.

References.

Financial records.

Identification.

Rental history.

For most people these are administrative tasks.

For someone recovering from trauma, they become another layer of exhaustion.

Holding the Map

A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

Application after application was unsuccessful and time consuming.

Eventually I secured a small cottage on a six-month lease while the owners were living overseas.

It was not intended to become a permanent home.

It became something even more important.

It became a place where I could finally close the door and know I was safe.

The owners later extended my tenancy until shortly before my hip replacement surgery, giving me stability during a period when uncertainty had become my normal.

That simple act of kindness changed far more than my housing situation.

It gave me breathing space.

Sometimes recovery begins because somebody gives you time.

Leaving Creates Two Households

When relationships end without violence, separating finances is already challenging.

Domestic and family violence adds another layer entirely.

The person leaving often establishes an entirely new household while legal ownership of assets remains unresolved.

Furniture.

Household items.

Utilities.

Bond.

Rent.

Moving costs.

Storage.

Insurance.

Medical expenses.

Holding the Map

A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

Legal fees.

Each expense arrives long before property settlement is complete.

At the same time, many victim-survivors have reduced earning capacity because of trauma, relocation or ongoing legal proceedings.

I found myself paying significant legal costs simply to recover assets I already jointly owned.

Those legal costs were unavoidable. And they are still ongoing 12 months after leaving. Dealing with someone that will not engage in property separation creates a whole separate issue. One that seems never-ending and is costly.

Without legal representation I could not adequately protect my interests.

To fund that representation I borrowed money.

On paper, it appeared I had money.

In reality, that money had already been spent before it reached my account.

That decision created another unexpected challenge.

When my employment ended and I applied for income support, those borrowed funds were treated as available financial resources despite already being committed to solicitor's fees.

Explaining that distinction became another task requiring emotional energy at a time when emotional energy was already in short supply.

Eventually I was able to explain my circumstances, including the significant legal expenses, and my situation was reconsidered.

Although the money existed temporarily in my account, it had already been committed to legal expenses.

It was never disposable income.

I found myself having to explain that borrowed money intended to pay solicitors should not be interpreted as financial security.

While I was navigating housing, legal costs, trauma recovery and financial uncertainty, the other party remained living in the jointly owned home and continued with daily life.

This is not written to generate sympathy.

It demonstrates something much larger.

The practical consequences of leaving often fall disproportionately on the victim-survivor.

Holding the Map

A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

Safety should not create long-term financial disadvantage.

Yet too often, it does.

I remain grateful that someone listened.

However, the experience highlighted a broader issue.

Systems often assess financial circumstances without fully appreciating the realities faced by victim-survivors attempting to rebuild their lives.

Financial hardship should not be measured solely by the balance visible in a bank account.

It should also recognise the obligations attached to that balance.

Safety Is Expensive

When people imagine the cost of domestic and family violence, they often think about medical expenses or lost wages.

My experience suggests the financial impact is far broader.

Leaving required countless purchases and decisions that were directly related to safety rather than choice.

Relocating interstate.

Transporting belongings.

Replacing household items.

Travelling to appointments.

Paying for medical care.

Legal representation.

Document preparation.

Printing.

Scanning.

Storage.

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Fuel.

Accommodation.

Every step towards safety seemed to generate another invoice.

None of these expenses represented moving forward in life.

They represented rebuilding a life that violence had interrupted.

Financial recovery often takes much longer than physical recovery.

That reality deserves greater recognition within policy development.

Safety Became a Full-Time Job

Before I left, my energy went into surviving the relationship.

After I left, my energy went into staying safe.

Safety was no longer simply locking a door.

Windchimes on doors.

Safety became changing passwords.

Changing routines.

Documenting incidents.

Saving emails.

Downloading phone records.

Keeping screenshots.

Photographing injuries.

Writing timelines.

Attending appointments.

Maintaining evidence.

Preparing for court.

Watching for breaches.

Holding the Map

A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

Explaining my circumstances repeatedly.

Trying to predict what might happen next.

Every decision carried another decision behind it.

Should I respond?

Should I report this?

Should I ignore it?

Should I save another screenshot?

Will I need this in court one day?

Will anyone believe me if I don't?

Eventually, documenting my own life became almost another occupation.

No person imagines that one day they will need to become the archivist of their own trauma. And having to read, re-read, save, send emails, messages over and over creates trauma.

Reliving it over and over again.

Yet many victim-survivors do exactly that.

I became hyper-vigilant. Something that continues now. Something that impacts my health.

Every System Saw Only One Piece

Throughout this process I met remarkable people.

- Police officers.
- Doctors.
- Counsellors.
- Lawyers.
- Victim support workers.

Many genuinely cared.

Many wanted to help.

Many did.

The difficulty was never simply individual services.

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A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

The difficulty was that every service saw only the small section directly in front of them.

The police saw criminal behaviour.

The lawyer saw legal evidence.

The doctor saw injuries.

The psychologist saw trauma.

Centrelink saw financial eligibility.

Housing providers saw rental applications.

None of those perspectives were wrong.

But none represented the whole picture.

The only person required to carry the entire story was me.

The Cost That Cannot Be Measured

There is another cost that receives far less attention.

Time.

Over several months I spent hundreds of hours documenting events, preparing evidence, attending appointments, organising files, responding to requests, reading legislation, communicating with professionals and managing administrative tasks associated with leaving domestic and family violence.

Trying to understand.

Understand the domestic and family violence systems.

Understand who is supposed to be doing what.

Understand how long will it take.

Understand what will the outcomes be.

Those hours were not available for recovery.

They were not available for employment.

They were not available for family.

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A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

They were not available for hobbies, friendships or simply enjoying life.

Trauma already takes enough.

The systems surrounding trauma should not unnecessarily take even more.

What Recovery Should Look Like

Recovery should not require extraordinary organisational skills.

It should not depend upon becoming an expert in legal procedures, evidence management or government administration.

Victim-survivors should be supported to heal, not required to become full-time coordinators of their own recovery.

That is not an unrealistic aspiration.

It is a design challenge.

When systems communicate effectively, duplication reduces.

When duplication reduces, administrative burden reduces.

When administrative burden reduces, people have more capacity to recover.

Ultimately, good system design becomes part of trauma recovery itself.

What Worked

It would be easy to write a submission that focused exclusively on what failed.

Doing so would not accurately reflect my experience.

Throughout my journey I encountered professionals whose compassion, competence and commitment fundamentally changed my experience for the better.

These people demonstrated what Australia's domestic and family violence response is capable of achieving when systems are supported by skilled, trauma-informed professionals.

Their work deserves recognition.

More importantly, it deserves replication.

Holding the Map

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Being Believed Matters

One of the most significant moments in recovery is not necessarily receiving assistance.

It is feeling believed.

Victim-survivors often arrive carrying uncertainty alongside trauma.

Many have been told repeatedly that their perceptions are wrong, that events did not happen as remembered or that they are overreacting.

Many victim-survivors have been repeatedly told not to involve others in “our” business.

Yet that is what we are now doing. It creates stress to go against everything you have been told during the relationship.

Being listened to respectfully begins restoring confidence in one's own judgement.

Several professionals I encountered achieved this simply by listening carefully.

They did not rush conversations.

They did not minimise concerns.

They did not immediately search for inconsistencies.

Instead, they approached me with curiosity, compassion and professionalism.

Those interactions became foundations upon which later recovery was built.

Feeling believed does not remove trauma.

It creates the safety required to begin healing.

Professionals Who Reduced Uncertainty

Looking back, some of the most helpful conversations I experienced were not those where somebody solved my problem immediately.

They were conversations where somebody explained what would happen next.

Domestic and family violence already creates enormous uncertainty.

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Professionals who explained processes, likely timeframes, possible outcomes and available options reduced that uncertainty considerably.

I often left those conversations still facing difficult circumstances.

However, I no longer faced them alone or without understanding.

Information became a form of support.

Clear communication is one of the simplest and most effective trauma-informed practices available.

Kindness Is Never "Just Kindness"

Throughout this journey I have reflected on many moments that, on the surface, appeared quite small.

A worker returning a phone call.

A police officer taking extra time to explain a process.

A counsellor remembering details from a previous appointment.

A general practitioner recognising that administrative stress had become as significant as the physical injuries.

A property owner extending a lease during an uncertain period.

Individually these actions may appear minor.

Collectively they became part of the reason I continued moving forward.

Trauma-informed practice is not always found in major interventions.

Often it is found in ordinary acts of consistency, communication and respect.

Professionals should never underestimate the lasting impact of these seemingly small moments.

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A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

Where the System Broke Down

It would be easy to describe my experience by listing every occasion where something did not go as I hoped.

That is not the purpose of this submission.

My purpose is to identify where systems unintentionally create additional barriers for victim-survivors, even when individual professionals are working hard to achieve positive outcomes.

Throughout my journey I observed a consistent pattern.

The greatest burden was rarely created by one organisation.

It was created by the gaps between organisations.

Repetition Became a Form of Trauma

Trauma-informed practice recognises that repeatedly recounting traumatic experiences can itself become distressing.

Despite this understanding, I found myself telling my story over and over again.

Sometimes I repeated it because different organisations required different information.

Sometimes because records could not easily be shared.

Sometimes because a new worker had become involved.

Sometimes because legislation required another statement.

Each retelling required me to revisit events I was actively trying to recover from.

The emotional cost was rarely visible.

By the time one appointment finished, I often knew I would need to begin again with someone else.

It is worth asking whether every repetition is genuinely necessary.

If not, system design should seek to minimise it.

Reducing unnecessary retelling is not simply an administrative improvement.

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It is a trauma-informed intervention.

Documentation Became My Responsibility

One of the most unexpected aspects of recovery was the responsibility placed upon me to document my own abuse.

Photographs.

Emails.

Phone records.

Screenshots.

Medical reports.

Police reports.

Witness details.

Timelines.

Diaries.

Legal correspondence.

Financial records.

Property documentation.

Housing applications.

By the end of my journey, I had accumulated thousands of pages of material.

Not because I wanted to.

Because every organisation quite reasonably required evidence relevant to its own responsibilities.

Over time I realised something remarkable.

I had unintentionally become the records manager of my own trauma.

I often wondered how many victim-survivors never reached this point.

Not because they lacked credibility.

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A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

Because they lacked the time, energy, organisational skills or emotional capacity required to create such extensive records.

Evidence should strengthen justice.

It should not become another barrier to accessing it.

Patterns Are Easily Lost

Domestic and family violence is rarely defined by one incident.

It is defined by patterns.

Patterns of intimidation.

Patterns of control.

Patterns of unwanted contact.

Patterns of escalation.

Patterns of manipulation.

Individual incidents may appear relatively minor when viewed in isolation.

Viewed collectively they often tell an entirely different story.

This became particularly apparent during post-separation abuse.

Individual emails.

Individual phone calls.

Individual breaches.

Each could potentially appear insignificant if viewed alone.

Together they demonstrated persistence.

Persistence communicates risk.

Patterns communicate intent.

One of the most important lessons I learned is that systems should be designed to recognise cumulative behaviour rather than isolated events.

Domestic and family violence is fundamentally about patterns.

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A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

Our systems should reflect that reality.

This will be written from a place of emotion, because it was incredibly emotional going through it:

When speaking with police, victim-survivors are encouraged to report every breach of the protection order.

For me, it involved five individual police stations, sometimes more than once.

I was not informed about the outcomes. I didn't know if there were charges laid.

I spoke with an officer and was advised that it was "over" and that he had been held in the watchhouse for 5 days.

Being unsure about systems, I was not sure what "over" meant. I pushed for further information and was advised that for his privacy they could not disclose much.

She advised that he had been fined \$1500.

To me that did not sound like the fine (that he pays off) was fit for the statement that had been provided.

I had reported 50 unwanted, harassing email contacts and believed that they were all individual breaches of the No Contact Protection Order.

When speaking with my Doctor and Counsellor and telling them how upset I was at the outcome, I had each respond individually asking if I would now not report.

As many women do.

I responded that "No, if he continues, I will report each email individually to Police so that they have to send 50 individual reports to the Judge. Then they may understand the impact I am having because of the harassment."

Administrative Burden Delays Recovery

When discussing recovery, we often focus on counselling, healthcare and emotional wellbeing.

My experience suggests administrative burden deserves equal attention.

Every hour spent scanning documents, preparing statements, organising evidence, attending appointments, responding to requests and managing correspondence was an hour unavailable for recovery.

Administrative burden accumulates quietly.

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It does not appear in medical records.

It is rarely measured.

Yet it profoundly influences wellbeing.

Improving coordination between systems is therefore not merely an efficiency measure.

It is a recovery measure.

Reducing duplication allows victim-survivors to redirect energy towards rebuilding their lives.

Recovery Cannot Wait Until Proceedings End

One of the greatest misconceptions surrounding domestic and family violence is that recovery begins after legal matters conclude.

For many people, legal proceedings continue for months or years.

Property settlements remain unresolved.

Financial matters continue.

Ongoing contact may be required.

Repeated decisions must still be made.

If recovery is expected to wait until every legal process concludes, many victim-survivors remain psychologically suspended for prolonged periods.

Systems should therefore be designed to support recovery alongside legal proceedings rather than viewing them as sequential stages.

People should not have to choose between participating in justice processes and rebuilding their lives.

Both should be possible.

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A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

Systems Should Reduce the Weight Carried by Survivors

Reflecting on my journey, one conclusion stands above all others.

Victim-survivors already carry enough.

They carry trauma.

Fear.

Loss.

Financial uncertainty.

Parenting responsibilities.

Health concerns.

Housing instability.

Legal proceedings.

Recovery itself.

Our systems should not add unnecessary weight.

Their purpose should be to help carry it.

That is, perhaps, the simplest measure of whether a domestic and family violence system is working.

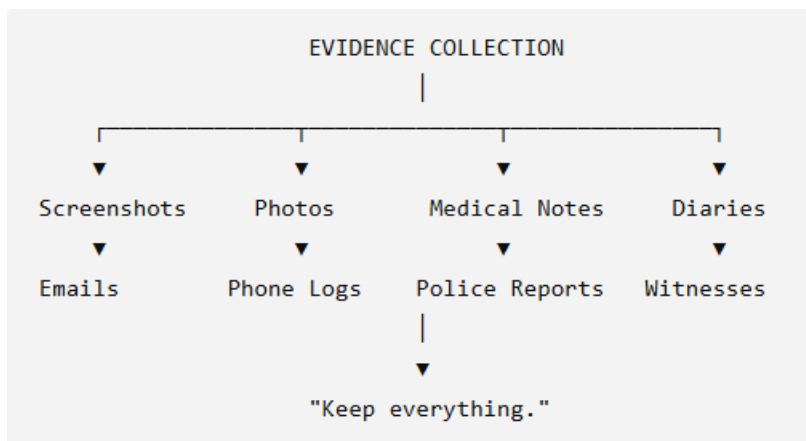
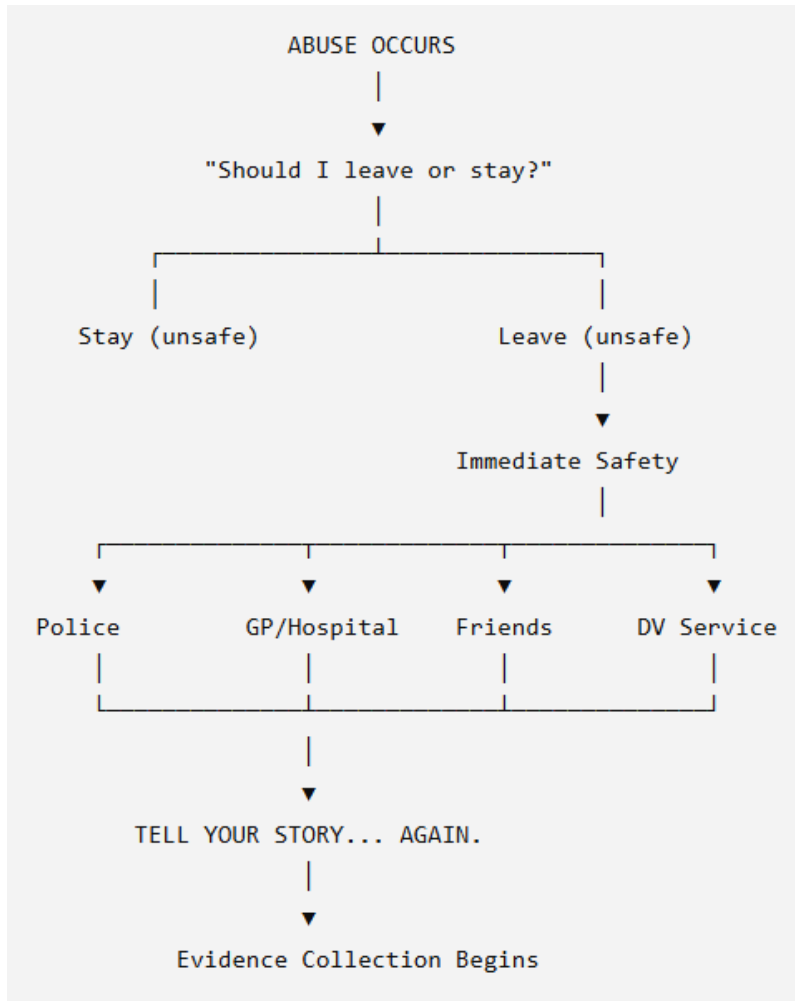
When someone leaves violence, does the system become lighter to carry over time?

Or does it become heavier?

That question should sit at the centre of future reform.

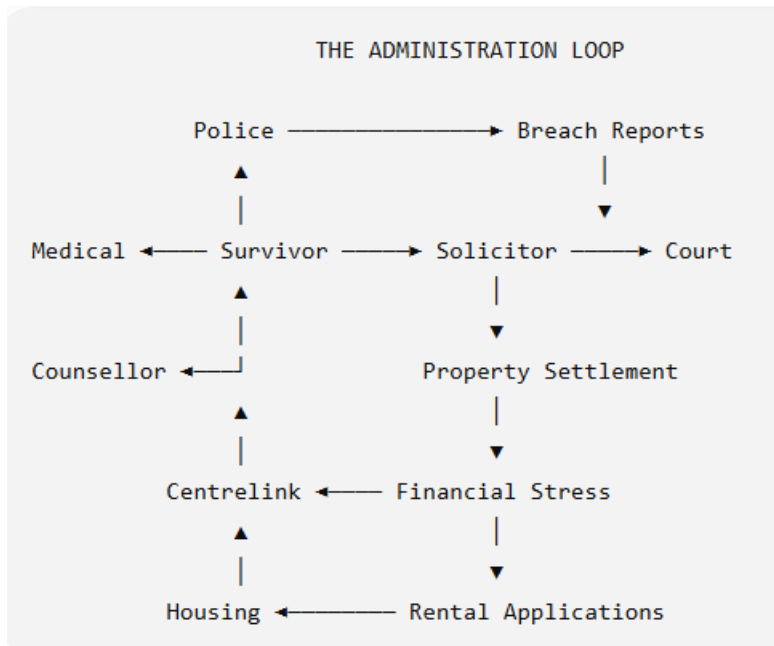
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Opportunities for Improvement

Throughout my career I learned that the purpose of reviewing a system is not to identify fault.

It is to identify opportunity.

When organisations examine adverse events in healthcare, child protection, disability care or emergency management, the question is rarely, "Who failed?"

The more valuable question is, "What can we learn?"

Domestic and family violence deserves the same approach.

Australia already has dedicated professionals, effective legislation and specialist services.

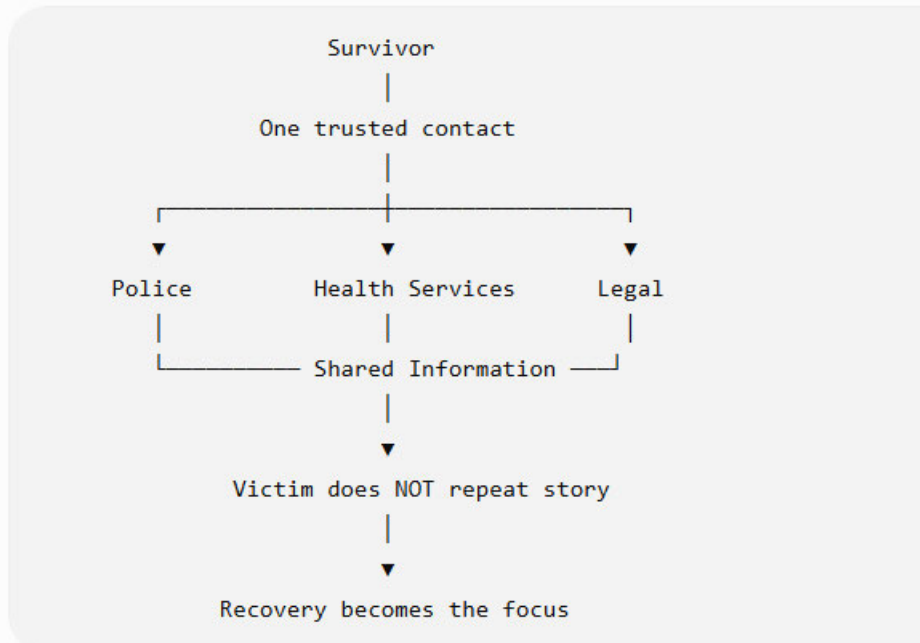
The opportunity now is to improve the way these individual components work together from the perspective of the person experiencing violence.

When viewed through that lens, several opportunities become apparent.

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A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

THE SYSTEM WE SHOULD BUILD



Opportunity One

Design Around the Survivor, Not Around Organisations

Every organisation has its own legislative responsibilities, funding agreements, information systems and operational priorities.

That is understandable.

However, victim-survivors do not experience domestic and family violence through organisational structures.

They experience one continuous journey.

The challenge for future reform is to design systems around that journey rather than expecting survivors to adapt to organisational boundaries.

Where possible, systems should communicate with one another.

Information should follow the survivor rather than requiring the survivor to repeatedly transport information between services.

The burden of coordination should gradually shift from the individual towards the system itself.

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Opportunity Two

Recognise Administration as Part of Trauma

Much attention is rightly given to counselling and psychological recovery.

Far less attention is given to administrative fatigue.

Every form.

Every statement.

Every appointment.

Every request for additional information.

Every email.

Every phone call.

Every document.

Each task appears relatively minor in isolation.

Collectively they become overwhelming.

Recovery should include consideration of cognitive load.

When systems reduce unnecessary administration, they create space for healing.

Administrative simplicity is therefore not merely an efficiency measure.

It is a trauma-informed practice.

Opportunity Three

Respond to Patterns Earlier

Domestic and family violence rarely begins with major assaults.

It often develops gradually.

Control.

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Isolation.

Monitoring.

Financial manipulation.

Emotional abuse.

Repeated unwanted contact.

Boundary testing.

Escalation.

Each individual behaviour may appear manageable.

Together they reveal increasing risk.

Our systems are often required to make decisions based upon individual events.

However, coercive control is fundamentally about cumulative behaviour.

In my experience, I was not asked about the relationship as a whole. The police focus was only on the week I left.

Whilst coercive control is a charge in Queensland, it was never investigated in my situation.

Future responses should continue developing approaches that better identify, document and respond to patterns over time.

This is particularly important during post-separation abuse, where ongoing low-level behaviours can collectively have profound impacts on safety and wellbeing.

Opportunity Four

Recovery Should Begin Immediately

Support services understandably focus on crisis intervention.

However, recovery planning should begin at the same time.

Victim-survivors should not feel they must postpone rebuilding their lives until every legal process concludes.

Recovery includes employment.

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Education.

Housing.

Creativity.

Community participation.

Friendships.

Volunteering.

Purpose.

Hope.

These are not rewards at the end of recovery.

They are part of recovery itself.

The earlier systems encourage reconnection with life beyond violence, the greater the opportunity for long-term wellbeing.

Opportunity Five

Learn From Survivors After the Crisis Has Passed

Much consultation occurs while people remain in crisis.

There is also enormous value in listening once people have reached safety.

Distance provides perspective.

With time, survivors begin recognising which interventions helped, which barriers delayed recovery and which improvements might assist those who follow.

Governments routinely evaluate infrastructure, health programs and public policy.

Domestic and family violence responses deserve the same commitment to continuous improvement informed by lived experience.

Survivors are not only recipients of services.

They are experts in how those services are experienced.

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Recommendations

The following recommendations are offered respectfully, recognising the complexity of domestic and family violence policy and the dedication of those working within the sector.

They focus upon improving system design rather than criticising individual agencies.

Recommendation 1

Continue developing integrated information-sharing arrangements that reduce unnecessary repetition of traumatic histories while maintaining privacy, consent and safety.

Recommendation 2

Expand the availability of dedicated systems navigators or case coordinators for victim-survivors with complex legal, medical and financial circumstances.

No person should be expected to coordinate dozens of agencies while recovering from trauma.

Recommendation 3

Recognise administrative burden as a legitimate component of trauma recovery.

Where possible, simplify processes, reduce duplication and streamline documentation requirements.

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Recommendation 4

Develop policy responses that better recognise the financial consequences of leaving domestic and family violence, particularly where legal expenses, relocation costs and delayed property settlements create ongoing hardship.

Recommendation 5

Continue strengthening responses to post-separation abuse, recognising that coercive control frequently continues long after relationships end.

Recommendation 6

Ensure professional development continues emphasising cumulative patterns of behaviour rather than isolated incidents when assessing domestic and family violence risk.

Recommendation 7

Provide clearer communication to victim-survivors regarding investigation processes, legal thresholds and reasons for decisions.

Understanding why a decision has been made is often as important as the decision itself.

Recommendation 8

Recognise lived experience as an ongoing source of policy expertise.

Consultation should continue beyond crisis and include survivors who have had sufficient time to reflect upon the systems they have navigated.

Recommendation 9

Encourage cross-sector evaluation that examines the survivor's entire journey rather than evaluating each agency independently.

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Good systems should be measured by how well they connect, not simply how well they perform individually.

Recommendation 10

Adopt a guiding principle for future reform:

Every improvement should reduce the amount of system a traumatised person must carry while trying to recover.

This single principle provides a practical lens through which future policies, legislation, funding models and service redesign can be assessed.

If a proposed change reduces complexity, duplication and unnecessary burden, it is likely moving in the right direction.

Conclusion

I began this submission intending to describe my experience.

Along the way, I realised I was describing something much larger.

I was describing a system.

Not a broken system.

A system filled with compassionate people doing difficult work under complex circumstances.

A system that has evolved over time, often in response to emerging evidence and changing community expectations.

A system that now has an opportunity to evolve again.

Throughout my career I was taught that the people closest to a process often hold the clearest understanding of how it functions.

Victim-survivors occupy that position.

We experience every referral.

Every assessment.

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Every delay.

Every success.

Every barrier.

We are uniquely placed to describe not simply what happened, but how the entire journey felt from beginning to end.

That perspective is not offered in opposition to professionals.

It is offered in partnership with them.

I remain deeply grateful to the police officers, doctors, counsellors, advocates, lawyers and support workers who helped me.

Many carried me through periods when I doubted my own strength.

This submission exists because they made it possible for me to reach a point where I could reflect rather than simply survive.

If there is one message I hope readers remember, it is this:

Leaving violence should be the beginning of recovery.

It should not become the beginning of navigating an even more complex system.

The professionals within Australia's domestic and family violence response already carry an enormous responsibility.

My hope is that future reform will allow the system itself to carry more of that responsibility alongside them.

Because every burden removed from a survivor creates another opportunity for healing.

And every improvement made today has the potential to change somebody else's tomorrow.

Why I Am Making These Recommendations

I have not written this submission because I believe my experience was unique.

I have written it because I know it was not.

The person who used violence against me is not the focus of this submission.

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He is the reason I entered Australia's domestic and family violence systems.

He is not the reason I am writing this document.

I am writing because I have seen what those systems do well.

I have also seen where they unintentionally place additional burdens on the very people they are trying to protect.

For more than thirty years I worked alongside governments, community organisations and funding bodies to improve services for people facing significant disadvantage.

Throughout my career I learned that systems can change.

Policies can improve.

Funding models can evolve.

Services can become more responsive.

None of those improvements occur by accident.

They occur because somebody is willing to describe not only what happened, but how it could be better.

That is why I am writing.

Not to revisit the past.

To improve the future.

If I Were Designing the System

I have been asked many times what helped me.

I have also been asked what did not.

Over time I realised those questions were too small.

The better question became:

If I were designing the system today, knowing what I know now, what would I build?

I would not begin by asking organisations what they need.

I would begin by asking survivors what recovery feels like.

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I would follow that journey from beginning to end.

Not because organisations are unimportant, but because the survivor is the only person who experiences every part of the system.

I would design every stage around one simple principle:

Does this reduce the burden carried by the survivor?

If the answer is yes, it stays.

If the answer is no, I would redesign it.

I would measure success differently.

Not by how many referrals were made.

Not by how many appointments occurred.

Not by how many forms were completed.

I would ask different questions.

Did this person become safer?

Did this person understand what was happening?

Did they have to repeat their story?

Did they feel believed?

Were they able to rebuild their life?

Did the system become easier to navigate over time?

Because ultimately that is what matters.

I would expect information to travel more effectively than people.

I would expect systems to communicate with one another.

I would expect survivors to spend more time healing than proving.

I would expect professionals to have better access to coordinated information.

I would expect post-separation abuse to be understood as part of the continuum of violence rather than something entirely separate.

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I would expect financial recovery to be recognised as part of safety.

I would expect housing to be viewed as a protective intervention rather than simply accommodation.

I would expect recovery to begin immediately rather than after legal matters conclude.

Above all, I would expect every reform to make life slightly easier for the next person.

That is how good systems evolve.

The Measure of Success

If someone asked me ten years from now whether Australia's domestic and family violence response had improved, I would not begin by quoting statistics.

I would ask a woman who had recently left.

I would ask her:

"When you reached out for help...

...did the system carry you?

Or did you have to carry the system?"

Because I now believe that question measures success better than almost any other.

Lived Experience Is Expertise

One of the most significant changes I hope to see in Australia's domestic and family violence response is the way lived experience is understood.

Too often, lived experience is viewed as a personal story.

I believe it is much more than that.

Lived experience is a form of professional knowledge.

It is knowledge that cannot be obtained through textbooks, policy documents or organisational structures alone.

It provides insight into how systems are experienced rather than how they are intended to operate.

Both perspectives are necessary.

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Throughout my professional career I frequently participated in service reviews, funding submissions, program development and evaluations.

We recognised the importance of consulting clinicians, managers, funding bodies and service providers.

Increasingly, we also recognised that the people receiving those services often identified barriers professionals could not see.

Domestic and family violence should be no different.

Victim-survivors understand something no single organisation can observe.

We experience the spaces between services.

We experience waiting.

Duplication.

Confusion.

Relief.

Safety.

Fear.

Hope.

Exhaustion.

No database records those experiences.

Yet those experiences determine whether systems feel accessible or overwhelming.

For this reason, consultation with lived experience should become an ongoing component of policy development rather than an occasional exercise conducted during reviews.

Listening to survivors should not begin and end with collecting stories.

It should extend to co-designing solutions.

Measuring Success Differently

Governments understandably measure programs through activity.

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The number of referrals.

Appointments.

Funding provided.

Programs delivered.

Training completed.

These measures are important.

However, they do not necessarily describe the survivor's experience.

I encourage consideration of additional measures that reflect what recovery actually feels like.

For example:

Did the survivor have to repeat their story?

Did they understand what would happen next?

Did they know who to contact when they became confused?

Did they feel believed?

Were they supported to rebuild relationships, employment and community participation?

Did they become safer over time?

Did navigating the system become easier or more difficult?

These questions shift our focus away from organisational performance and towards human outcomes.

Ultimately, systems exist to improve people's lives.

That should remain the measure of success.

Recovery Is More Than Survival

For a long time my focus was simply surviving.

Surviving the relationship.

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A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

Surviving leaving.

Surviving the legal process.

Surviving financially.

Surviving emotionally.

Eventually something changed.

I realised I no longer wanted my future to be defined by what I had survived.

I wanted it to be defined by what I could contribute.

Recovery is not simply the absence of violence.

Recovery is the return of possibility.

It is reading a book again after years of being unable to concentrate.

It is creating art.

It is laughing unexpectedly.

It is making new friends.

It is trusting your own judgement.

It is planning adventures instead of escape routes.

It is waking up and thinking about tomorrow instead of yesterday.

Government cannot create healing.

But government can create systems that make healing easier.

That distinction is important.

Policies cannot remove trauma.

They can remove unnecessary barriers to recovery.

Every unnecessary form removed.

Every duplicated assessment prevented.

Every clear explanation provided.

Every coordinated referral.

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Every compassionate conversation.

Each contributes, in its own way, to somebody's recovery.

That is the quiet power of good public policy.

A Final Reflection

When I first began documenting what had happened to me, my purpose was simple.

I wanted to be believed.

Like many victim-survivors, I collected evidence because I feared my experience would otherwise be dismissed.

Photographs.

Medical reports.

Emails.

Phone records.

Timelines.

Diaries.

Court documents.

Eventually I realised something unexpected.

I was no longer collecting evidence for myself.

I was collecting evidence for a system.

Not because I wanted to remain connected to the past.

Because I wanted the future to be better informed.

This submission represents the end of that stage of my life.

I do not wish to spend the next decade proving what happened.

I wish to spend it helping improve what happens next.

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Closing Statement

There is one final observation I would like to leave with those responsible for shaping Australia's response to domestic and family violence.

When people experience violence, they often lose confidence in themselves.

When systems become unnecessarily difficult to navigate, they risk losing confidence in the system as well.

That loss of confidence has consequences.

It affects reporting.

Engagement.

Recovery.

Trust.

Future help-seeking.

The people working within Australia's domestic and family violence response deserve systems that support them to do their best work.

Victim-survivors deserve systems that support them to recover rather than requiring them to become experts in navigating bureaucracy.

I believe both goals are achievable.

Australia has the expertise.

Australia has the evidence.

Australia has the people.

What remains is the willingness to continue learning.

If this submission contributes in some small way to that learning, then the difficult experiences that brought me here will have created something positive.

That would be a meaningful outcome.

Thank you for the opportunity to contribute to the development of the Second Action Plan.

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I would welcome the opportunity to participate in future consultation, policy development or advisory work relating to domestic and family violence system reform.

Respectfully,

██████████

1. What Success Looks Like

Government submissions often identify problems.

Fewer describe success.

What Success Looks Like

I know the system is working when...

A woman leaves because she believes she will be supported.

A police officer has access to the information they need.

A GP doesn't become the keeper of every piece of the story.

A counsellor spends more time helping someone heal than explaining referral pathways.

A lawyer spends more time progressing a matter than chasing documents.

A Centrelink officer understands the financial reality of leaving abuse.

A housing worker knows the urgency behind the application.

A survivor spends more time rebuilding her life than proving why she had to leave it.

Children grow up watching recovery instead of violence.

That is success.

2. The Ripple Effect

You don't just help one survivor.

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You help everyone connected to them.

Domestic and family violence does not affect one person.

It affects children.

Parents.

Friends.

Employers.

Neighbours.

Schools.

Health services.

Communities.

Future relationships.

Future generations.

Likewise, recovery ripples outward.

When one survivor becomes safe...

Children sleep differently.

Families reconnect.

Communities retain skilled workers.

Employers retain experienced staff.

Health costs reduce.

Community participation returns.

Volunteering resumes.

Leadership emerges.

Investment in recovery is never an investment in one person.

It is an investment in every life that person touches.

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3. The Invitation

This submission represents one survivor's experience.

It also represents decades of professional experience working within complex human service systems.

I do not present these observations believing I hold every answer.

Rather, I offer them because I believe meaningful reform occurs when governments, professionals and people with lived experience work together.

I have spoken at inquiries into People with Disability Accessing Health Care Services. Recognising the barriers to good health care for people unable to access health care in the usual way.

I have made recommendations and suggestions for improvement within the Social Services sector as a part of my career.

The domestic and family violence system is something that is now personal to me.

The gaps in service delivery are something that I am passionate about and something I have navigated personally over the past 12 months.

Working in homelessness services, foster care, with child safety systems, aged care and disability, in managerial roles has given me the ability to see systems independently and have a working knowledge of overcoming gaps and providing opportunity for change.

If my experiences, professional background or systems perspective can contribute further to the ongoing development of Australia's domestic and family violence response, I would welcome the opportunity to participate.

Real change rarely comes from one conversation.

It comes from continuing the conversation.

It is from checking understanding, seeing if anything has changed (because it does while moving through it), gathering evidence, reflecting.

4. Lessons I Didn't Expect to Learn

- Trauma changes how capable people appear.
- Organisation becomes a survival skill.
- Administrative burden is a health issue.
- Safety and financial security cannot be separated.

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- Kindness changes outcomes.
- Explaining processes reduces anxiety.
- People remember how systems made them feel long after they forget which organisation provided the service.
- Hope should be considered a legitimate outcome of good system design.

Evidence 1

1800RESPECT Initial Contact

Evidence Reference: Evidence 1

Source: 1800RESPECT transcript (initial contact)

1. Event Summary

The evidence records the submitter's first contact with 1800RESPECT following her departure from an intimate partner relationship involving domestic and family violence.

At the commencement of the call, the counsellor confirmed that the submitter was not in immediate danger, established that this was her first contact with the service, confirmed she was in a safe location to speak, and created a client record. The counsellor explained that this record was intended to reduce the need for the submitter to repeat her history during future contacts.

The interaction then focused on the submitter's attempts to understand the legal and service processes following her report to police and her efforts to obtain practical and emotional support.

2. Purpose of the Interaction

The evidence indicates that the submitter contacted 1800RESPECT seeking:

- information about what would occur following her police statement;
- clarification of the domestic violence legal process;
- support to remain separated from the respondent; and
- assistance after multiple previous attempts to obtain help had not resolved her uncertainty.

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The submitter stated that she felt she had been "going around in circles" after leaving the relationship and making a police statement. She explained that she did not understand:

- when the amended protection order would be served;
- what would occur after service;
- whether she would be required to attend court;
- how she could safely recover her belongings; and
- what practical steps should occur next.

The submitter also explained that the respondent continued sending messages expressing a desire to reconcile and stated that she had previously returned to the relationship after similar contact. She therefore sought support to help maintain her separation.

3. Context at the Time

The evidence demonstrates that, before contacting 1800RESPECT, the submitter had already engaged with multiple services.

These included:

- Queensland Police;
- DV Connect;
- Women's Legal Service Queensland;
- PoliceLink; and
- two referrals to a domestic violence service (CADA), one of which had resulted in advice that there was a waiting list and a promised return call that did not occur, while another referral had generated only a text message acknowledging receipt.

The submitter reported that:

- she had left the relationship the previous week;
- she had provided a police statement;
- an existing protection order was already in place;
- police had advised that an amended no-contact order would be sought;
- she had not received any further updates from police regarding that process;
- she remained displaced from her home and was staying temporarily at her son's residence; and
- she had paid for a storage unit while waiting for an opportunity to retrieve her belongings.

The submitter also explained that she was intentionally delaying retrieval of her property because she believed that, once the respondent became aware of police involvement, his behaviour would likely escalate. She described waiting for police to complete their process before taking further action.

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4. Support or Outcome Sought

Based on the evidence, the submitter sought:

- an explanation of the criminal justice process following her police statement;
- information regarding protection order procedures;
- guidance regarding court processes;
- assistance understanding available domestic violence services;
- emotional support to remain separated from the respondent; and
- referral to counselling services if appropriate.

The submitter also sought reassurance regarding the sequence of events after police action and expressed uncertainty about how different organisations interacted within the broader response system.

5. Response Received

The 1800RESPECT counsellor:

- completed standard intake and safety screening;
- established a client record intended to minimise repeated disclosure in future contacts;
- confirmed the submitter was currently safe;
- explored the submitter's immediate circumstances;
- discussed safety planning;
- acknowledged the submitter's efforts to seek assistance;
- recognised that she had reached out appropriately for support;
- discussed counselling options;
- provided information regarding Family Violence Liaison Officers at the local police station;
- encouraged continued engagement with Women's Legal Service and police; and
- explored the submitter's existing support network and immediate safety arrangements.

The evidence shows the counsellor also recognised the submitter's professional background in working with at-risk children and acknowledged that possessing professional knowledge did not remove the need for support when personally experiencing domestic violence.

6. Immediate Outcome

At the conclusion of the interaction:

- the submitter remained physically safe at her son's residence;
- no immediate crisis accommodation was required;

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- no change had occurred regarding police action or court processes;
- uncertainty remained regarding the legal process following her police statement;
- the submitter indicated she intended to attend her local police station to speak with the Family Violence Liaison Officer; and
- the submitter retained her existing family and social supports while continuing to await police action regarding property retrieval and the amended protection order.

The interaction therefore resulted in supportive engagement and additional referral information, but did not resolve the underlying uncertainty surrounding the criminal justice process or the status of police action.

System Analysis

7. What Worked

The evidence demonstrates several aspects of effective practice.

Trauma-informed intake

The counsellor completed an initial safety assessment, confirmed the submitter was able to speak safely, and established a client record with the stated purpose of reducing repeated disclosure during future contacts. This was explicitly explained to the submitter at the beginning of the interaction.

Supportive communication

Throughout the interaction, the counsellor acknowledged the submitter's efforts to seek help and validated the importance of reaching out for support. The communication remained calm, supportive and focused on safety.

Recognition of existing supports

The counsellor explored the submitter's accommodation, family support network, safety planning and available community resources before discussing further referrals.

8. Where the System Fell Short

The following observations are confined to matters demonstrated within this interaction.

Uncertainty regarding legal process

The submitter repeatedly described uncertainty regarding police procedures, protection order amendments, court processes and retrieval of personal property.

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The evidence indicates these questions remained unanswered despite previous engagement with multiple organisations before contacting 1800RESPECT.

Multiple prior referrals

Before contacting 1800RESPECT, the submitter described contacting several services, including DV Connect, Women's Legal Service, PoliceLink and CADA.

The evidence records:

- promised return calls that did not occur;
- referrals that produced no further contact; and
- advice directing the submitter between organisations without resolving her stated uncertainty regarding process.

Repeated disclosure

Although 1800RESPECT created a client record to reduce future repetition, the submitter had already recounted her circumstances to multiple organisations before this interaction.

The evidence demonstrates repeated disclosure of substantially similar information during attempts to understand available services and legal processes.

Administrative burden

The evidence demonstrates that, while displaced from her home and attempting to remain separated from the respondent, the submitter was simultaneously required to:

- contact multiple agencies;
- follow multiple referrals;
- await police processes;
- organise storage for belongings;
- understand legal procedures; and
- maintain personal safety.

The evidence does not indicate that one organisation assumed responsibility for coordinating these matters during this interaction.

9. Evidence References

Evidence 1

- 1800RESPECT Initial Contact Transcript (uploaded PDF).

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Evidence 2

Women's Legal Service Queensland Initial Contact

Evidence Reference: Evidence 2

Source: Women's Legal Service Queensland telephone call transcript. Total call duration recorded as **27 minutes and 10 seconds**.

1. Event Summary

The evidence records the submitter's initial telephone contact with Women's Legal Service Queensland (WLSQ) after leaving an intimate partner relationship involving domestic and family violence.

The call consisted of an extended waiting period on hold, completion of eligibility and intake questions, followed by discussion with an intake officer regarding the domestic violence protection order process and the submitter's uncertainty about police procedures following a recent statement.

The submitter sought legal information about what would occur after police had indicated they intended to apply for an amended no-contact protection order and investigate potential breaches of an existing order. The discussion also addressed the limits of Women's Legal Service Queensland's role where police action was already underway and where the submitter intended to engage a private solicitor for property settlement.

2. Purpose of the Interaction

The evidence indicates that the submitter contacted Women's Legal Service Queensland after being referred by another domestic violence service.

The submitter sought clarification regarding:

- the legal process following a police statement;
- whether she would be required to attend court;
- what would occur if police arrested the respondent for breaching an existing protection order;
- whether additional protection order conditions were required; and

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- the interaction between criminal proceedings, protection orders and her ability to safely retrieve personal property from the jointly occupied residence.

The submitter also wished to understand her legal position before progressing property settlement and separating her financial affairs from the respondent.

3. Context at the Time

The evidence demonstrates that, prior to this interaction:

- the submitter had already left the shared residence following an alleged threat by the respondent to burn the house down while she was inside;
- an existing police-issued protection order was already in force;
- the submitter had made a further police statement concerning recent conduct;
- police had advised they intended to seek an amended no-contact protection order and investigate whether the respondent had breached the existing order;
- the submitter had not received any further information regarding the progress of those police actions;
- the submitter had not yet been able to retrieve her belongings from the home; and
- the submitter had begun making arrangements for future property settlement.

The evidence also shows that the submitter remained uncertain about the procedural steps that would follow police action, including whether court attendance would be required and how retrieval of her belongings would occur safely.

Before speaking with the intake officer, the submitter remained in the telephone queue for over sixteen minutes while listening to recorded information explaining eligibility requirements, appointment availability and the service's intake process.

4. Support or Outcome Sought

Based on the evidence, the submitter sought:

- legal information regarding the domestic violence process following her police statement;
- clarification regarding court procedures;
- advice about whether further protection order conditions were necessary;
- guidance regarding police responsibilities once an amended order was sought;
- information regarding retrieval of personal property; and
- practical legal guidance to understand what would happen next.

The submitter also disclosed that she had contacted another solicitor regarding property settlement but had not yet engaged legal representation for domestic violence matters.

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5. Response Received

The Women's Legal Service Queensland intake officer first completed the service's eligibility assessment by obtaining identifying information, confirming income, location and whether the submitter already had legal representation.

Following discussion of the submitter's circumstances, the intake officer explained:

- Women's Legal Service Queensland could provide advice regarding protection orders;
- the service could advise about adding conditions to an existing protection order where appropriate;
- because police had already advised they intended to seek the additional no-contact condition, the service considered that police were already managing that aspect of the matter;
- if police declined or were unable to add the requested condition, the submitter could contact Women's Legal Service Queensland again for advice regarding making the application herself; and
- because the submitter intended to engage a private solicitor regarding property settlement, Women's Legal Service Queensland would not provide advice on that aspect of the matter.

The intake officer recommended that the submitter contact police directly to obtain updates regarding:

- whether the amended protection order had been progressed;
- what would occur if the respondent were arrested; and
- the procedural status of the police investigation.

The intake officer acknowledged the submitter's frustration after she described being referred between multiple organisations before reaching Women's Legal Service Queensland.

6. Immediate Outcome

At the conclusion of the interaction:

- no legal appointment was arranged during the call;
- no additional legal action was initiated by Women's Legal Service Queensland;
- the submitter remained uncertain regarding the progress of police action;
- responsibility for obtaining further information was directed back to Queensland Police; and
- the submitter was advised that Women's Legal Service Queensland could provide future advice if police did not progress the requested protection order condition.

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The interaction concluded without resolving the submitter's immediate uncertainty regarding the criminal justice process or the anticipated sequence of police and court actions.

System Analysis

7. What Worked

Professional intake process

The evidence demonstrates that Women's Legal Service Queensland conducted a structured intake process, including eligibility assessment, collection of identifying information and clarification of the legal issues for which assistance was being sought.

Clear explanation of service scope

The intake officer explained the limits of Women's Legal Service Queensland's role, distinguishing between:

- advice regarding protection orders;
- police responsibilities for criminal investigations; and
- property settlement matters where private legal representation was or would be engaged.

Acknowledgement of the submitter's experience

After the submitter described repeated referrals between services, the intake officer acknowledged her concerns and indicated an understanding of the difficulty she was experiencing navigating multiple organisations.

8. Where the System Fell Short

The following observations are confined to matters demonstrated within this interaction.

Extended waiting period

The evidence records a waiting period exceeding sixteen minutes before the submitter spoke with an intake officer, contributing to a total call duration of approximately twenty-seven minutes.

Repeated disclosure

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The submitter repeated details that had already been provided to police and other domestic violence services, including:

- the history of the protection order;
- the recent police statement;
- the respondent's alleged conduct;
- her living arrangements;
- property concerns; and
- uncertainty regarding the legal process.

This interaction therefore demonstrates further repetition of personal circumstances during attempts to obtain procedural guidance.

Referral back to police

Although the submitter contacted Women's Legal Service Queensland seeking clarification regarding the legal process, the evidence shows that the principal advice provided was to contact police for further information regarding the progress of the matter.

No immediate clarification of the police process itself was provided beyond explaining the limits of Women's Legal Service Queensland's role.

Ongoing uncertainty regarding process

The submitter's primary concern throughout the interaction was understanding what would happen next after making a police statement.

At the conclusion of the call, that uncertainty remained unresolved, with responsibility for obtaining further information directed back to police.

Emerging system pattern

When considered alongside Evidence 1, the evidence demonstrates a recurring pattern of the submitter being referred between organisations while seeking procedural information regarding the same underlying issue. At this stage of the analysis, this observation is confined to the documented sequence of referrals and does not draw conclusions regarding the effectiveness of those referrals overall.

9. Evidence References

Evidence 2

- Women's Legal Service Queensland Initial Contact Transcript (27 minutes 10 seconds).

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Evidence 3

PoliceLink Initial Contact

Evidence Reference: Evidence 3

Source: Queensland Police Service PoliceLink telephone transcript.

1. Event Summary

The evidence records the submitter's initial contact with Queensland Police via PoliceLink following the submission of a formal police statement regarding alleged domestic and family violence.

The interaction commenced with the PoliceLink call centre before the submitter was transferred to a second operator after the initial enquiry was identified as requiring further assessment. During the call, the submitter sought procedural information regarding the progress of police action, the anticipated court process, and the safety implications of continuing contact from the respondent while awaiting police action.

The interaction also involved discussion of previous domestic violence incidents, the existing protection order, ongoing communications from the respondent, arrangements for retrieving personal property, and current safety planning.

By the conclusion of the interaction, the PoliceLink operator determined that an operational police officer should contact the submitter directly.

2. Purpose of the Interaction

The evidence indicates that the submitter contacted PoliceLink because she was seeking information about what would occur after making her police statement several days earlier.

Specifically, she sought clarification regarding:

- the procedural steps following submission of her statement to the Magistrates Court;
- whether the respondent would be arrested for an alleged breach of an existing protection order;

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- whether she would be required to attend court;
- the anticipated timeframe for police action;
- whether it was safe to continue waiting before retrieving her belongings; and
- how to manage continuing contact from the respondent while police processes remained incomplete.

The evidence demonstrates that the submitter was not seeking to make a new complaint. Rather, she was attempting to understand the status and sequence of an existing police process already underway.

3. Context at the Time

The evidence demonstrates that, prior to contacting PoliceLink:

- the submitter had left the shared residence after an alleged threat by the respondent to burn the house while she was inside;
- an existing domestic violence protection order was already in force;
- a further police statement had been provided earlier that week;
- police had advised that the matter would be referred to the Magistrates Court to seek amendment of the protection order and determine whether an alleged breach had occurred;
- the respondent was unaware that police had been formally involved;
- the respondent continued making regular contact by message, requesting reconciliation;
- the submitter had arranged temporary accommodation with her adult son;
- a storage unit had already been organised in preparation for removing property from the residence; and
- the submitter remained concerned that police action becoming known to the respondent before her belongings were recovered could result in destruction of property or escalation of behaviour.

The evidence also records that the submitter had already attempted to obtain guidance from multiple domestic violence services before contacting PoliceLink, including CADA, DV Connect and Women's Legal Service Queensland, but remained uncertain about the police process.

4. Support or Outcome Sought

Based on the evidence, the submitter sought:

- clarification of the domestic violence investigation process;
- information regarding likely police and court timeframes;
- advice regarding her role should the respondent be arrested;

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- guidance regarding safe retrieval of personal belongings;
- confirmation that police understood her concern that early notification to the respondent could increase risk to her property and dog; and
- practical procedural information that would enable her to plan her next steps safely.

The evidence also shows that the submitter disclosed ongoing communications from the respondent because those communications were directly relevant to the police investigation and her safety assessment.

5. Response Received

The initial PoliceLink operator confirmed the nature of the enquiry before transferring the submitter to another operator for further assessment.

The second operator:

- reviewed the notes recorded by the previous operator before continuing the discussion;
- obtained additional factual information regarding recent events;
- confirmed that the respondent continued contacting the submitter;
- explored previous incidents of violence;
- gathered information regarding the existing protection order;
- enquired about current accommodation, personal safety and the location of the submitter's dog;
- discussed the respondent's means of contacting the submitter;
- explored whether tracking devices may have been placed on vehicles or phones;
- confirmed the submitter's availability for future police contact; and
- advised that an operational police officer would contact the submitter regarding the matter.

The operator also discussed safety measures, encouraged immediate reporting if circumstances changed, and explored the submitter's support network and contingency plans.

Throughout the interaction, the operator acknowledged the submitter's professional background in community services and encouraged her not to blame herself for the respondent's behaviour.

6. Immediate Outcome

At the conclusion of the interaction:

- no procedural update regarding the Magistrates Court process was provided;
- no timeframe for police action was available;

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- no immediate arrangement was made for retrieval of property;
- uncertainty regarding arrest procedures remained unresolved;
- the submitter remained temporarily displaced from her home;
- PoliceLink determined that an operational police officer should contact the submitter directly; and
- the submitter was advised to continue reporting any escalation or safety concerns.

The interaction therefore concluded with escalation of the enquiry to a police officer rather than resolution of the procedural questions that prompted the contact.

System Analysis

7. What Worked

Appropriate transfer of operational matters

The evidence demonstrates that the initial PoliceLink operator recognised that the enquiry required operational police involvement and transferred the matter accordingly. This reduced the likelihood of inaccurate procedural advice being provided outside the operator's role.

Review of previous information

Before recommencing questioning, the second operator advised that the previous notes would be reviewed. This demonstrates an attempt to use information already recorded rather than requiring the submitter to restart the interaction entirely. Although further clarification was still required, the evidence indicates that existing information was accessed before proceeding.

Comprehensive safety assessment

The operator explored multiple aspects of the submitter's current safety, including:

- current accommodation;
- ongoing contact from the respondent;
- previous violence;
- availability of emergency communication;
- possible electronic tracking;
- the location of the family dog;
- immediate police response if required; and
- support available through family and employment.

The evidence demonstrates that these enquiries were directly related to assessing current risk.

Supportive communication

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The interaction remained professional and supportive throughout. The operator acknowledged the submitter's circumstances, encouraged her not to accept responsibility for the respondent's behaviour, and reinforced existing safety planning.

8. Where the System Fell Short

The following observations are confined to matters demonstrated within this interaction.

Procedural uncertainty remained unresolved

The submitter's principal reason for contacting PoliceLink was to understand what would happen following submission of her police statement.

By the conclusion of the interaction, the evidence demonstrates that questions regarding:

- arrest procedure;
- court attendance;
- expected timeframes; and
- progression of the amended protection order

remained unanswered pending further contact from an operational officer.

Repeated disclosure of personal history

Although the second operator reviewed existing notes, the submitter again described:

- previous domestic violence incidents;
- the existing protection order;
- the alleged threat prompting her departure;
- temporary accommodation;
- continuing contact from the respondent;
- previous medical impacts;
- concerns regarding her belongings; and
- previous attempts to obtain assistance from other organisations.

The evidence demonstrates further repetition of substantially the same information already disclosed to police and other services.

Ongoing navigation across services

During the interaction, the submitter described having contacted CADA, DV Connect and Women's Legal Service Queensland before contacting PoliceLink, explaining that she had "gone round and round and round in circles" while attempting to understand the process. The evidence records these prior contacts as part of the context provided to PoliceLink.

Administrative burden during crisis

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The evidence demonstrates that, while awaiting police action, the submitter was simultaneously:

- organising temporary accommodation;
- arranging storage of personal belongings;
- engaging a solicitor regarding property settlement;
- attempting to retrieve property safely;
- managing ongoing communications from the respondent;
- coordinating multiple service contacts; and
- attempting to understand legal processes sufficiently to make informed safety decisions.

The evidence indicates that these responsibilities continued while procedural information remained outstanding.

Emerging system pattern

When considered alongside Evidence 1 and Evidence 2, this interaction continues to demonstrate a documented pattern in which the submitter sought procedural clarification from multiple organisations while remaining uncertain about the progression of the same underlying police and court processes.

At this stage of the analysis, this observation is limited to the sequence of documented interactions and does not draw conclusions regarding the overall effectiveness of the agencies involved.

9. Evidence References

Evidence 3

- Queensland Police Service PoliceLink Initial Contact Transcript.

Evidence 4

CADA Domestic Violence Service

Evidence Reference: Evidence 4

Sources: Information relating to CADA contained within the uploaded evidence, including later direct contact with CADA worker [REDACTED] and references to earlier referrals and attempted engagement.

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1. Event Summary

The evidence demonstrates that CADA was one of the earliest specialist domestic violence services contacted by the submitter following her separation from the respondent.

The evidence records three distinct stages of engagement:

1. **Initial self-referral** to the [REDACTED] service.
2. **Subsequent police referral** to the [REDACTED] service.
3. **Ongoing engagement** with a CADA practitioner ([REDACTED]), including comprehensive domestic violence risk assessment, safety planning, referrals and ongoing support.

Viewed together, these documents demonstrate both initial difficulties accessing specialist domestic violence support and later evidence of sustained, trauma-informed engagement once contact with a specialist worker was established.

2. Purpose of the Interaction

The evidence indicates that the submitter sought assistance from CADA for several interconnected reasons.

Initially, she sought:

- specialist domestic violence support following separation;
- practical guidance about remaining separated;
- counselling and emotional support;
- assistance understanding available services; and
- help navigating domestic violence systems while police processes were underway.

As engagement with CADA progressed, the purpose expanded to include:

- formal domestic violence risk assessment;
- ongoing safety planning;
- assistance managing repeated breaches of the protection order;
- support relating to housing security;
- referral for home security measures;
- discussion regarding the Escaping Violence Program;
- emotional support during ongoing legal proceedings; and

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- assistance maintaining separation despite continuing attempts by the respondent to persuade her to return.
-

3. Context at the Time

The evidence demonstrates that, when the submitter first attempted to engage with CADA:

- she had recently left the relationship;
- she had already provided a statement to police;
- an existing protection order was in place;
- police were considering an amended no-contact order;
- she was temporarily accommodated with family;
- she was arranging storage for her belongings;
- she remained uncertain about police and court processes; and
- the respondent continued contacting her in an attempt to reconcile.

The evidence records that the submitter independently contacted the [REDACTED] CADA service after receiving their details.

She was advised there was approximately a five-day waiting period, that staff were attending a meeting, and that someone would return her call.

The evidence indicates that no return call occurred.

Following later contact with police, a second referral was submitted by Queensland Police to the [REDACTED] CADA service.

The submitter received a text message acknowledging receipt of that referral but reported that no substantive contact followed at that stage.

Subsequent evidence demonstrates that the submitter was eventually allocated to [REDACTED], with whom she engaged over multiple contacts. During these interactions, the practitioner demonstrated familiarity with previous discussions and ongoing developments, indicating that an ongoing case relationship had been established.

4. Support or Outcome Sought

Across the documented interactions, the submitter sought:

- specialist domestic violence counselling;
- assistance remaining separated;
- information regarding domestic violence systems;
- practical safety planning;

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- home security advice;
- referral for residential security improvements;
- assistance accessing the Escaping Violence Program;
- support understanding repeated breaches of the protection order;
- discussion regarding ongoing risk; and
- emotional support while navigating criminal, civil and financial processes.

The evidence also demonstrates that the submitter used CADA as a service through which broader concerns about interactions with police, legal services and other agencies could be discussed.

5. Response Received

Initial referral stage

The evidence demonstrates that the initial self-referral resulted in:

- advice that staff were unavailable because they were attending a meeting;
- advice of an approximate five-day waiting period; and
- a commitment that the submitter would receive a return telephone call.

The evidence records that no callback occurred following that contact.

The subsequent police referral resulted in:

- acknowledgement by text message that the referral had been received.
-

Ongoing case management

Once allocated to a CADA practitioner, the evidence demonstrates significantly broader engagement.

██████████:

- completed a detailed domestic violence risk assessment;
- explored the history and pattern of abuse;
- assessed current and future risk;
- discussed previous strangulation and assault behaviours;
- explored coercive control behaviours;
- discussed ongoing breaches of the protection order;
- provided emotional validation;
- discussed future safety planning;
- arranged referral for residential security assessment;
- discussed eligibility for the Escaping Violence Program;

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- explained available support options;
- confirmed that the case could be reopened if required; and
- encouraged continued reporting of breaches.

The practitioner also discussed broader recovery issues including housing, future accommodation, emotional wellbeing and rebuilding independence.

6. Immediate Outcome

The evidence demonstrates two distinct outcomes.

Initial contact

The initial attempt to access the service did not result in immediate engagement.

Although the submitter sought specialist domestic violence support, the documented outcome was:

- advice regarding a waiting period;
- a promised callback;
- no callback documented following the initial self-referral; and
- later acknowledgement of a police referral without immediate substantive contact.

Subsequent engagement

Once active case management commenced, the evidence demonstrates that CADA became one of the principal support services involved in the submitter's recovery.

Documented outcomes include:

- ongoing risk assessment;
 - referral for residential security;
 - discussion of financial assistance programs;
 - continued safety planning;
 - ongoing emotional support;
 - practical discussion of future risks;
 - advice regarding reporting breaches; and
 - continuation of the therapeutic relationship through follow-up contacts.
-

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System Analysis

7. What Worked

Trauma-informed practice

The evidence demonstrates that, once active engagement commenced, the practitioner consistently adopted a trauma-informed approach.

Discussions focused on:

- current safety;
- future planning;
- validation of lived experience;
- recovery;
- emotional wellbeing;
- practical supports; and
- reducing future risk.

Continuity of care

Unlike several earlier interactions documented elsewhere, the evidence demonstrates continuity between contacts.

The practitioner referred to previous conversations, previous referrals and previous discussions without requiring the submitter to begin her history from the beginning each time.

Holistic support

The evidence demonstrates that support extended beyond crisis intervention.

Topics included:

- home security;
- housing;
- financial assistance;
- protection order breaches;
- legal processes;
- emotional wellbeing;
- future planning; and
- long-term recovery.

Practical advocacy

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The practitioner initiated referral for residential security measures and discussed practical barriers affecting safety within the submitter's new accommodation.

8. Where the System Fell Short

Delay between referral and engagement

The evidence demonstrates that the submitter's first attempt to engage with the service resulted in:

- advice regarding a waiting period;
- a promised callback; and
- no documented callback.

Subsequent police referral produced only acknowledgement by text before later substantive engagement occurred.

Access during early crisis

The evidence indicates that the delay occurred during the immediate post-separation period when the submitter was:

- displaced from her home;
- awaiting police action;
- uncertain about legal processes;
- sleeping on a blow-up mattress at her son's home; and
- attempting to avoid returning to the relationship.

Repeated disclosure prior to case allocation

Before an ongoing relationship with CADA was established, the submitter described substantially the same circumstances to:

- DV Connect;
- Women's Legal Service;
- PoliceLink;
- Queensland Police;
- 1800RESPECT.

The evidence demonstrates repetition of personal history across multiple agencies before specialist domestic violence case management became established.

Emerging system pattern

When considered alongside Evidence 1, Evidence 2 and Evidence 3, the evidence demonstrates a recurring pattern in which specialist domestic violence support was identified

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as an appropriate referral pathway early in the submitter's journey, but meaningful engagement occurred only after multiple contacts, referrals and repeated disclosures.

Conversely, once sustained engagement with a dedicated practitioner commenced, the evidence demonstrates increased continuity, broader practical assistance and reduced need to repeatedly explain the submitter's circumstances.

9. Evidence References

Evidence 4

- 1800RESPECT transcript (references to CADA self-referral and police referral).
 - PoliceLink transcript (references to attempted CADA contact and service navigation).
 - DV [REDACTED] transcript (ongoing case management, risk assessment and support).
 - DV [REDACTED] follow-up discussion (continuity of care, Escaping Violence Program and case management).
 - Escaping Violence Fund transcript (ongoing CADA support, security referrals and recovery planning).
-

Evidence 5

DV Connect Initial Contact

Evidence Reference: Evidence 5

Source: DV Connect telephone transcript, with corroborating references contained in subsequent interactions where the submitter described the advice received from DV Connect.

1. Event Summary

The evidence records the submitter's initial telephone contact with DV Connect after leaving the shared residence following an alleged domestic violence incident and after making a formal police statement.

At the time of the interaction, the submitter had already attempted to contact CADA (but had not received the promised return call.)

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She contacted DV Connect seeking specialist domestic violence guidance regarding the legal process, available support services and the practical steps that should follow her separation.

The evidence demonstrates that the interaction primarily involved discussion of referral pathways rather than detailed case management.

2. Purpose of the Interaction

The evidence indicates that the submitter contacted DV Connect seeking:

- specialist domestic and family violence support;
- information about what would occur following her police statement;
- guidance regarding legal processes associated with the existing protection order;
- assistance understanding available domestic violence services;
- advice regarding safe separation; and
- practical information to assist her in planning her next steps.

During the interaction, the submitter advised DV Connect that she had contacted CADA earlier that morning and had been informed that staff were unavailable because they were attending a team meeting and someone would return her call. She also disclosed that she had previously been offered support from CADA the previous year but had not engaged with that service at that time.

3. Context at the Time

The evidence demonstrates that, prior to contacting DV Connect:

- the submitter had left the shared residence;
- an existing police protection order remained in force;
- a further police statement had recently been made following an alleged threat;
- police had advised they intended to seek an amended no-contact condition and investigate possible breaches of the existing order;
- the submitter remained uncertain regarding the criminal justice process;
- she was attempting to organise removal of her belongings from the residence; and
- she had already begun contacting multiple services in an effort to understand what would occur next.

The evidence demonstrates that the submitter's primary concern at this stage was not immediate physical safety, but uncertainty regarding legal processes and maintaining separation while the respondent continued making contact.

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4. Support or Outcome Sought

Based on the evidence, the submitter sought:

- information regarding the domestic violence legal process;
 - advice regarding what would occur if the respondent were charged;
 - clarification about whether she would be required to make further statements or attend court;
 - guidance regarding moving out safely;
 - information regarding specialist domestic violence support; and
 - practical assistance identifying the most appropriate organisation to answer her questions.
-

5. Response Received

The evidence demonstrates that the DV Connect worker:

- explained the role of CADA as a case management service that could allocate a support worker;
- advised that questions regarding criminal procedure and moving out would be better directed to police and Legal Aid;
- provided the Legal Aid contact number when requested; and
- confirmed that local domestic violence services would provide ongoing support rather than legal advice.

The evidence does not demonstrate that DV Connect undertook a detailed risk assessment, opened an ongoing case, or arranged continuing support during this interaction.

Subsequent evidence records the submitter's recollection that DV Connect also suggested applying for the Escaping Violence/Centrelink crisis payment but was unable to advise whether the submitter, who was employed full time, would be eligible, advising her instead to contact the relevant agency directly.

Subsequent evidence records the submitter's recollection of the call was that she was speaking with someone that had a strong accent that was difficult to understand.

This is what prompted the submitter to record any future calls.

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6. Immediate Outcome

At the conclusion of the interaction:

- the submitter had received the Legal Aid contact details;
- she had been advised that police were the appropriate source of information regarding criminal procedure;
- she had been advised that local domestic violence services would provide ongoing support;
- no ongoing case management was commenced through DV Connect;
- no detailed explanation of the police process was provided; and
- the submitter proceeded to contact Women's Legal Service Queensland as recommended.

The evidence demonstrates that the submitter continued seeking procedural clarification after the DV Connect call because her principal questions remained unanswered.

System Analysis

7. What Worked

Appropriate identification of service roles

The evidence demonstrates that DV Connect distinguished between:

- specialist domestic violence support services;
- legal advice services; and
- police responsibilities regarding criminal investigations.

The worker explained that CADA could provide case management and referred the submitter to Legal Aid regarding legal concerns.

Provision of referral information

The worker supplied contact information for Legal Aid and identified further services that may assist depending on the nature of the submitter's enquiry.

Recognition of local specialist support

The interaction reinforced that ongoing domestic violence support would be delivered through local specialist services rather than through DV Connect itself.

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8. Where the System Fell Short

The following observations are confined to matters demonstrated within the evidence.

Limited procedural guidance

The submitter contacted DV Connect seeking an explanation of what would happen after making a police statement and what her role would be if the respondent were charged.

The evidence demonstrates that these procedural questions remained unresolved at the conclusion of the interaction, with responsibility for answering them redirected to police and Legal Aid.

Continued referrals between agencies

The evidence demonstrates that the submitter's enquiry progressed from:

- CADA,
- to DV Connect,
- to Women's Legal Service Queensland,
- and subsequently back to Queensland Police.

This sequence is documented in later transcripts describing the events of that day.

Repeated disclosure

Although this interaction was shorter than later contacts, the evidence demonstrates that the submitter again explained:

- her recent separation;
- the existing protection order;
- the pending police process;
- her uncertainty regarding court procedures; and
- the unsuccessful attempt to engage with CADA earlier that morning.

These matters had already been discussed with other services or would be repeated in subsequent contacts.

Eligibility uncertainty

Subsequent evidence records that the submitter asked whether she would qualify for a crisis payment because she remained employed full time.

The evidence indicates she was advised to contact the relevant agency directly, as eligibility could not be confirmed during the DV Connect interaction.

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Emerging system pattern

When considered alongside Evidence 1 through Evidence 4, this interaction continues to demonstrate a documented pattern in which the submitter actively sought procedural guidance from multiple organisations but was directed between services according to organisational roles. At this stage of the analysis, this observation is limited to the documented sequence of referrals and does not draw conclusions regarding the appropriateness or effectiveness of those referrals overall.

9. Evidence References

Evidence 5

- DV Connect Initial Contact transcript.
 - 1800RESPECT transcript (subsequent account of DV Connect advice and outcomes).
 - Women's Legal Service Queensland transcript (subsequent description of the referral pathway from DV Connect).
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Evidence 6

Queensland Police Attendance / Family Violence Liaison Officer and Operational Police Follow-up

Evidence Reference: Evidence 6

Sources: Queensland Police interactions documented across the uploaded evidence, including PoliceLink, 1800RESPECT (describing attendance at the local station), and subsequent operational police contact with Constable [REDACTED].

1. Event Summary

The evidence demonstrates an ongoing series of interactions between the submitter and Queensland Police following her departure from the respondent.

These interactions progressed from:

- making an initial police statement;

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- seeking procedural information through PoliceLink;
- attending the local police station after being encouraged to speak with a Family Violence Liaison Officer (then being advised on presentation at the station that the [REDACTED] Police Station did not have a Family Violence Liaison Officer operating out of that station);
- providing additional statements as further incidents occurred;
- direct communication with an operational police officer (Constable [REDACTED]); and
- receiving updates regarding the investigation and subsequent criminal charges.

Rather than representing a single isolated contact, the evidence demonstrates continuing engagement between the submitter and Queensland Police while criminal investigations, protection order amendments and alleged breaches progressed.

2. Purpose of the Interaction

The evidence indicates that the submitter engaged with Queensland Police to obtain:

- protection following an alleged domestic violence incident;
- investigation of alleged breaches of an existing protection order;
- amendment of that protection order to include a no-contact condition;
- procedural information regarding the court process;
- assistance understanding when it would be safe to recover personal belongings;
- guidance regarding continuing contact from the respondent; and
- ongoing reporting of further alleged breaches occurring after she had left the relationship.

As the investigation progressed, the purpose expanded to include:

- providing supplementary statements;
 - clarifying earlier evidence;
 - discussing retrieval of property; and
 - receiving updates regarding charges laid against the respondent.
-

3. Context at the Time

The evidence demonstrates that, prior to these interactions:

- the submitter had left the shared residence;
- she was temporarily residing with family or friends;
- an existing protection order remained in force;
- a further police statement had been provided regarding an alleged threat to burn the house while she was inside;

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- she continued receiving messages from the respondent;
- she deliberately delayed collecting her belongings because she believed police action becoming known to the respondent could increase risk;
- she had organised and paid for a storage unit in preparation for removing her possessions; and
- she had already contacted multiple support organisations seeking procedural guidance.

Following advice received through 1800RESPECT, the submitter attended her local 24-hour police station intending to speak with the Family Violence Liaison Officer. The evidence records that she viewed this as an opportunity to obtain information about the police process that had not yet been explained elsewhere.

As further incidents occurred, the evidence demonstrates that the submitter continued providing updated information to police regarding ongoing contact from the respondent and alleged additional breaches of the protection order.

4. Support or Outcome Sought

Throughout these documented interactions, the submitter sought:

- explanation of police procedures;
- updates regarding investigation progress;
- confirmation of whether charges would be laid;
- advice regarding anticipated court processes;
- guidance about recovering personal belongings safely;
- police assistance where appropriate during property retrieval;
- acknowledgement of ongoing breaches;
- clarification of the relationship between criminal and civil processes; and
- practical information enabling her to make informed safety decisions.

The evidence also demonstrates that the submitter disclosed her medical conditions when discussing retrieval of essential furniture, explaining that lack of access to her bed and specialised chair was affecting management of chronic pain following spinal fusion and hip replacement surgery.

5. Response Received

The evidence demonstrates that Queensland Police undertook a number of investigative and operational actions.

These included:

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- accepting multiple formal statements;
- assessing alleged breaches of the protection order;
- referring the matter for consideration of amended protection order conditions;
- flagging relevant vehicle registration information;
- requesting supplementary information where investigators considered additional detail was required;
- arranging follow-up contact by operational officers; and
- maintaining communication with the submitter regarding investigative progress.

Constable [REDACTED] advised the submitter that he considered additional detail within the original statement would strengthen the available evidence supporting potential criminal charges. He arranged to meet with the submitter to obtain supplementary information before progressing the matter further.

The evidence further demonstrates that police ultimately informed the submitter that the respondent had been charged with five alleged breaches of the protection order and advised her of the scheduled court date. The officer also explained ongoing conditions of the protection order, including that communication through legal representatives remained permissible.

The submitter was advised that she would be required to attend court to speak to the charge of burning the house down with her inside. The submitter was advised that the charge was being contested. And that the information she had provided was a “he said/she said” situation and difficult to prove.

When the submitter sought assistance retrieving property because of her medical needs, police advised that ownership disputes constituted a civil matter and recommended pursuing those issues through her solicitor.

At court the duty lawyer was asked if the submitters property had been obtained. When she indicated that it had not, the judge allowed a 30day period from the granting of the amended order for her to retrieve her belongings.

6. Immediate Outcome

The evidence demonstrates that police engagement resulted in several tangible outcomes.

These included:

- ongoing investigation of alleged breaches;
- collection of supplementary evidence;
- amendment and progression of investigative material;
- criminal charges being laid;
- notification of the respondent's court date;
- continued monitoring of alleged further breaches; and
- ongoing communication between the investigating officer and the submitter.

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However, the evidence also demonstrates that:

- uncertainty regarding retrieval of property remained unresolved;
 - the submitter remained confused about the property process, as the respondent had indicated that her property could be collected (as long as he was on site), police continued to maintain the view that it was a civil court matter and the duty lawyer had recommended a “Keep the Peace visit” with police on site to gain access safely to her property;
 - the submitter continued managing temporary accommodation and storage arrangements while awaiting legal resolution; and
 - procedural uncertainty persisted during the earlier stages of the investigation before direct operational contact was established.
-

System Analysis

7. What Worked

Continuity of operational policing

Unlike several earlier service contacts, the evidence demonstrates continuity once an operational police officer became directly involved.

The same officer maintained communication with the submitter, reviewed previous statements, identified evidentiary gaps, arranged follow-up discussions and later advised her of investigative outcomes.

Evidence-led investigation

The evidence demonstrates that police sought to strengthen the evidentiary basis of the investigation by requesting additional detail where investigators considered this necessary before proceeding with charges.

Ongoing communication

Police contacted the submitter proactively regarding:

- supplementary statements;
- investigation progress;
- criminal charges;
- court dates; and
- continuing reporting of alleged breaches.

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Criminal justice outcome

The evidence demonstrates that police ultimately laid five charges alleging breaches of the protection order and informed the submitter accordingly.

8. Where the System Fell Short

The following observations are confined to matters demonstrated within the evidence.

Initial uncertainty before operational ownership

Earlier interactions demonstrate that the submitter repeatedly sought information regarding police processes before direct engagement with an operational investigating officer occurred.

The evidence indicates that uncertainty regarding arrest procedures, amended protection orders and court processes remained unresolved until later police involvement.

Uncertainty continued about property matters.

Multiple statements

The evidence demonstrates that the submitter provided:

- an original police statement;
- additional statements;
- supplementary information requested by investigators; and
- ongoing reports regarding subsequent alleged breaches.

While the supplementary statement was requested for investigative reasons, the evidence records multiple opportunities where the submitter restated events across different contacts.

Separation of criminal and civil systems

The submitter sought assistance recovering essential furniture because of documented medical conditions.

Police advised that ownership and recovery of jointly owned property constituted a civil matter and should be progressed through legal representatives.

The evidence demonstrates that criminal investigations and civil property issues proceeded separately, leaving the submitter without immediate access to equipment she described as important for managing chronic pain.

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Evidence shows that risks were taken by submitter to gain access to her own property while the respondent was at work. This involved hiring a truck and 2 men to assist her regain access to the larger household items she required for her ongoing medical care needs.

Administrative burden

The evidence demonstrates that, while cooperating with the criminal investigation, the submitter was simultaneously required to:

- arrange temporary accommodation;
- organise storage;
- coordinate legal representation;
- pursue property settlement;
- continue reporting alleged breaches;
- attend police appointments; and
- navigate multiple service systems.

These responsibilities occurred concurrently with the ongoing police investigation.

Emerging system pattern

When considered alongside Evidence 1 through Evidence 5, the evidence demonstrates an emerging distinction between initial system navigation and later case ownership.

Early interactions were characterised by repeated attempts to identify the appropriate agency and obtain procedural information.

This observation is confined to the documented interactions and does not draw conclusions regarding overall system effectiveness.

9. Evidence References

Evidence 6

- PoliceLink transcript.
 - 1800RESPECT transcript (Family Violence Liaison Officer discussion and subsequent police engagement).
 - [REDACTED] police follow-up transcript (supplementary statement, investigation and property discussion).
 - [REDACTED] police update regarding charges and court date.
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Evidence 7

Escaping Violence Program (EVP) / Financial Assistance

Evidence Reference: Evidence 7

Primary Sources: Escaping Violence Fund transcript, with supporting contextual references from CADA ([REDACTED]) interactions where the program was discussed before and after application.

1. Event Summary

The evidence records the submitter's engagement with the Escaping Violence Program (EVP) after she had secured temporary rental accommodation and established ongoing support through CADA.

The interaction occurred after the submitter had successfully completed the EVP application process and attended an assessment appointment with an EVP caseworker.

The discussion focused on assessing eligibility, identifying immediate financial needs arising directly from leaving the abusive relationship, determining the most appropriate use of the available grant, and explaining how the program could assist with establishing a safe household following separation.

Unlike several earlier interactions documented within the evidence, the discussion concentrated primarily on practical recovery rather than crisis response.

2. Purpose of the Interaction

The evidence indicates that the submitter engaged with the Escaping Violence Program seeking financial assistance associated with establishing an independent household following separation.

The documented needs included:

- replacement household items;
- rental assistance;
- household goods;
- financial assistance with relocation costs;
- establishment of a safe living environment;
- replacement of essential items left behind;
- advice regarding eligible expenses; and
- clarification regarding how the funding package could be used.

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The evidence also demonstrates that the submitter sought advice regarding whether previously incurred expenses, including her rental bond, could be reimbursed under the program.

3. Context at the Time

The evidence demonstrates that, prior to the assessment:

- the submitter had left the shared residence;
- she had secured a six-month lease on a rental property;
- she had relocated essential belongings into storage before obtaining the rental;
- she had purchased some replacement household goods;
- she continued navigating ongoing criminal and family law processes;
- she remained employed full-time;
- she had ongoing medical conditions affecting mobility and physical functioning;
- CADA had assisted with referral to the Escaping Violence Program; and
- security assessments for the new residence were already being organised through CADA.

Earlier evidence demonstrates that the submitter had attempted to apply immediately after first learning about the program but did not receive an email confirmation or appointment. When she reapplied later, the online booking system indicated that no earlier appointments were available and offered a later assessment date.

The evidence records that the submitter understood why demand existed but questioned the impact of waiting periods for applicants without employment, housing or family support.

4. Support or Outcome Sought

Based on the evidence, the submitter sought:

- financial assistance to establish her new residence;
- assistance replacing household goods;
- assistance paying rent;
- advice regarding reimbursement of relocation costs already incurred;
- guidance regarding eligible expenditure under the program;
- flexibility in determining priorities for recovery; and
- practical support to reduce the financial impact of leaving the abusive relationship.

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The submitter also discussed the financial pressures associated with simultaneously managing:

- legal costs;
- rental expenses;
- replacement household goods;
- storage costs;
- relocation expenses; and
- ongoing property settlement proceedings.

5. Response Received

The evidence demonstrates that the Escaping Violence Program caseworker:

- confirmed that the submitter met the eligibility criteria;
- explained the structure of the funding package;
- advised that part of the funding could be paid directly into the submitter's nominated bank account;
- explained that the remaining component could be used for approved goods and services;
- discussed payment of four weeks' rent directly to the landlord;
- explained documentation requirements for rental payments;
- discussed use of retailer gift cards for household goods;
- encouraged the submitter to identify all items required before finalising purchases;
- confirmed that additional household goods could be funded if required;
- explained that reimbursement of the rental bond itself was not available, although future rent could be funded; and
- undertook to commence processing the payment immediately following the assessment.

The caseworker also discussed broader recovery issues including:

- domestic violence leave through the submitter's employer;
- workplace support;
- counselling;
- existing legal assistance;
- security referrals;
- ongoing risks associated with the respondent; and
- practical strategies for establishing a safe home environment.

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6. Immediate Outcome

The evidence demonstrates that, following the assessment:

- the submitter was approved for Escaping Violence Program assistance;
- payment processing commenced;
- rental assistance was approved;
- the submitter was invited to continue identifying additional household items requiring replacement;
- practical assistance for establishing the new household became available; and
- ongoing communication with the program remained available if further purchases were required.

Unlike several earlier interactions documented within the evidence, the submitter left this interaction with a clearly defined outcome, identified funding, documented next steps and practical recovery support.

System Analysis

7. What Worked

Practical financial assistance

The evidence demonstrates that the Escaping Violence Program addressed practical barriers to recovery by providing financial assistance for accommodation and replacement household goods directly associated with leaving violence.

Individualised assessment

Rather than applying a predetermined package, the caseworker explored the submitter's individual circumstances, encouraged prioritisation of essential items and explained multiple funding options available under the program.

Holistic approach

The discussion extended beyond funding eligibility to include:

- housing;
- workplace supports;
- counselling;
- security planning;
- legal services;
- ongoing risk;
- household establishment; and

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- emotional wellbeing.

The evidence demonstrates an integrated approach to recovery rather than focusing solely on financial assistance.

Respectful communication

The evidence demonstrates collaborative communication throughout the interaction.

The caseworker acknowledged the submitter's existing strengths while recognising the practical and emotional demands associated with establishing a new household after leaving domestic violence.

Flexibility

The evidence demonstrates flexibility in determining how funding could best support the submitter's circumstances, including discussion of:

- direct payments;
- landlord payments;
- retailer gift cards; and
- staged purchasing as additional needs became apparent.

8. Where the System Fell Short

The following observations are confined to matters demonstrated within the evidence.

Delay before assessment

The evidence demonstrates that, following the initial application attempt, the submitter:

- received no email confirmation;
- was unable to secure an immediate appointment;
- encountered changing appointment availability within the online booking system; and
- ultimately attended a later appointment than initially sought.

Application uncertainty

The evidence records uncertainty following the initial application because the submitter did not know whether the application had been received after no confirmation email was issued. She subsequently completed a further application through the online process.

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Recovery occurring alongside ongoing legal processes

The evidence demonstrates that the submitter's recovery remained intertwined with:

- criminal proceedings;
- property settlement;
- solicitor correspondence;
- security planning;
- continuing protection order breaches; and
- establishment of a new household.

Although the Escaping Violence Program addressed practical financial needs, the evidence demonstrates that these broader legal and safety issues remained ongoing.

Emerging system pattern

When considered alongside Evidence 1 through Evidence 6, the evidence demonstrates a continuing pattern in which specialist services became increasingly effective once the submitter entered ongoing case management or structured recovery programs.

Earlier interactions were characterised primarily by referral, intake and uncertainty regarding process.

By contrast, this interaction demonstrates practical implementation, clear eligibility decisions, defined outcomes and coordinated recovery planning.

This observation is confined to the documented evidence and does not draw conclusions regarding the overall effectiveness of the broader service system.

9. Evidence References

Evidence 7

- Escaping Violence Fund assessment transcript.
 - Escaping Violence Fund funding discussion and approval.
 - Escaping Violence Fund discussion regarding recovery, legal processes and workplace support.
 - CADA () discussion regarding initial application difficulties and appointment availability.
 - CADA follow-up discussion confirming contact from the Escaping Violence Program.
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Evidence 8

Queensland Police Property Retrieval / Civil Matter

Evidence Reference: Evidence 8

Primary Sources: Queensland Police interactions, 1800RESPECT, PoliceLink, CADA ([REDACTED]), Legal Advice transcript, and subsequent discussions referring to attempts to retrieve property following separation.

1. Event Summary

The evidence documents the submitter's repeated attempts to safely retrieve personal property from the former shared residence after leaving the relationship.

Following separation, the submitter sought police assistance to recover essential belongings while minimising the risk of further confrontation with the respondent.

Throughout multiple interactions with Queensland Police, PoliceLink, domestic violence services and legal advisers, the evidence demonstrates that the submitter consistently sought clarification regarding whether police could assist with the retrieval of furniture and other personal possessions.

Across the documented interactions, police distinguished between facilitating the collection of essential personal belongings and involvement in disputes concerning furniture and jointly owned property, which they consistently described as civil matters.

The issue remained ongoing across multiple contacts and became closely linked to the submitter's safety planning, housing stability, physical health and property settlement proceedings.

2. Purpose of the Interaction

The evidence demonstrates that the submitter sought:

- police assistance to retrieve personal belongings safely;
- clarification regarding the scope of police involvement during a "keep the peace" attendance;
- guidance regarding whether furniture could be collected;
- advice about the interaction between criminal proceedings and property retrieval;
- safe access to essential household items required following separation; and
- information about whether police attendance could occur if the respondent was arrested or absent from the property.

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The evidence also demonstrates that the submitter sought these outcomes while attempting to avoid alerting the respondent that police had become involved, expressing concern that advance knowledge could increase the likelihood of intimidation, surveillance or destruction of property.

3. Context at the Time

The evidence demonstrates that, at the time of these interactions:

- the submitter had left the shared residence after an alleged threat;
- she was temporarily living with family and friends;
- criminal investigations and protection order proceedings were continuing;
- she remained the owner or co-owner of household contents located at the residence;
- she required household furniture to establish alternative accommodation;
- she continued managing chronic medical conditions following spinal surgery and hip replacement; and
- she had already organised legal representation regarding property settlement.

The evidence demonstrates that the submitter specifically identified her bed and specialised recliner chair as important because of her medical conditions and explained that continued inability to access those items was affecting her physical wellbeing.

The evidence also demonstrates that she had arranged a storage unit and organised assistance from family members and removal helpers in preparation for collecting her belongings when it became safe to do so.

4. Support or Outcome Sought

Across the documented interactions, the submitter sought:

- police attendance while retrieving belongings;
- confirmation that she could safely enter the property;
- permission to remove furniture that the respondent had stated she could take;
- practical assistance to reduce the likelihood of confrontation;
- guidance regarding what could legally be removed; and
- information regarding whether property could be collected if the respondent was arrested following alleged breaches of the protection order.

The evidence demonstrates that the submitter consistently distinguished between disputed property settlement issues and belongings which the respondent had indicated she could remove.

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5. Response Received

The evidence demonstrates that Queensland Police consistently advised that:

- essential personal belongings could generally be collected during a keep-the-peace attendance;
- furniture was regarded as a civil matter;
- ownership disputes fell outside the operational role of police; and
- resolution of those matters would need to occur through legal processes.

During discussions with the investigating officer, the submitter again raised the issue of retrieving her property.

The evidence records that she was again advised that the matter remained civil despite her explanation that lack of access to medically necessary furniture was causing ongoing difficulty.

The evidence also demonstrates that legal advice subsequently explained the distinction between police responsibilities and family law processes, noting that police generally facilitate collection of essential belongings rather than removal of household contents associated with property settlement.

6. Immediate Outcome

The evidence demonstrates that the submitter did not receive police-facilitated retrieval of her furniture.

Instead, she:

- arranged assistance from her son;
- organised two removal helpers and a truck;
- monitored opportunities to attend the property while the respondent was absent;
- successfully recovered some essential items during occasions when the respondent was not present; and
- continued pursuing legal resolution regarding the remaining property.

The evidence records that the submitter ultimately obtained:

- her bed;
- two recliner chairs;
- a washing machine; and
- a refrigerator.

However, the retrieval process remained dependent upon the respondent's absence rather than coordinated police attendance.

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The submitter described the process as requiring her to work quickly because she did not know when the respondent might return.

The evidence also demonstrates that the submitter explored whether property could be retrieved if the respondent were arrested and held in custody. At that stage, she had not received confirmation regarding whether police would notify her if such circumstances arose.

System Analysis

7. What Worked

Consistent explanation of police role

Across multiple interactions, Queensland Police consistently explained that their operational role differed from civil property settlement processes and identified the limits of police authority regarding potentially disputed household furniture.

Ongoing communication

The evidence demonstrates that operational police continued discussing the issue when the submitter raised it during follow-up investigations and did not discourage further discussion of her concerns.

8. Where the System Fell Short

The following observations are confined to matters demonstrated within the evidence.

Repeated requests across multiple agencies

The evidence demonstrates that the submitter raised the issue of property retrieval with:

- Queensland Police;
- PoliceLink;
- operational police;
- 1800RESPECT;
- CADA; and
- her legal adviser at [REDACTED] Magistrates Court.

Across these interactions, the issue remained unresolved for an extended period while criminal investigations and family law processes progressed independently.

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Interaction between safety and civil processes

The evidence demonstrates that the submitter's request was not presented solely as a property dispute.

She repeatedly linked access to property with:

- maintaining separation;
- avoiding direct contact with the respondent;
- managing chronic medical conditions;
- establishing alternative accommodation; and
- reducing the likelihood of further conflict.

Practical consequences

The evidence demonstrates that, because police regarded furniture retrieval as a civil matter, the submitter organised her own recovery of essential household items through family members and private assistance.

The retrievals occurred opportunistically when the respondent was believed to be absent, resulting in uncertainty regarding the time available to remove belongings safely.

Continued uncertainty

The evidence demonstrates ongoing uncertainty regarding:

- what property police could facilitate;
- whether police would notify the submitter if the respondent was arrested;
- whether retrieval could occur during police action; and
- how criminal proceedings interacted with civil property issues.

These questions were discussed across multiple contacts before legal advice clarified aspects of the distinction between police and family law responsibilities.

Emerging system pattern

When considered alongside Evidence 1 through Evidence 7, the evidence demonstrates a recurring pattern in which the submitter sought practical guidance on issues that sat across the boundaries of multiple service systems.

The documented interactions show repeated referrals between policing, legal services and specialist domestic violence services, with each organisation explaining its own area of responsibility.

The evidence further demonstrates that the submitter continued to repeat the factual circumstances surrounding her property retrieval while attempting to determine which agency could provide practical assistance.

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This observation is confined to the documented evidence and does not draw conclusions regarding the effectiveness of the overall system.

9. Evidence References

Evidence 8

- 1800RESPECT transcript (discussion of police attendance, property retrieval and safety concerns).
 - PoliceLink transcript (context of leaving the residence and organising storage).
 - [REDACTED] police follow-up (property retrieval discussed as a civil matter and impact of medical needs).
 - CADA ([REDACTED]) transcript (description of repeated police advice, retrieval attempts and successful recovery of essential items).
 - Legal advice transcript (discussion of police role, keep-the-peace attendances and distinction between criminal and civil processes).
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Evidence 9

Ongoing Harassment Following Separation (Telephone Calls, Emails and Continued Contact)

Evidence Reference: Evidence 9

Primary Sources: Telephone conversation following ongoing contact; PoliceLink transcript; Commonwealth Bank contact; CADA ([REDACTED]) risk assessment and follow-up sessions; Escaping Violence Program discussion; 1800RESPECT transcript.

1. Event Summary

The evidence demonstrates that following separation, contact from the respondent continued across multiple communication methods despite the submitter leaving the relationship and, later, despite the existence of protection order conditions and subsequent criminal proceedings.

The documented contact included:

- telephone conversations;

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- text messages;
- repeated emails;
- requests to meet;
- requests to resume the relationship;
- requests that the submitter withdraw or alter her police statement;
- discussions concerning jointly owned property; and
- attempts to re-establish communication after the submitter had blocked available methods of contact.

The evidence demonstrates that these communications occurred over an extended period, from the immediate aftermath of separation through to the period immediately preceding the respondent's court appearances for alleged breaches of the protection order.

2. Purpose of the Interaction

The evidence demonstrates that the submitter did not initiate these interactions as ongoing relationship discussions.

Rather, the documented purposes were to:

- respond to continued contact from the respondent;
- attempt to bring unwanted contact to an end;
- explain why continued communication was affecting her wellbeing;
- document the ongoing behaviour;
- seek support from police and specialist domestic violence services regarding repeated contact; and
- report conduct that the submitter believed constituted breaches of the protection order.

The evidence further demonstrates that later discussions with support services focused on managing the emotional impact of the continued contact rather than attempting reconciliation.

3. Context at the Time

The evidence demonstrates that these contacts occurred while:

- the submitter had permanently left the shared residence;
- criminal investigations were progressing;
- protection order proceedings had occurred;
- police were investigating alleged breaches;
- the submitter had relocated to alternative accommodation;
- legal representatives had been engaged;
- property settlement remained unresolved; and
- the submitter was actively attempting to establish a new independent household.

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The evidence demonstrates that the respondent was unaware of the submitter's location during the early stages following separation and continued sending messages inviting reconciliation, requesting meetings and proposing shared future plans.

Subsequent evidence records that, even after the respondent had been charged with alleged breaches, contact continued through alternative communication methods after previous avenues had been blocked.

Evidence also shows that the respondent had been sending photographs of locations local to her whereabouts and encouraging submitter to meet him to talk.

4. Support or Outcome Sought

The evidence demonstrates that the submitter sought:

- cessation of unwanted communication;
- protection from continued contact;
- enforcement of protection order conditions;
- advice regarding reporting repeated breaches;
- practical strategies to reduce future contact;
- emotional support in managing the impact of ongoing communications; and
- the ability to establish a stable living environment without repeated interruption by the respondent.

The evidence also demonstrates that the submitter informed multiple services that each new contact significantly affected her emotional state and complicated her efforts to recover following separation.

The submitter had identified times she had previously left the respondent; staying:

- multiple times with her adult children (early in the relationship);
- twice; at a motel that would take her in at 11.30pm (24hr operation);
- twice; at a caravan park close to her workplace;
- a holiday home close to her workplace.

Submitter was attempting to engage DV support services, report all breaches and cease contact believing that if allowed to continue she would be talked into going back to the respondent as she had in the past.

5. Response Received

The evidence demonstrates that responses varied according to the agency involved.

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Queensland Police:

- accepted reports of alleged breaches;
- investigated repeated contact;
- laid charges relating to alleged breaches; and
- encouraged ongoing reporting where further contact occurred.

CADA practitioners:

- explored the emotional impact of each new contact;
- incorporated the repeated communications into ongoing risk assessment;
- encouraged continued reporting of alleged breaches;
- updated risk assessments as new incidents occurred; and
- assisted with safety planning.

The Commonwealth Bank representative, after being informed of the domestic violence circumstances, recorded restrictions on lending activity, confirmed that the respondent would not receive the submitter's information and acknowledged the ongoing no-contact order.

6. Immediate Outcome

The evidence demonstrates that despite:

- changing her telephone number;
- blocking communication methods;
- engaging police;
- obtaining legal representation;
- obtaining specialist domestic violence support; and
- protection order proceedings,

the respondent continued making contact using available communication channels.

The evidence records examples including:

- invitations to meet for lunch;
- repeated requests to reconcile;
- assurances that he had changed;
- requests that the submitter withdraw or amend her police statement;
- requests that she tell police she had "misheard" the alleged threat;
- continued references to their shared future;
- emails sent after previous contact methods had been blocked; and
- ongoing contact immediately before court appearances.

During later CADA discussions, the submitter stated that each message resulted in a significant emotional response and explained:

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"Every single time you send me a message, this is how I end up."

The evidence further demonstrates that, over time, the submitter reached a point where she reported ceasing to report every alleged breach because she questioned whether doing so would produce a meaningful outcome.

System Analysis

7. What Worked

Continued police investigation

The evidence demonstrates that Queensland Police continued accepting reports of alleged breaches and ultimately charged the respondent with multiple alleged breaches of the protection order.

Ongoing specialist support

The evidence demonstrates that CADA incorporated the continued contact into ongoing risk assessment and safety planning rather than treating each contact as an isolated incident.

The practitioner discussed:

- emotional impacts;
- reporting strategies;
- court proceedings;
- home security;
- and future safety planning.

Recognition by external organisations

The evidence demonstrates that other organisations, including the Commonwealth Bank, implemented practical measures after being informed of the domestic violence circumstances, including restricting lending activity and protecting personal information.

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8. Where the System Fell Short

The following observations are confined to matters demonstrated within the evidence.

Continued contact despite intervention

The evidence demonstrates that contact continued despite:

- separation;
- police involvement;
- protection order proceedings;
- criminal charges;
- blocking communication methods;
- changing telephone numbers; and
- ongoing legal representation.

Ongoing reporting burden

The evidence demonstrates that the submitter repeatedly reported continued contact to:

- Queensland Police;
- CADA;
- legal representatives; and
- other support services.

The evidence records that the submitter reached a point where she questioned whether continuing to report each alleged breach was worthwhile because of the effort involved and uncertainty regarding the outcome.

Emotional impact of repeated contact

The evidence demonstrates that repeated communications themselves became a continuing source of distress.

The submitter described each new message producing a significant emotional response and requiring further discussion with support services.

Multiple communication methods

The evidence demonstrates that when one communication pathway was no longer available, further contact occurred through alternative methods including:

- telephone;
- text message;
- email; and
- requests communicated immediately before court proceedings.

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Emerging system pattern

When considered alongside Evidence 1 through Evidence 8, the evidence demonstrates a recurring pattern in which the submitter repeatedly engaged with multiple agencies to report developments arising from the same underlying circumstances.

As new communications occurred, they generated additional interactions with police, specialist domestic violence services, legal representatives and other organisations responsible for protecting personal information or managing associated legal matters.

The evidence also demonstrates an emerging administrative burden whereby each new contact required further reporting, explanation or assessment while the submitter was simultaneously managing criminal proceedings, civil property matters and establishing a new residence. These observations are confined to the documented evidence and do not draw conclusions regarding the overall effectiveness of the service system.

9. Evidence References

Evidence 9

- Telephone conversation following ongoing harassment.
 - PoliceLink transcript documenting continued messages after the police statement.
 - Commonwealth Bank domestic violence notification.
 - CADA (██████████) risk assessment and follow-up discussions.
 - Escaping Violence Program discussion of continuing contact and requests to retract the police statement.
 - 1800RESPECT transcript providing context regarding the submitter's concerns about future contact following police involvement.
-

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Addendum:

I was an unusual client.

Not because my experience was unusual.

Because I brought strengths that many people don't have.

I had:

- **decades working in community services,**
- **knowledge of risk,**
- **knew the basics of dv and “escape”,**
- **paid employment,**
- **an income,**
- **family support,**
- **insight,**
- **determination.**

And **even with all of that**, I found it incredibly difficult to navigate.

If someone with my background found the system confusing...

...what happens to someone who has:

- no transport,
- no income,
- English as another language,
- cognitive impairment,
- disability,
- no family,
- children to protect,
- or someone actively monitoring every phone call?

That's not exaggeration.

That's a genuine systems question.

I could identify when I had been “triaged”.

I get it.

I was not at the same risk level as many experiencing DV are. But I was still at risk.

I was still asking for and needing help.

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A Systems Perspective from a Victim-Survivor of Domestic and Family Violence

If I Could Change Five Things Tomorrow

1. Every woman leaving receives a "What Happens Next?" roadmap.

- a. One page.
- b. Plain language.
- c. Timeframes.
- d. Who contacts whom.
- e. Who does what – do police lay charges or do I lay charges? What charges? Are they looking at my whole relationship? Or just this part of it? Who provides counselling? How often? For how long?
- f. How can I get my belongings safely?

(I received a booklet, but my brain was not in a place to be able to read it and take the information in. Or it was information that was duplicated and I had already heard/read. With so much to do it was another burden.)

2. A single support coordinator for the first three months.

One name.

One phone number.

Someone who knows your story.

(I had a referral go in for security devices for my rental. The referral covered my story. When they called, the first thing I was asked was "Do I really think he will try and find you?" Well, he has no licence but has been driving around where I flee to taking photos and asking me to meet him. I am the 4th woman on a protection order and he is violent with strangulation as his thing. You tell me!! All they needed to ask after receiving the referral was "Has anything changed"

I had windchimes on my doors to hear if anyone came in. I was terrified he would find me. I was told I would receive 2 cameras and 2 sensors for my doors. I went to collect them and was advised that they had no sensors left, so received the cameras only. No follow up to say "we have them in now, do you still want them?" Nothing. I purchased my own, then moved after I had seen vehicles like his on my cameras and then I left the state. I won't ever be safe in that region. And honestly, I may not even be safe here.)

3. Explain the system before making referrals.

Tell people *why* they're being referred and what to expect.

(Receiving a phone call is a time of heightened insecurity. If a service is going to call you, have them send an email or text message first. If there is ongoing harassment happening, any contact becomes laborious. Everything is hard. Everything is confusing. Your mind is not making sense.)

4. Recognise the "high risk of returning" stage.

Not everyone is in immediate physical danger, but many are in danger of going back because they're exhausted, confused and unsupported.

(So many times I just wanted to go home. It is not something that you can explain to people. I had a plan of what my future looked like. I had my forever home. I had someone that (at times) was the best person I had been in a relationship with. And the other times could have killed me. Every time I had previously left after an assault, I went back. He continued communication with me even when it was unwanted. Getting

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50 messages a DAY is hard to deal with. The promises of it being “better”, the future plans they make for you as a couple, the help they promise to get, and for awhile it seems like a good option. Until you are back and he is grabbing you around the throat and pushing you against the wall or bed. Or grabbing your hair and pulling you backwards. I lived with clothing in my car, because I had previously had bags pulled off my shoulders so hard the straps broke. I had draws shut on my hand when trying to get my medication to leave. Going back is NEVER a good option. More needs to be done to make it easier to not go back. Having someone, a central contact, that calls every week to check in would have helped.)

5. Measure success differently.

Don't just count referrals.

Count whether people remained safely separated.

(I sat in police stations looking at DV resources. Posters. Handouts. Booklets. There weren't many that made a difference to me. The things that made a difference were the people that calmly asked questions, explained processes, checked for understanding, followed up. If I had not had those individuals, I may well have gone back again)

And finally.

I am out.

But on the very first police protection order I received in 2024, I found that I was the 4th woman to have a protection order against this man.

I left this time after a threat to burn the house down if I left. I was scared. After many, many physical assaults and injuries I had left but I had always returned. Getting that report and showing me that I was not the first, helped with me staying out this time.

I went looking and found a report from a previous partner – a woman that had called police FIVE times in 18months. She was the relationship before me. And I should have called the police more often.

I was always told “Don’t involve others in our relationship” which is why I stopped fleeing to family or friends.

My concern now is, what happens now to the woman AFTER me? My counsellor and GP say that I have to look after ME. That I still have so much to deal with. And I know that.

But who looks out for her. The beautiful woman that he is replacing me with? And I know that he is. I am the FOURTH WOMAN to have a protective order against him. He is physically violent.

Will it be her that he kills?

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Submission to the Consultation on the Second Action Plan (2027–2032)

National Plan to End Violence against Women and Children 2022–2032

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Executive Summary

This submission has been prepared by Dr Silke Meyer and draws on more than a decade of research examining domestic, family and sexual violence (DFSV), coercive control, children's experiences of violence, recovery and healing, family law system responses, domestic and family violence perpetrator interventions, and cross-sector workforce development.

The submission responds to selected consultation questions aligned with my research expertise and focuses on four key priorities identified in the consultation paper:

1. Victim-survivors
2. Prevention and early intervention
3. Children and young people in their own right
4. People who use violence

In addition, the submission identifies urgent reforms required in the family law system and broader workforce development initiatives that are critical to achieving the objectives of the National Plan.

A central theme across this submission is the need to move beyond crisis-focused responses and invest in recovery, healing and long-term wellbeing. While significant progress has been made in strengthening responses to DFSV, substantial gaps remain in recovery support, children's recognition as victim-survivors in their own right, accountability mechanisms for people who use violence, and system responses that continue to facilitate ongoing coercive control and systems abuse.

The Second Action Plan presents an important opportunity to strengthen Australia's response by:

- Investing in long-term recovery and healing for adult and child victim-survivors.
- Recognising children affected by DFSV as victim-survivors in their own right.
- Expanding child-centred recovery and early intervention responses.
- Strengthening whole-of-school approaches to identifying and responding to DFSV.
- Developing more diverse, evidence-informed responses for people who use violence.
- Improving recognition and disruption of coercive control and systems abuse.
- Strengthening the family law system's capacity to identify and respond to DFSV.
- Building national workforce capability across specialist and non-specialist sectors.

These investments will not only improve safety and recovery outcomes for victim-survivors but also contribute to disrupting the intergenerational transmission of violence and helping realise the National Plan's vision of ending violence against women and children in one generation.

About this Submission

This submission is informed by an extensive body of Australian research relating to:

- Children's experiences of domestic, family and sexual violence (DFSV).
- Recovery and healing following victimisation.
- Coercive control.
- Family law system responses to DFSV.
- DFSV perpetrator interventions.
- Whole-of-school approaches to identifying and responding to violence.
- Child wellbeing and suicide prevention.
- Workforce capability development.

The recommendations presented reflect both current evidence and emerging findings from ongoing Australian research and evaluation projects. The following sections outline responses to the consultation questions based on my own and wider research on DFSV in Australia. I have only addressed questions that align with my research expertise. As a result, not all questions guiding the consultation have been addressed in this submission.

Priority Area 1: Victim-survivors

Questions considered:

- What service or system responses would make the biggest difference to victim-survivors' safety, wellbeing, healing and recovery?
- What helps people access support earlier, and what barriers prevent people from seeking help or engaging with systems and services?

Feedback for Priority Area 1: Victim-survivors

1. There is an immediate need to invest in long-term healing support for adult and child victim-survivors. With most current responses geared towards crisis interventions and/or short-term post crisis interventions, victim-survivors are too often left to navigate and fund their own long-term emotional recovery support. For many victim-survivors, recovery support is inaccessible and unaffordable, forcing them to decide between emotional wellbeing and financial stability. Further, many adult victim-survivors have to decide which child is in greatest need of recovery support when finances are restricted and recovery support for all children is unaffordable.
2. There is an immediate need to invest in and established holistic recovery hubs, which support all pillars of recovery, including higher education/ professional qualifications and development, employment, housing stability, financial independence, physical and emotional health and wellbeing. Many victim-survivors of DFSV, especially where coercive control is involved, face housing instability, financial hardship, disrupted careers and employment opportunities.

3. There is an immediate need to facilitate access to timely recovery support for adult and child victim-survivors and avoid delays in access to recovery support. Adult and child victim-survivors' opportunities for recovery are not only hindered by a lack of available, accessible and affordable recovery support but are frequently further delayed by ongoing experiences to DFSV, especially coercive control, that create an ongoing atmosphere of hypervigilance which interferes with recovery. Especially victim-survivors going through contested Family Court proceedings often find themselves in a state of ongoing victimisation experiences (including financial and systems abuse, intimidation and other forms of coercive control) while engaged in the court system. As contested proceedings can last years, victim-survivors' opportunities for recovery work are delayed significantly and for many may not become available for years. Further, regardless of Family Court involvement, where mutual children and ongoing contact between an abusive parent and the child victim-survivor(s) exist, recovery work may be hindered or delayed, increasing the risk of exacerbated poor mental health outcomes of adult and child victim-survivors. It is therefore essential to create fast-tracked, trauma- and DFSV-informed pathways to safe legal resolutions in parenting matters that support access to recovery support and mitigate the risk of interference with recovery work through ongoing coercive control by an abusive parent.

Priority Area 2: Prevention and early intervention

Questions considered:

- What would make the biggest difference in preventing and ultimately ending violence?
- How can governments, communities, schools, workplaces, online platforms and others better support people to recognise and respond to harmful attitudes and behaviours?
- What prevention and early intervention approaches appear most promising or effective, and what is needed to strengthen or expand them?

What emerging issues should the Second Action Plan address in relation to primary prevention and early intervention?

Feedback for Priority Area 2: Prevention and early intervention

1. See further detail under priority area 3, response 1 – recognising and responding to children as victim-survivors with their own unique support and recovery needs will be critical in disrupting the intergenerational transmission of DFSV and other harmful behaviours and experiences. This would make a substantial contribution to reducing and eventually ending DFSV.
2. Immediate investment in whole of school approaches to identifying and responding to childhood experiences of DFSV is required. Schools are well positioned to identify and support children affected by DFSV. However, schools are currently inadequately resourced to provide holistic, trauma-informed settings where children can make safe disclosures and receive adequate support. Such school responses require a workforce capability uplift around DFSV among teachers and other school staff, along with a better integration of schools into wider community responses to DFSV.

3. Australia has a range of effective primary prevention programs administered in schools and to some extent in alternative educational settings. The consistent implementation across all state and private schools is critical in ensuring broad exposure to primary prevention efforts among all young people. A requirement for private schools to adopt Respectful Relationships should be a minimum first step in ensuring the ~1/3 of Australian students enrolled in private (including religiously affiliated) schools all receive Respectful Relationships education.

Priority Area 3: Children and young people in their own right

Questions considered:

- What would make the biggest difference to improving safety, recovery and wellbeing outcomes for children and young people affected by this violence?
- How can governments, services, education settings, families, communities and others better recognise and respond to children and young people experiencing violence or harm?
- How can children and young people be meaningfully involved in shaping the policies, programs and services that affect them?

Feedback for Priority Area 3: Children and young people in their own right

1. An early recognition of children experiencing DFSV by one parent/ carer against another as victim-survivors in their own right, with their own unique support and recovery need is critical in preventing and ultimately ending DFSV through the disruption of intergenerational harm. Many of our current responses remain geared towards parents using and/ or experiencing DFSV, establishing immediate safety (e.g. by removing the abuser from the home, moving adult and child victim-survivors into crisis accommodation, removing children from parents experiencing DFSV) and promoting behaviour change (e.g. through civil and criminal justice responses, Men's Behaviour Change Programs [MBCPs], specialist parenting interventions). Few, if any, of these responses recognise children's lived experience of DFSV in these scenarios and rely on children being ok long-term because the immediate experience of parental DFSV has been disrupted. However, a large body of Australian and international research clearly highlights the impact of childhood experiences of DFSV on later life outcomes, including education, social connectedness, physical and mental health and wellbeing, productivity, and law abidance. Recognising children as victim-survivors in their own right when DFSV occurs requires policies that stipulate the documentation of the presence of children, children's lived experiences along with referral pathways to timely, child-centred recovery support.
2. With regards to (1), the presence of children in households affected by DFSV requires a broader lens on children. Too often, children are not recorded or considered in crisis and post-crisis responses (especially police and civil protection order responses) if they are not physically present at the time of police responses and/ or if they do not reside in the affected household fulltime. It is therefore critical to identify and consider children's safety, support and recovery needs of all children who have ongoing contact/ spend partial time in a household where a parent is using or experiencing DFSV.

3. Immediate investment in expanding current child-centred recovery responses is required to ensure all children affected by parental/ carer DFSV have access to timely, child-centred recovery support. This must include flexibility in accessibility to align with children's needs and experiences. E.g. at times where engagement with recovery support may be disrupted due to the interference by an abusive parent or other circumstances, children and young people require the opportunity to return to recovery work if and when ready and safety to do so.
4. It is critical to reform current service system responses to children affected by DFSV that are geared towards crisis responses and require a high threshold of risk of further harm or behavioural concerns. Examples include police and child protection responses to DFSV involving children, which require an escalation of DFSV to a threshold that warrants statutory interventions as well as child and youth mental health services that require a high threshold of self-harm and suicidality before intervening. Our research shows that children experiencing mental health manifestations and/ or behavioural problems requiring their removal from the family home and their families often have early, repeated and diverse service system contact that does not meet the threshold for formal interventions under current policies and procedures but offer opportunities for the early identification of support and recovery needs and early opportunities to connect children and families with child- and/or family-centred interventions to support children and reduce the risk of adverse later life outcomes.
5. Immediate establishment of recovery services that cater for unaccompanied children as victim-survivors in their own right is critical to ensure all children and young people have access to DFSV specialist support, regardless of age and regardless of whether they have a help-seeking parent to support them.
6. Federal, state and territory governments should establish youth advisory boards , panels or councils (hereafter referred to as boards) to inform governments, government and non-government organisations on policy and practice development relevant to child, youth and family interventions. These advisory boards will require clear guidelines/ contracts and should draw on established good practice (e.g. youth advisory boards established under different family and child commissions across states and territories, victim survivor advisory councils).

Priority Area 4: People who use violence

Questions considered:

- What would make the biggest difference in preventing and responding earlier to the use of violence?
- How can services, families, communities, workplaces, institutions and others better recognise and respond safely to people using violence or at risk of using violence?
- What approaches are most effective in supporting people who use violence to take accountability, change behaviours, and reduce the use of violence, while focusing on victim-survivor safety?
- How can governments and services, among others, strengthen culturally safe, accessible and evidence-informed responses for a range of communities and cohorts?

Feedback for Priority Area 4: People who use violence

1. Responding to people using violence requires a wider suite of responses that we currently rely on. Federal government should resource and support state and territory governments to fund innovative and diverse interventions that meet the needs of different populations of people using violence. Such interventions should be piloted and evaluated from the outset, with evaluation funding being attached to any pilot funding.
2. Evidence-based interventions that have been evaluated and are showing positive effects on adult and child victim-survivor safety and wellbeing and positive behaviour change among men using violence need to be considered for ongoing funding. Current, short-term funding contracts make it inherently difficult for service providers to maintain qualified staff in environments where contracts are dependent on ongoing funding.
3. All funded MBCPs and other formats of men's behaviour change work should meet national minimum standards (currently being developed).
4. All funded MBCPs must have a funded, dedicated women's advocate (also referred to as family safety contact work). While all states and territories require MBCPs to offer such a component, funding models are inconsistent, often requiring MBCP providers to secure funding for women's advocate roles via other avenues. Further, MBCP providers should have a child advocate role that provides support to children affected by men's use of violence. This could be integrated into an organisations delivery of children's counselling services or resourced as a standalone child advocate component. Especially MBCPs designed for men who are fathers, stepfathers or carers for children (e.g. Caring Dads, Responsible Fathers and similar programs) should be resourced to provide a child- and women's advocate component through government funding.
5. Women's use of violence needs to be addressed through tailored, evidence based interventions designed for women using force in the context of victimisation experience to recognise the unique support and intervention needs of women using force.
6. Given the high prevalence of men's use of DFSV among Family Court involved families, and the high rates of legal and systems abuse by men who use DFSV, the Federal Circuit and Family Court of Australia should consider a dedicated MBCP for family law involved men who use DFSV. This model requires federal government commitment and funding, including funding for an evaluation component to build the evidence base around such a new approach to MBCP work with specific cohorts of men.
7. There is an immediate, urgent need for workforce capability uplift to ensure cross-sector understanding and identification of systems abuse to disrupt ongoing harm for adult and child victim-survivors.

Other areas of action

Other actions that should be a priority to stop DFSV

1. The ongoing challenges experienced by victim-survivors (predominantly mothers) involved in FCFCOA proceedings (most recently identified in Jess Hill's latest research drawing on 30 interviews with mothers who experienced FCFCOA proceedings since the 2024 reforms) highlight the need for immediate action under the Second Action Plan. This must include:

- a. Greater transparency of the nature and outcomes of FCFCOA matters, including through the provision of court data access to independent researchers.
 - b. Ongoing judicial education along with workforce capability uplift around DFSV for family report writers, independent children's lawyers, legal practitioners representing alleged victim-survivors and/ or abusers along with social workers, psychologists and psychiatrists utilised as expert witnesses. The implementation of Safe & Together training over recent years clearly has been insufficient in addressing the ongoing harm to adult and child victim-survivors subject to FCFCOA proceedings and the ongoing systems abuse by people using violence (predominantly abusive fathers).
 - c. The immediate establishment of an independent judicial oversight body, i.e. a National Judicial Commission.
 - d. The implementation of dynamic risk assessment processes rather than the static initial risk assessment currently relied upon under the Lighthouse intake assessment processes.
 - e. FCFCOA accountability to ensure children's safety and recovery through universal access to therapeutic support, such as Counselling for Children After Separation (SCASP) currently funded under Family Law Services provided by Family Relationships Services Australia members. Such access should be built into parenting orders to ensure access to recovery support is not left to either parent's discretion.
 - f. Workforce capability uplift across all Family Relationships Australia members' Family Law Services to ensure programs relevant to family law matters (including but not limited to FCFCOA proceedings) are adequately equipped to understand, identify and respond to DFSV, especially coercive control. This uplift must be supported through federal and state and territory funding and should not become the responsibility of individual services.
 - g. The introduction of monitoring of child outcomes where children are ordered into ongoing contact and/ or into the care of an allegedly abusive parent for a minimum period of three years after final orders are made to ensure visibility of children at ongoing risk of harm along with FCFCOA accountability to demonstrate that decisions in parenting matters meet the criteria of being in children's best interest.
2. Universities should be expected to embed DFSV courses into undergraduate courses. At the very minimum DFSV specialist courses should be embedded into the disciplines of social work, human services, psychology, education, law, nursing and medicine. With around 1 in 3 women and almost 1 in 2 children experiencing DFSV in Australia, none of these disciplines can argue any longer that DFSV is not core business for their relevant industries and workforces.

Summary of Recommendations for the Second Action Plan

Priority Area 1: Victim-Survivors

Recommendation 1 Invest in accessible, affordable and long-term recovery and healing services for adult and child victim-survivors, recognising that recovery often extends well beyond crisis and immediate post-crisis responses.

Recommendation 2 Establish and evaluate holistic recovery hubs that support victim-survivors across multiple domains including housing, financial wellbeing, employment, education, physical health and emotional recovery.

Recommendation 3 Develop mechanisms that facilitate timely access to recovery support and minimise delays caused by ongoing victimisation, coercive control, systems abuse and protracted legal proceedings.

Recommendation 4 Create trauma-informed and DFSV-informed pathways to timely resolution of parenting disputes to reduce opportunities for continued coercive control and facilitate recovery.

Priority Area 2: Prevention and Early Intervention

Recommendation 5 Recognise response and recovery for children affected by DFSV as a core national prevention strategy that disrupts intergenerational cycles of violence and harm.

Recommendation 6 Invest in nationally coordinated whole-of-school approaches to identifying, responding to and supporting children affected by DFSV.

Recommendation 7 Strengthen workforce capability across education systems to support trauma-informed, DFSV-informed responses by teachers, school leaders and support staff.

Recommendation 8 Ensure consistent implementation of evidence-based respectful relationships education across all Australian schools, including private and faith-based schools.

Recommendation 9 Improve integration between schools and community-based DFSV services to support early identification and intervention.

Priority Area 3: Children and Young People in Their Own Right

Recommendation 10 Formally recognise children experiencing DFSV as victim-survivors in their own right within policy, legislation and service delivery frameworks.

Recommendation 11 Require systematic documentation of children's presence, experiences and support needs in all DFSV responses.

Recommendation 12 Expand child-centred recovery services to ensure all children affected by DFSV can access timely, specialist support.

Recommendation 13 Develop flexible engagement models that allow children to re-engage with recovery support when circumstances and safety permit.

Recommendation 14 Broaden service system responses beyond crisis thresholds and statutory intervention pathways to support earlier identification and intervention.

Recommendation 15 Strengthen mechanisms for identifying and supporting children who come into contact with multiple service systems before problems escalate.

Recommendation 16 Establish specialist recovery services for unaccompanied children and young people, irrespective of age or parental help-seeking.

Recommendation 17 Create national, state and territory youth advisory structures to support meaningful participation of children and young people in policy and service design.

Recommendation 18 Ensure responses consider all children who have contact with a household affected by DFSV, regardless of whether they are present during incidents or reside there full-time.

Priority Area 4: People Who Use Violence

Recommendation 19 Invest in a broader range of evidence-informed interventions for people who use violence, recognising that one-size-fits-all approaches are insufficient.

Recommendation 20 Support innovation through funded pilot programs with mandatory evaluation components attached from commencement.

Recommendation 21 Provide sustainable ongoing funding to interventions that demonstrate positive outcomes for victim-survivor safety and behaviour change.

Recommendation 22 Require all government-funded men's behaviour change programs to meet national minimum standards.

Recommendation 23 Provide dedicated funding for women's advocate/family safety contact roles in all men's behaviour change programs.

Recommendation 24 Provide dedicated child advocate components within programs working with fathers and other carers who use violence.

Recommendation 25 Develop and evaluate tailored interventions for women who use force in the context of victimisation.

Recommendation 26 Pilot and evaluate a specialist men's behaviour change program for family law-involved fathers who use DFSV.

Recommendation 27 Invest in cross-sector workforce capability development to strengthen recognition and responses to systems abuse and coercive control.

Family Law System Reform

Recommendation 28 Increase transparency and accountability of the Federal Circuit and Family Court of Australia (FCFCOA), including improved access to de-identified court data for independent research.

Recommendation 29 Implement ongoing DFSV education for judicial officers and family law professionals, including family report writers, independent children's lawyers, legal practitioners and expert witnesses.

Recommendation 30 Establish an independent National Judicial Commission to strengthen accountability and oversight.

Recommendation 31 Introduce dynamic risk assessment processes throughout family law proceedings rather than relying solely on initial screening assessments.

Recommendation 32 Guarantee children's access to therapeutic recovery support through family law orders and funding arrangements.

Recommendation 33 Strengthen DFSV capability across all family law services.

Recommendation 34 Introduce monitoring of child outcomes for a minimum of three years following parenting orders involving ongoing contact with an allegedly abusive parent.

Workforce Development and Higher Education

Recommendation 35 Develop a nationally coordinated DFSV workforce capability strategy spanning specialist and non-specialist sectors.

Recommendation 36 Embed DFSV education in undergraduate professional degrees including:

- Social work
- Human services
- Psychology
- Education
- Law
- Nursing
- Medicine

Recommendation 37 Provide federal support for workforce development to ensure DFSV competency is treated as core professional capability rather than discretionary specialist knowledge.

Priority Actions for the First Two Years

Given the evidence presented in this submission, the following 10 actions should be prioritised for immediate implementation:

1. Recognition of and support for children as victim-survivors in their own right during early contact with service systems.
2. Expansion of child-centred recovery services.
3. Development of specialist DFSV responses for unaccompanied child victim-survivors.
4. Investment in long-term recovery and healing supports for adult and child victim-survivors.

5. Establishment of an independent national judicial commission.
6. Dynamic risk assessment and accountability reforms within the FCFCOA.
7. Workforce capability uplift across police, state and territory courts, the FCFCOA and child protection regarding coercive control and systems abuse.
8. Investment in whole-of-school DFSV response initiatives.
9. Funding of dedicated women's advocate and child advocate roles within perpetrator programs.
10. Establishment of youth advisory structures across sectors responding to DFSV.

This roadmap demonstrates how the Second Action Plan can move beyond crisis-focused responses towards a coordinated national approach that prioritises prevention, recovery, children's rights and wellbeing, perpetrator accountability, and long-term systems reform.

Concluding Statement

The Second Action Plan provides an important opportunity to shift from predominantly crisis-oriented responses towards an integrated approach encompassing prevention, intervention, recovery and healing. Central to this effort must be the recognition of children as victim-survivors in their own right, investment in long-term recovery pathways, strengthening responses to coercive control and systems abuse, and enhanced accountability for those who use violence. Collectively, these reforms offer the greatest opportunity to improve safety, wellbeing and long-term outcomes for women, children and families affected by DFSV.

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Key points for National Plan Consultation

Behaviour Change Programs for people using violence

██████████ Academic Specialist

██████████ Researcher

██████████ Researcher

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The Department of Social Work at the University of Melbourne has a workstream dedicated to the research of Family Violence Behaviour Change Programs (BCPs). A substantial component of this is the Pathways for Change longitudinal study, commissioned by the Victorian Department of Justice and Community Safety (DJCS). Phase 1 findings (2023-2025) for the Pathways study have been submitted to DJCS and the summary report is currently under consideration by DJCS. Phase 2 (2025-2026) is now underway, comprising interviews with program participants and victim survivors at four time-points, and linked administrative data from the Crime Statistics Agency related to 10,000 men referred to programs in Victoria over 2- and 4-year observation windows.

This stream of work has generated substantial insights, many of which are relevant to work with people using violence and the National Plan.

Priority area 4: People who use violence

Q4.2 How can services, families, communities, workplaces, institutions and others better recognise and respond safely to people using violence or at risk of using violence?

A responsive community system: Our work with BCPs have shown them to offer a holistic and compassionate approach to managing family violence risk. We should move away from simple questions about “what works” toward a more complex consideration of what types of programs are in the best interests of communities and will offer the best possible outcomes for women and children. When social capital, as well as financial costs and benefits are considered, BCPs offer an important opportunity to support desistance through meaningful linkages to social services. This creates the opportunity to address drivers and contributing factors for men more effectively than justice, policing or carceral responses alone.

A recent meta-analysis by Garner et al (2021) found that incarceration was associated with increased subsequent offending among IPV perpetrators. Earlier research suggests that legal interventions may elevate danger for victim-survivors where they provoke retaliation (Dugan et al, 2003). BCPs can instead offer positive bridging connections between participants and services, with a view to supporting longer-term movement toward equitable relationships free from violence, while strengthening safety and support for affected women and children.

Stakeholders have also identified adversarial family law processes as a setting that can drive animosity and defensive behaviours. The subsequent unwillingness to admit fault can undermine clients' reflection, collaboration and solution-focused responses.

Depth as well as breadth: In Victoria, the Magistrates' Court has moved away from reliance on the traditional 20-week program and has funded several shorter interventions, a growing trend across several Australian states and territories. These changes were introduced in response to concerns that too few men were being ordered into counselling programs on suitability grounds. We look forward to seeing data from the upcoming review to understand whether this change has resulted in substantially more people using violence being put in contact with services.

Several studies have shown that length of exposure is a critical factor in the success of programs (Arce et al, 2020). There is significant concern in the sector that short interventions are a missed opportunity: they allow men to "tick the box" of a counselling order without undertaking the deeper work and receiving the comprehensive support offered by a longer-term program. At the same time, these more agile and innovative programs have potential to generate important learning for the broader BCP sector. The Scottish Caledonian System provides a useful comparator, demonstrating the value of a longer, staged intervention model that includes preparation, group work and maintenance, rather than treating behaviour change as a short compliance activity.

Data insights: The Victorian data linkage program has enabled substantial insight into the pathways of men who use violence. With more routine reporting of this data, alongside stronger data collection and reporting by programs, these insights could be better triangulated and used to inform practice, policy and system design.

The complexities of police data: Administrative police data is extremely difficult to interpret. Police contact is influenced by local policing practices over time, victim-survivor reporting, changing tactics of abuse, and system responses. These patterns can also be influenced by BCP staff through advocacy, information sharing with police, child protection, corrections and other services, and responsible guidance for participants and victim-survivors to obtain support and navigate systems more safely.

This points to the need for nationally consistent data systems that can support learning, while avoiding simplistic reliance on police contact as the sole measure of behaviour change.

Q4.3 What approaches are most effective in supporting people who use violence to take accountability, change behaviours, and reduce the use of violence, while focusing on victim-survivor safety?

Behaviour change is complex: Participant satisfaction, and even motivation, are not reliable measures of change. As outlined by Michie et al (2011), behaviour change is a complex process involving capability, opportunity and motivation. In the context of family violence, these individual factors are also shaped by programmatic, systemic and policy settings that can incentivise, support and strengthen opportunities for change. BCPs should therefore be understood as one part of a complex system that must work together. International experience indicates that behaviour change

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requires attention to motivation, relational work, structured learning and maintenance over time. Modern BCPs should be supported to evolve and adapt to contemporary realities.

Timing is critical: Rapid information sharing between relevant agencies (especially police and family violence hubs) is critical to engaging men when they are open to support. BCP staff engage proactively with men during a critical window, and report the importance of moving quickly to offer assistance. Once in a program progress toward desistance is uneven. Family violence, more than many other forms of crime, is highly dependent on relationship status and relational context. One US study found that the average time to criminal recidivism was 800–1,000 days (Bryn et al, 2026). Similar observations have been made by our program using Victorian data. Longitudinal interventions and longitudinal monitoring are therefore highly relevant. We should investigate models that support timely response, as well as long-term engagement, keeping men in view and supporting them to sustain changes made through programs. This may include diverse methods to help men sustain insight and develop identities as people who have rejected violence in their relationships.

BCPs are valued by many participants: Many men describe behaviour change programs as useful and report learning a great deal through participation. However, interviews with men also show a continuum of insight and motivation. Some men report developing insight that has helped improve their relationships with partners and children and reduce their use of violence; others saw their participation as a chore; an intervention intended for people not like them. It is important, however, not to treat participant engagement as a proxy for behaviour change: genuine reflection and accountability can be uncomfortable and confronting.

Victim-survivors hold mixed views: Victim-survivors described a continuum of experiences. Most of the victim-survivors we spoke with were no longer in relationships with program participants and were understandably sceptical about their former partners' capacity for change. At the same time, victim-survivors spoke highly of the family safety support role and described this as impactful. The "space for action" they described has real potential to contribute to better outcomes for women and children, even when these were not linked to behaviour change in the person using violence.

Agencies have a unique overview, critical for risk management: BCPs are distinctive because they work with both the person using violence and the victim-survivor, while also accessing relevant information through Victoria's information sharing schemes. This gives agencies greater insight and capacity to support victim-survivors, while strengthening accountability for men. Their central role can be protected and supported through stronger information sharing protocols and system-level coordination.

Overall trends show an association between program completion and reduced police contact: The available data suggests that police contact reduces over time for men referred to programs, with the most substantial reductions among those who complete programs. We can also see variation between agencies, indicating that agency practices may have an impact on the pathways of participants and their families. Reductions in police contact may be associated with program attendance, and can also be influenced by external and internal factors such as changes in relationship status, victim-survivor reporting patterns, PUV tactics of abuse or policing approaches over time.

The global evidence base shows promise: The global evidence base suggests that BCPs can have an impact on participant thinking and behaviours and future police contact, and that program efficacy appears to be improving over time. Babcock et al's (2006) synthesis of 20 years' worth of research,

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Also, I'm curious whether there's an alternative to 'satisfaction' in the last line. Perhaps to draw from the first sentence we could change it to 'not to treat participant perceptions of usefulness'

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found that this efficacy reflects greater sophistication as agencies move away from the ‘education-based’ Duluth approach established in the 1980s (see Pence & Paymar 1993). In Victoria, most agencies now offer hybrid approaches that incorporate elements of Duluth-informed practice alongside contemporary practices with a stronger evidence base, including cognitive behavioural techniques. Studies have demonstrated the importance of specific techniques such as motivational interviewing, third-wave cognitive-behavioural therapy approaches, Risk-Need-Responsivity (RNR) models (Sousa et al, 2026). Trauma- and violence-informed approaches allow programs adjust to participant characteristics, promote engagement and a therapeutic bond, whilst maintaining accountability to victim survivors and avoiding collusion.

Q4.4 How can governments and services, among others, strengthen culturally safe, accessible and evidence-informed responses for a range of communities and cohorts?

Agencies need support: BCP personnel carry significant responsibility for the wellbeing of women and children. They walk a fine line in engaging people using violence, many of whom are involuntary clients, in circumstances where women and children may be exposed to extremely high risk. Intake, assessment, family safety contact work, group facilitation, one-on-one work, information sharing and referrals are highly skilled and high-stakes forms of practice.

Online misogynistic cultures and hardening public debates about gender: Gender equality remains a critical issue in Australian society. We have a diversity of views about gender and the use of violence in a pluralistic and increasingly multicultural society, alongside the rise of the manosphere and toxic masculinity. At the same time, we are seeing a hardening of positions through culture wars, which may lead more men to reject feminist-informed psychoeducational programs.

People who use violence are diverse and complex: We should continue to consider innovative approaches to BCPs that are violence-informed and trauma-informed, engage with the nexus between alcohol and other drug use and violence, support positive parenting, and build on evidence-based best practice. We also need sustained efforts to tailor programs for culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander families, LGBTQIA+ communities, and people with cognitive disability or neurodiversity. We must find ways to engage men with diverse backgrounds and needs, including high-risk and ‘hard to change’ men, while ensuring that accountability and survivor-centered practice remain paramount.

The need to reach more men: BCPs are attended by only a minority of men who perpetrate violence against women. Victorian Justice Data (CSA, 2026) indicates that in Victoria approximately 5,000 unique individuals attend an intervention each year, against a backdrop of approximately 60,000 unique perpetrators of family violence progressing through the justice system. A critical question is how to engage more men while providing holistic support for families.

Suggested priorities for the next national plan:

The recommendations below cut across several of the consultation questions. They are presented together because they identify the highest-level actions that would strengthen a national response to people using violence, while supporting the safety of women and children as well as long-term behaviour change.

- 1. Build a coordinated national perpetrator intervention system.**
Strengthen integration and rapid information sharing between behaviour change programs, courts, police, child protection, corrections, alcohol and other drug services, mental health, family violence services and other relevant supports.
- 2. Fund Family Safety Advocacy as core safety infrastructure.**
Provide dedicated, adequate funding for Family Safety Advocate roles, including capacity for sustained support to victim-survivors for up to 12 months, independent of whether the person using violence completes a program.
- 3. Embed wrap-around support for people using violence and victim survivors.**
Resource behaviour change programs to provide readiness work, one-to-one case management, brokerage, counselling, referral pathways and regular review sessions alongside group-based intervention. This should include investment in skilled relational practice that can build a purposeful therapeutic alliance with men, supporting engagement and change while maintaining accountability and victim-survivor safety.
- 4. Invest in sustained, long-term engagement with men throughout and beyond program completion.**
Develop flexible models that support men over time to consolidate new skills, practise non-violent ways of relating, sustain identity change and maintain gains made through BCPs. This could include longer programs, opportunities to repeat or re-enter programs, pathways to stay connected after completion, and diverse, sophisticated forms of post-program engagement - while maintaining accountability, review and risk monitoring.
- 5. Improve timely access and engagement.**
Ensure rapid information flow from the point of police engagement with a family. Reduce wait times, strengthen screening and readiness processes. Evaluate shorter interventions to examine the costs and benefits.
- 6. Centre victim-survivor voice, including children.**
Build the perspectives of victim-survivors and child victim-survivors into intake, assessment, program review, completion processes, reporting systems and evaluation.
- 7. Invest in interventions that meet diverse needs and address contributing factors.**
Continue to develop culturally safe, accessible and tailored programs for high risk or hard-to-change men, culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander people, LGBTQIA+ families, parents and carers, people with cognitive disability or neurodivergence, and people affected by alcohol and other drug use, gambling, mental health concerns or other intersecting needs.
- 8. Strengthen the skilled, specialist workforce.**

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Strengthen formal training pathways, practical facilitation training, FSA professional development, communities of practice, and specialist capability for work with Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, LGBTQIA+ communities, people with disability, neurodivergent people, and people experiencing mental health or substance use difficulties.

9. Establish national quality assurance and accountability mechanisms.

Support evidence-based standards, accreditation or equivalent oversight, and stronger monitoring of program quality, fidelity, safety and outcomes.

10. Create a shared outcomes and data framework.

Adopt standardised data collection tools, validated change measures, proximal indicators of change, and medium- and long-term follow-up to enable benchmarking and continuous improvement. These need to be integrated into the workflow and not create undue administrative burden.

Conclusion

The task ahead is not simply to expand or refine individual programs, but to build a compassionate and just society that is capable of breaking the cycle of violence. This requires a system that is clear-eyed about risk and accountability, while also creating meaningful opportunities for people using violence to change. It requires investment in the skilled agencies that hold complex information, support the whole family including victim-survivors, effectively engage men, and work across service systems. It also requires policy settings that recognise behaviour change as a long-term, relational and social process, not a short intervention or a single point of compliance.

A compassionate response should never mean a soft response to violence. It means taking seriously the safety, dignity and freedom of women and children, while designing systems that can hold men in view, support desistance, and interrupt the conditions that allow violence to continue. The National Plan provides an opportunity to strengthen a whole-of-system response that is evidence-informed, survivor-centred, accountable and capable of supporting long-term change.

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Feedback for Priority Area 4: People who use violence

Our full paper includes a rationale for the following suggestions.

Due to word limit we are pasting only the suggestions and conclusion below:

Suggested priorities for the next national plan:

The recommendations below cut across several of the consultation questions. They are presented together because they identify the highest-level actions that would strengthen a national response to people using violence, while supporting the safety of women and children as well as long-term behaviour change.

1. Build a coordinated national perpetrator intervention system.

Strengthen integration and rapid information sharing between behaviour change programs, courts, police, child protection, corrections, alcohol and other drug services, mental health, family violence services and other relevant supports.

2. Fund Family Safety Advocacy as core safety infrastructure.

Provide dedicated, adequate funding for Family Safety Advocate roles, including capacity for sustained support to victim-survivors for up to 12 months, independent of whether the person using violence completes a program.

3. Embed wrap-around support for people using violence and victim survivors.

Resource behaviour change programs to provide readiness work, one-to-one case management, brokerage, counselling, referral pathways and regular review sessions alongside group-based intervention. This should include investment in skilled relational practice that can build a purposeful therapeutic alliance with men, supporting engagement and change while maintaining accountability and victim-survivor safety.

4. Invest in sustained, long-term engagement with men throughout and beyond program completion.

Develop flexible models that support men over time to consolidate new skills, practise non-violent ways of relating, sustain identity change and maintain gains made through BCPs. This could include longer programs, opportunities to repeat or re-enter programs, pathways to stay connected after completion, and diverse, sophisticated forms of post-program engagement - while maintaining accountability, review and risk monitoring.

5. Improve timely access and engagement.

Ensure rapid information flow from the point of police engagement with a family. Reduce wait times, strengthen screening and readiness processes. Evaluate shorter interventions to examine the costs and benefits.[HS5.1]

6. Centre victim-survivor voice, including children.

Build the perspectives of victim-survivors and child victim-survivors into intake, assessment, program review, completion processes, reporting systems and evaluation.

7. Invest in interventions that meet diverse needs and address contributing factors.

Continue to develop culturally safe, accessible and tailored programs for high risk or hard-to-change men, culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander people, LGBTQIA+ families, parents and carers, people with cognitive disability or neurodivergence, and people affected by alcohol and other drug use, gambling, mental health concerns or other intersecting needs.

8. Strengthen the skilled, specialist workforce.

Strengthen formal training pathways, practical facilitation training, FSA professional development, communities of practice, and specialist capability for work with Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, LGBTQIA+ communities, people with disability, neurodivergent people, and people experiencing mental health or substance use difficulties.

9. Establish national quality assurance and accountability mechanisms.

Support evidence-based standards, accreditation or equivalent oversight, and stronger monitoring of program quality, fidelity, safety and outcomes.

10. Create a shared outcomes and data framework.

Adopt standardised data collection tools, validated change measures, proximal indicators of change, and medium- and long-term follow-up to enable benchmarking and continuous improvement. These need to be integrated into the workflow and not create undue administrative burden.

Conclusion

The task ahead is not simply to expand or refine individual programs, but to build a compassionate and just society that is capable of breaking the cycle of violence. This requires a system that is clear-eyed about risk and accountability, while also creating meaningful opportunities for people using violence to change. It requires investment in the skilled agencies that hold complex information, support the whole family including victim-survivors, effectively engage men, and work across service systems. It also requires policy settings that recognise behaviour change as a long-term, relational and social process, not a short intervention or a single point of compliance.

A compassionate response should never mean a soft response to violence. It means taking seriously the safety, dignity and freedom of women and children, while designing systems that can hold men in view, support desistance, and interrupt the conditions that allow violence to continue. The National Plan provides an opportunity to strengthen a whole-of-system response that is evidence-informed, survivor-centred, accountable and capable of supporting long-term change.

Feedback for Priority Area 5: System Integration and Workforce

Below are several excerpts from the attached paper related to system integration & workforce relevant to behaviour change programs for people using violence:

A responsive community system: Our work with BCPs have shown them to offer a holistic and compassionate approach to managing family violence risk. We should move away from simple questions about “what works” toward a more complex consideration of what types of programs are in the best interests of communities and will offer the best possible outcomes for women and children. When social capital, as well as financial costs and benefits are considered, BCPs offer an important opportunity to support desistance through meaningful linkages to social services. This creates the opportunity to address drivers and contributing factors for men more effectively than justice, policing or carceral responses alone.

A recent meta-analysis by Garner et al (2021) found that incarceration was associated with increased subsequent offending among IPV perpetrators. Earlier research suggests that legal interventions may elevate danger for victim-survivors where they provoke retaliation (Dugan et al, 2003). BCPs can instead offer positive bridging connections

between participants and services, with a view to supporting longer-term movement toward equitable relationships free from violence, while strengthening safety and support for affected women and children.

Stakeholders have also identified adversarial family law processes as a setting that can drive animosity and defensive behaviours. The subsequent unwillingness to admit fault can undermine clients' reflection, collaboration and solution-focused responses.

Depth as well as breadth: In Victoria, the Magistrates' Court has moved away from reliance on the traditional 20-week program and has funded several shorter interventions, a growing trend across several Australian states and territories. These changes were introduced in response to concerns that too few men were being ordered into counselling programs on suitability grounds. We look forward to seeing data from the upcoming review to understand whether this change has resulted in substantially more people using violence being put in contact with services.

Data insights: The Victorian data linkage program has enabled substantial insight into the pathways of men who use violence. With more routine reporting of this data, alongside stronger data collection and reporting by programs, these insights could be better triangulated and used to inform practice, policy and system design.

The complexities of police data: Administrative police data is extremely difficult to interpret. Police contact is influenced by local policing practices over time, victim-survivor reporting, changing tactics of abuse, and system responses. These patterns can also be influenced by BCP staff through advocacy, information sharing with police, child protection, corrections and other services, and responsible guidance for participants and victim-survivors to obtain support and navigate systems more safely.

This points to the need for nationally consistent data systems that can support learning, while avoiding simplistic reliance on police contact as the sole measure of behaviour change.

Behaviour change is complex: Participant satisfaction, and even motivation, are not reliable measures of change. As outlined by Michie et al (2011), behaviour change is a complex process involving capability, opportunity and motivation. In the context of family violence, these individual factors are also shaped by programmatic, systemic and policy settings that can incentivise, support and strengthen opportunities for change. BCPs should therefore be understood as one part of a complex system that must work

together. International experience indicates that behaviour change requires attention to motivation, relational work, structured learning and maintenance over time. Modern BCPs should be supported to evolve and adapt to contemporary realities.

Timing is critical: Rapid information sharing between relevant agencies (especially police and family violence hubs) is critical to engaging men when they are open to support. BCP staff engage proactively with men during a critical window, and report the importance of moving quickly to offer assistance. Once in a program progress toward desistance is uneven. Family violence, more than many other forms of crime, is highly dependent on relationship status and relational context. One US study found that the average time to criminal recidivism was 800–1,000 days (Bryn et al, 2026). Similar observations have been made by our program using Victorian data. Longitudinal interventions and longitudinal monitoring are therefore highly relevant. We should investigate models that support timely response, as well as long-term engagement, keeping men in view and supporting them to sustain changes made through programs. This may include diverse methods to help men sustain insight and develop identities as people who have rejected violence in their relationships.

Agencies have a unique overview, critical for risk management: BCPs are distinctive because they work with both the person using violence and the victim-survivor, while also accessing relevant information through Victoria's information sharing schemes. This gives agencies greater insight and capacity to support victim-survivors, while strengthening accountability for men. Their central role can be protected and supported through stronger information sharing protocols and system-level coordination.

People who use violence are diverse and complex: We should continue to consider innovative approaches to BCPs that are violence-informed and trauma-informed, engage with the nexus between alcohol and other drug use and violence, support positive parenting, and build on evidence-based best practice. We also need sustained efforts to tailor programs for culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander families, LGBTQIA+ communities, and people with cognitive disability or neurodiversity. We must find ways to engage men with diverse backgrounds and needs, including high-risk and 'hard to change' men, while ensuring that accountability and survivor-centered practice remain paramount.

The need to reach more men: BCPs are attended by only a minority of men who perpetrate violence against women. Victorian Justice Data (CSA, 2026) indicates that in

Victoria approximately 5,000 unique individuals attend an intervention each year, against a backdrop of approximately 60,000 unique perpetrators of family violence progressing through the justice system. A critical question is how to engage more men while providing holistic support for families.

1. Build a coordinated national perpetrator intervention system.

Strengthen integration and rapid information sharing between behaviour change programs, courts, police, child protection, corrections, alcohol and other drug services, mental health, family violence services and other relevant supports.

2. Fund Family Safety Advocacy as core safety infrastructure.

Provide dedicated, adequate funding for Family Safety Advocate roles, including capacity for sustained support to victim-survivors for up to 12 months, independent of whether the person using violence completes a program.

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Develop flexible models that support men over time to consolidate new skills, practise non-violent ways of relating, sustain identity change and maintain gains made through BCPs. This could include longer programs, opportunities to repeat or re-enter programs, pathways to stay connected after completion, and diverse, sophisticated forms of post-program engagement - while maintaining accountability, review and risk monitoring.

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Ensure rapid information flow from the point of police engagement with a family. Reduce wait times, strengthen screening and readiness processes. Evaluate shorter interventions to examine the costs and benefits.

7. Invest in interventions that meet diverse needs and address contributing factors.

Continue to develop culturally safe, accessible and tailored programs for high risk or hard-to-change men, culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander people, LGBTQIA+ families, parents and carers, people with cognitive disability or neurodivergence, and people affected by alcohol and other drug use, gambling, mental health concerns or other intersecting needs.

8. Strengthen the skilled, specialist workforce.

Strengthen formal training pathways, practical facilitation training, FSA professional development, communities of practice, and specialist capability for work with Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, LGBTQIA+ communities, people with disability, neurodivergent people, and people experiencing mental health or substance use difficulties.

9. Establish national quality assurance and accountability mechanisms.

Support evidence-based standards, accreditation or equivalent oversight, and stronger monitoring of program quality, fidelity, safety and outcomes.

10. Create a shared outcomes and data framework.

Adopt standardised data collection tools, validated change measures, proximal indicators of change, and medium- and long-term follow-up to enable benchmarking and continuous improvement. These need to be integrated into the workflow and not create undue administrative burden.

Submission to Consultation on the Second Action Plan (National Plan to End Violence against Women and Children 2022-2032)

Priority Area 1: Violence against women and gender-based violence

1. What does “safety” mean in s 60CC(2)(a)(i) and (ii) *Family Law Act 1975* (Cth) (FLA)?
There is little guidance on “safety” which was introduced when the *Family Law Amendment Act 2023* commenced on 6 May 2024, over 2 years ago. The Federal Circuit and Family Court of Australia (FCFCOA) arguably does not attach sufficient weight to “safety” in practice compared to other factors despite s 60CC(2)(a)(i) & (ii) (FLA). Also, section 60B(a), which is the object of Part VII of the FLA, refers to “safety” of children not the “safety” of their primary carers. The safety of primary carers is legislatively subsidiary to that of children.
2. Safety of the primary carer and the children seem to often be given less weight than the importance of an ongoing relationship between the children and the (alleged) perpetrator. The courts, legal practitioners and report writers and independent children’s lawyers sometimes still assume that a primary carer is the “no contact” mother stereotype. Pressure is placed on the primary carer by lawyers and the courts to settle court proceedings on an interim or final basis despite the primary carer’s safety concerns and fear of the perpetrator. Greater compromises are usually made by victims of family violence rather than by perpetrators. A victim has to get to trial to prove family violence or the violence is often simply viewed as allegations which are denied.
3. Even if the primary carer’s lawyer single expert report writers and the court accepts that violence occurred, there is often pressure on the victim to “look through the front windscreen” rather than “through the rear view mirror”. Why hasn’t the primary carer moved on? There must be something wrong with her so orders are sometimes made that the primary career attend upon a psychologist to deal with her issues.
4. There are difficulties with the relationship between family law and criminal law and intervention order proceedings:
 - 4.1. Victims are not legally represented in criminal proceedings. Perpetrators and their legal representatives can use this to their advantage by, for example, misusing information. Perpetrators know what is happening in the criminal proceedings with respect to charges and dates, whereas the victim may not. There can be breaches in criminal proceedings of the Harman obligation and

Pt XIVB FLA to the detriment of the victim which are not called out and addressed;

- 4.2. There is no clarity as to which proceedings are heard first. When should FLA proceedings be adjourned pending the hearing of contested criminal proceedings or contested IVO proceedings? There is no legislative guidance and very little case law.
 - 4.3. The impact which criminal charges, convictions and prison sentences have on FLA outcomes is unclear. More research is needed.
5. There is no process for anyone to apply for and obtain an updated risk assessment during FCFCOA proceedings if circumstances change. There should be a streamlined process to enable risk assessments to be reviewed or updated with the occurrence of events such as:
- Psychological/psychiatric and risk assessments;
 - Family reports;
 - Breaches of intervention orders;
 - Incidents of violence; and
 - Criminal charges being laid or progressed or finalised.
6. There is uncertainty regarding the conditions which can attached to interim or final FLA parenting orders to protect victims and children e.g:
- Therapy;
 - Living with particular people; and
 - Drug and alcohol testing.

Although family violence is not always associated with drug and alcohol use, it frequently has a relationship, and ongoing testing orders can provide reassurance for the primary carer and protect the children's safety, which is an objective of section 60B of the FLA. Requiring a perpetrator to live with particular people or attend ongoing counselling can be a protective factor for the children.

There is much confusion by courts, single experts, lawyers, Independent Children's Lawyers and parties arising from *Oberlin & Infeld* [2012] FamCAFC 66 as to when, for example, drug testing orders can be "tethered" to a parenting order and how this occurs. This uncertainty should be removed. It would give primary carers and children better ongoing protection if these types of orders could be made without the "tethering" requirement, which is highly technical.

Section 64B of the FLA should be amended to either provide specifically that the words in section 64B(2)(i) “any aspect of the care, welfare or development of the child...” includes conditions or obligations of a parent (such as to attend counselling or therapy with or without the child or primary carer, drug and alcohol testing, take part in family violence and behavioural change programs and supervision of their time with that child). Alternatively, the power to place conditions on a parent’s time with a child could be a separate head of power in section 64B of the FLA.

7. The FCFCOA has KPIs for finalising matters and time frames for doing so. This means that pressures are placed on primary carers by the FCFCOA to make concessions regarding safety. Safety of children and primary carers should be a KPI of itself.
8. Following the commencement of the money laundering and counter-terrorism financing AML/CTF tranche 2 reforms on 1 July 2026 (*Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth)), the FCFCOA should introduce a simplified process for making interim orders using a simplified application without supporting documents such as a financial statement, affidavit, Genuine Steps Certificate, questionnaires, section 60I certificate and Undertaking as to Disclosure.

This process would enable parties to have sale proceeds paid into a lawyer’s trust account pursuant to a court order. There is a concern that law firms may be reluctant to do this without a court order (as they frequently did pre 30 June 2026) as the obligation to report a client for a suspected crime is likely to arise frequently in family law matters. Criminal law firms are exempt from the AML/CTF tranche 2 reforms, whereas family law firms are not. Yet family law clients frequently evade tax, perjure themselves on Affidavit, take illegal drugs, assault spouses and breach intervention orders.

Once a report is made by a law firm to AUSTRAC the better view is that there is a conflict of interest and the law firm can no longer act for that client. This interpretation is supported by the amendments to the Australian Solicitors’ Conduct Rules which commenced on 1 July 2026.

This simplified process might also be useful where the parties agree to such matters as:

- Interim parenting arrangements
- Drug and alcohol testing
- Injunctions
- Overseas travel
- Sale of an asset
- Valuations

The parties may need these interlocutory orders made at an early stage, although they do not need to fully engage with the FCFCOA at that stage. The parties just need interlocutory orders made and then they can take part in a mediation, trial parenting arrangements and sell assets. They can then come back to the court after say 6 months for a directions hearing, at which time they may have final consent orders or seek directions for filing financial statements and affidavits. If they finalise matters before the directions hearing, a version of the current Application for Consent Orders could be filed with the Minute of Proposed Consent Orders.

This process could save considerable court time, but also significant legal costs for the parties as they only have to file all the documents in support of the Initiating Application if final agreement cannot be reached within 6 months.

This process would be in compliance with the overarching purpose in section 95(1) of the FLA:

“The overarching purpose of the family law practice and procedure provisions is to facilitate the just resolution of disputes:

- (a) in a way that ensures the safety of families and children; and
- (b) in relation to proceedings under this Act in which the best interests of a child are the paramount consideration--in a way that promotes the best interests of the child; and
- (c) according to law; and
- (d) as quickly, inexpensively and efficiently as possible.”

9. Intervention orders are mis-used and this mis-use of intervention orders by a limited number of complainants, who apply for them on the basis of poor behaviour, exaggerated behaviour, as a pre-emptive strike to gain an advantage, or to “muddy the waters” with a cross-application, rather than behaviour that falls within the State/Territory or Federal definitions of “family violence”, impacts victims of family violence. It means that some professionals and lay-people proceed on the basis that all victims may be in that category. The Magistrates’ Court of Victoria (and similar courts in each State and Territory) and the FCFCOA need screening processes to rank applications according to safety concerns and not treat all family violence allegations in the same way.

Priority Area 2: Prevention and early intervention

10. Following the commencement of the AML/CTF tranche 2 reforms, holding funds in a law firm's trust account without a court order is a designated service. This is likely to mean that parties will be encouraged to hold funds in their personal accounts in joint names. This could be quite disadvantageous to victims of family violence.

A streamlined service which enables urgent proceedings to be issued for interim consent orders to be made to protect trust money (and protect sales of real estate and other transactions which might otherwise be designated services). Especially of concern is that victims of family violence could be penalised because of how the FCFCOA deals with add-backs following the *Family Law Amendment Act 2024* (Cth) and *Shinohara & Shinohara* [2025] FedCFamC1A 126.

Attendance at Court

11. Whilst it is understandable that judges and senior judicial registrars want to “eyeball” the parties, there are problems with this. Prior to attending court, victims of family violence may have been led to believe that they will be able to sit in a “safe room” and not see the perpetrator. However, they are then asked by the presiding judicial officer to go into the court room. If judges and senior judicial registrars do not consider the video link with the saferoom to be adequate or if one is not available, the technology should be improved.

If judges and senior judicial registrars insist upon the primary carer being present in the court room, then the court rooms in every registry should be set up for:

- Screening between the victim and perpetrator.
- Separate entrances or to organise for supervised court room entry at separate times.
- The primary carer should not be obliged to see the perpetrator when sitting in court, giving evidence etc.

Priority Area 3: Children and young people in their own right

12. The FCFCOA needs to be braver in protecting children from family violence. There is still a view that the child's right to know their parent (or, unstated, that the parents right to know the child) is often given considerable priority over safety or when risks to their safety have not been properly assessed.

Priority Area 4: People who use violence

13. Lawyers can act badly and be an instrument of family violence through letters to victims or their lawyers. The Victorian Legal Services Board (VLSB) is very slow to act on complaints about lawyers and it may not be appropriate for a lawyer or their client to make a complaint in the midst of proceedings.

Legal systems abuse is an aspect of family violence, and the FCFCOA has a role to play as part of its inherent powers to control its processes in monitoring it, calling it out and intervening where necessary to admonish the lawyer for acting as the “mere mouthpiece” of the perpetrator in contravention of rule 17 of the Legal Profession Uniform Law Australian Solicitors Conduct Rules 2015. There may be circumstances where it is sufficient to admonish the legal practitioner verbally but in appropriate cases, legal practitioners should be referred by the court to the appropriate regulatory authority.

Perpetrators should not be able to get away with instructing their lawyer to commit family violence in correspondence with the other party or their lawyer, regardless of whether there is an intervention order but even more so, where there is one. Judicial registrars, senior judicial registrars and judges have a role in regulating the behaviour of lawyers.

Priority Area 5: System Integration and workforce

14. Contact centres and supervision services need to have minimum standards and review mechanisms to promote the safety of children and primary carers. Priority should be given to setting minimum standards for:
 - 14.1. Intake. What is the intake procedure? What does each service need? Primary carers should not be required to take time off work for intake and sometimes more than one if the children have a separate intake. They are already under considerable pressure to meet the costs of supporting their children (often with little or no child support), legal costs and just surviving.
 - 14.2. Changeovers. Minimum standards are required for how this occurs to avoid any contact between the parents and to avoid discussions between the supervisor and the primary carer in front of the children. Abiding by the reasonable directions of the supervisor should not involve a victim seeing the perpetrator or being observed by the perpetrator.

- 14.3. Record keeping. What should the supervisor record? What records should be kept? These might be different for different aged children. For very young children: what they ate, how they were injured etc should be recorded, as if they were in a childcare setting. Text messages between the parents and the supervisor should be recorded in the supervisor report or be able to be produced.
- 14.4. Complaint mechanisms. There should be external oversight from an independent body. It may be many months until the next court hearing and any concerns about the service provided may not be able to wait. Any court oversight, in any event, requires the considerable expense and delay of filing an Application in a Proceeding, supporting Affidavit and referral to an Interim Defended Hearing.

Submission to the Second Action Plan (National Plan to End Violence against Women and Children 2022–2032)



Topic: Victim-Survivors' Pathways to Recovery, Financial Stability, and Systemic Economic Abuse

Focus: The Interplay of Coercive Control, Litigation Abuse, and Compounding Government Systems

1. Executive Summary

This submission highlights how Australia's current legal, financial, and taxation frameworks fail to recognise the long-term compounding impacts of financial abuse and coercive control. When a victim-survivor leaves a long-term abusive relationship, the disparity in financial outcomes is not merely a result of the partner's actions but is actively exacerbated by state mechanisms.

Using a case study of a 27-year marriage, this document demonstrates how perpetrators weaponise the legal system, destroy historical evidence, and leverage fear to force unfair settlements. Furthermore, it exposes how rigid government policies—such as Capital Gains Tax (CGT) laws—punish victim-survivors attempting to rebuild, trapping them in financial insecurity while perpetrators retain multi-million dollar asset portfolios.

2. The Mechanics of Financial Abuse and Litigation Trauma

Financial abuse does not end when a relationship terminates; it transitions into litigation abuse. Perpetrators with greater financial resources frequently use the legal process to gaslight, deplete the victim's remaining assets, and rewrite history.

- **Destruction of Evidence and Gaslighting:** In this case, the perpetrator intentionally destroyed physical bank statements and historical financial records spanning decades. In negotiations, the perpetrator's legal team weaponised this lack of documentation to falsely paint the victim-survivor as a financial opportunist, completely erasing her initial 1997 capital contribution (derived from a personal injury payout) that established the family home.
- **The Weaponisation of Fear:** True financial negotiation cannot occur under conditions of terror. When a victim-survivor is subjected to post-separation stalking, attempted break-ins, vehicle tampering, and the suspected poisoning of livestock, the primary objective shifts from "financial equity" to "survival." Victims are forced to accept deeply deficient financial settlements simply to escape imminent physical and psychological danger.

3. Compounding Gaps in Government Systems

Rather than offering a safety net, federal and state government systems currently deliver secondary harm by failing to view post-separation processes through a trauma-informed lens.

- **Freedom of Information (FOI) Obstacles:** When a perpetrator destroys records, victims must rely on government agencies like Centrelink to retrieve historical data to prove their past financial status. These FOI processes are slow, bureaucratic, and difficult to navigate during a crisis, stalling critical legal proceedings.
- **Taxation Penalties on Recovery (Capital Gains Tax):** Current Australian taxation law fails to account for the unique ways victim-survivors must use property to recover. Having to pay CGT immediately out of an already diminished divorce settlement severely guts a survivor's rebuilding capital.
- **The CGT Trap on Relocation:** To maintain safety or accommodate essential recovery assets (such as livestock or therapeutic animals), survivors may need to purchase regional or larger acreage. If a survivor downsizes or sells that property to reduce their debt burden later in life, the system triggers CGT again. This penalises the survivor for agilely managing their recovery, while the perpetrator faces no such tax burdens on the retained primary family home.

4. Case Study: Comparative Financial Disparity Outcome

The table below illustrates the stark, real-world disparity between a perpetrator who leveraged systemic gaps and an older victim-survivor who faced compounding systemic penalties after a 27-year marriage:

Financial / Asset Metric	Victim-Survivor (Age 62)	Perpetrator / Ex-Partner
Initial Capital Input (1997)	Provided 100% of cash deposit (\$12k personal injury payout), vehicle (\$6k), and full house of furniture.	Negligible (\$800 vehicle, a TV, and a coffee table).
Primary Property Status	Forced to exit the family home; carries a \$350,000 mortgage at age 62.	Retained the established family home completely mortgage-free.
Inherited Wealth	None.	Inherited a father's property valued at \$1.1 million , plus additional cash/assets.

Superannuation & Combined Wealth	Significantly lower superannuation balance; single income household.	Higher superannuation balance; now repartnered with an individual owning 2 additional homes.
Taxation Impact	Forced to pay Capital Gains Tax (CGT) directly out of the initial divorce settlement.	Exempt from CGT on the primary family home.
Future Economic Mobility	Trapped. Improving current property to sell and downsize triggers further restrictive CGT penalties.	High mobility. Multi-million dollar asset base with substantial investment flexibility.

5. Recommendations for the Second Action Plan

To stop government systems from compounding the financial harm inflicted on victim-survivors, the Second Action Plan must implement the following structural reforms:

1. **Family Law Burden of Proof Adjustments:** Introduce legal shifts where, if a victim-survivor can prove a history of domestic violence or coercive control, the burden of proof regarding destroyed financial documents shifts, preventing perpetrators from exploiting a lack of paperwork they caused.
2. **Trauma-Informed FOI Fast-Tracking:** Create an expedited, zero-fee FOI pathway within Centrelink and the Australian Taxation Office specifically for individuals dealing with family law property separations involving domestic violence.
3. **Capital Gains Tax Exemptions for Survivors:** Introduce federal amendments to the Income Tax Assessment Act to grant full CGT exemptions or roll-over relief on property settlements and secondary recovery properties for verified victim-survivors of domestic and economic abuse.
4. **Targeted Support for Older Women:** Recognise women over 55 leaving long-term abusive marriages as a distinct, high-risk economic demographic. Implement tailored housing grants and low-interest, government-backed home loan schemes that do not saddle older survivors with un-payable 30-year mortgages.

In summary government systems currently reward perpetrators with far better financial outcomes than the victim.

The cost to leave an abusive relationship are extensive, and then to try and get back on one's feet again financially it is even harder. With government taxes and costs causing even more impact.

Submission to the Second Action Plan

National Plan to End Violence Against Women and Children 2022–2032

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Introduction

I make this submission as a victim-survivor with lived experience of family violence and the family law system.

We know that when a woman leaves a violent or abusive relationship, a perpetrator will try to regain control by targeting what matters to her the most. For a mother it's her children.

I am grateful to the National Plan To End Violence Against Women and Children for recognising this urgent crisis and the need for urgent reform.

Australia cannot prevent violence against women and children while legal and service systems continue to misidentify protective mothers as perpetrators, remove children from their safe parent and place them into the care of their perpetrator, and permit parenting orders (issued by the Federal Circuit and Family Court of Australia, which I will refer to as the 'Family Court') to override state-based family violence protections. Victims, especially children, remain entrapped in violence.

The legislation must expressly recognise **violence against women and children (VAWC)** across all courts, police, child protection, health, education and related services. A system that does not name the gendered pattern of violence cannot reliably identify or respond to it. Misidentification is not a minor procedural error: it can determine where children live, whether they remain with their protective parent and whether they are returned to a person they fear. It can result in lifelong harm, and in the most serious cases, it can result in death.

Legislation is needed, however it is not the only change, as we have seen from the well-intentioned but misapplied amendments to the Family Law Act in 2023 and 2024. There must be structural, policy, procedural and cultural changes, as I will outline below.

With regard to solutions proposed by agencies, my lived experience demonstrates that training alone is insufficient. Training can only be effective when it is properly understood, consistently applied and reinforced through legislation, accountability and cultural change. In my experience, the prevailing culture and practices within the Family Court have undermined the intended protective effect of both legislation and training concerning violence against women and children. Similar concerns arise in policing and child protection services.

The quotations contained in this submission from mothers with lived experience are anonymised and included with consent.

In this submission, I use the term "perpetrator" to refer to the person using violence. I use "violence against women and children" (VAWC) to identify the specific gendered pattern of violence, including coercive control and other forms of abuse. This

terminology is intended to reduce any risk of misidentifying the victim-survivor and the person using violence, which can occur when the broader and more neutral term “family violence” is applied.

1. Prevention

What actions can governments, workplaces, industries, schools, families and individuals take to stop violence before it starts?

Prevention begins with correct identification and meaningful accountability.

We need governments to:

- legislate *specifically* for VAWC, coercive control and post-separation abuse;
- require police, child protection, courts, legal practitioners, schools and health services to use/recognise specialist, evidence-based perpetrator mapping and adopt VAWC legislation and policies (to prevent misidentification of victim and perpetrator);
- ensure protective behaviour by a mother is not mischaracterised as hostility, non-compliance or alienation;
- act on protection orders, specialist family violence risk assessments, medical evidence and children's disclosures rather than repeatedly reassessing them through adversarial processes;
- recognise litigation abuse, financial pressure and procedural harassment as forms of continuing coercive control.

The focus must remain on the conduct of the person using violence, not on the protective parent's response to that violence.

"After we left him, he still controlled us within an inch of our lives. Family Court orders allowed him to. They didn't seem to understand that an absence of bruises doesn't mean an absence of abuse."

"I reported (his abuse) to Police and to Child Protection.. but when they didn't hold him to account, he weaponised the reports, saying I was the problem for making him look bad. He pretended he was the victim instead. It makes me feel scared to report anymore."

"He threatened if I ever reported him, that he would reverse any allegations onto me, and he would be believed because of his job. He is a police officer. Years later, that is exactly what has happened."

"For a victim-survivor, being believed and supported is vital. If responders understood violence against women and children, instead of trying to 'pick a side' or blame both parties, we would be better protected. There would be less harm and less tragedies."

2. Services and support

How can services and supports work better for people who have experienced, or are at risk of experiencing, family, domestic or sexual violence?

Australia needs one coordinated, specialist pathway rather than requiring victim-survivors to repeatedly prove their experiences to disconnected agencies.

There should be:

- one entry point, one specialist VAWC case worker (no ICLs, report writers or ‘experts’ engaged during litigation; these retraumatise and cause further harm) ;
- mandatory weight given to evidence from specialist family violence services, treating doctors, psychologists, school staff and other professionals who know the family (rather than ICLs, reports or ‘experts’ engaged merely during litigation*);
- specialist VAWC practitioners leading risk identification, with police exercising necessary enforcement powers in support of that assessment;
- long-term funding for specialist family violence services;
- free or affordable legal and safety services so protection does not depend on a victim-survivor’s financial capacity; 102NA funding is insufficient for effective representation and legal advice for family court trials, most lawyers won’t take these briefs in Victoria and when they do they provide inadequate services
- Victims’ lived experience to be embedded in all systems and legislation that seeks to protect them, and is not to be vetted by those who may stand to lose monetary profit (such as the family court employees or those who profit from it)

*Evidence from professionals with sustained involvement with victims should not be displaced by one-off, litigation-focused assessments conducted by privately engaged report writers or consultants, or those employed / remunerated by the Family Court.

Please also refer to my response to the following question, which is equally relevant to this section.

“The (family violence shelter) workers provided good support. They understood what happened to me and my children and that meant a lot, because some people don’t understand. They were even able to name his behaviour before I could, because I didn’t understand what was happening at first. I had never experienced family violence before. If only they were listened to by the family court, we could have got the protection we needed from day one..”

"I thought Independent Children's Lawyers were supposed to be exactly that, independent? The ICL in our case acted like the father's lawyer, and ignored the children's views entirely. The ICL seemed to be persuaded by our charismatic perpetrator."

"Our ICL met with the father but never with me – we've never spoken with her, yet she represents all the father's interests and requests. She doesn't care about the children."

"The ICL handpicked a report writer who wrote a very dishonest report, painting the father as a hero. Incredibly the (family) court placed weight on that, and ordered them into his care. It was so-called 'evidence' that was fabricated for him. They ignored all our evidence of family violence that spanned many years."

3. Supporting children and young people

How can communities and services best support children and young people to stay safe from violence?

The law must prevent children being sent into the care of their perpetrator, and prohibit the removal of children from a mother who has been identified as acting protectively.

Alarmingly, there is a current wave of Family Court orders being issued that reduce mothers to merely four to six visits a year, commonly termed “identity visits”, which were originally designed for incarcerated persons so that a child knows who the parent is. This is a horrific miscarriage of justice for protective mothers and children who have disclosed violence they have experienced, and an unjust and inhumane punishment of children who have refused to go into their father’s care.

Terms used to “justify” such orders, including “contravening orders” or “withholding children”, are wrongly applied to mothers acting protectively. The Family Law Act is also wrongly interpreted when judges claim to be upholding the rights of the child; those rights are upheld by respecting a child’s views about whom they spend time with, while recognising that their safety is a paramount right. Children who want to remain with their safe mother have every right to do so.

No interim or final parenting order should transfer a child from a protective mother where VAWC is evidenced through a protection order, specialist family violence assessment, medical or clinical evidence, child protection material or admissible evidence of coercive control.

And upholding the voices of women and children when they report. Understanding that a woman *reporting* violence is not violence itself. And that children’s voices deserve to be heard and viewed credibly.

We need:

- give the rights contained in the United Nations Convention on the Rights of the Child enforceable effect in Australian domestic law, as other jurisdictions have done through incorporation legislation, constitutional protections or the direct application of ratified treaties, including Scotland, Belgium and Spain;
- an immediate independent review of existing family law orders that placed children with a person using violence (with an understanding and application of VAWC);
- a pathway to return those children to their protective parent;
- a moratorium on interim changes of residence in VAWC matters (prevent the removal of children from their protective safe mothers);

- enforceable (legislated) recognition of children's views and disclosures;
- protection of children from repeated interviews, unsafe disclosure processes (ie disclosures being released to perpetrator) and forced contact;
- prohibition of recovery orders, location orders or other enforcement measures that physically return a child to a person or environment they fear;
- regular case outcomes statistics reporting;
- an independent accountability and complaints mechanism for the public to report misconduct of judicial officers (including registrars, magistrates, and judges)

Recovery orders should be legally unavailable where VAWC indicators, disclosures or expressed fear are present. Children are human rights-holders, not property to be forcibly transferred between adults.

“The family court ordered my daughter into her father’s sole care, despite years of abuse. My daughter has tried to escape for years. She’s now 15 (years old) and the family court has put a recovery order on her until she’s 18. So she is trapped. Isn’t this against human rights? Why are adult women encouraged to leave family violence but our children are ordered back into it?”

“Child Protection didn’t listen to my children or the people trying to protect them. Six reports were made to Child Protection by mandatory reporters who had concerns for my children’s safety in their father’s care. They were all closed at intake, except for one that proceeded to investigation. Child Protection only consulted with the Independent Children’s Lawyer, who said that she had no concerns, and the matter was then closed. How can they claim this to be a proper investigation without speaking with the mandatory reporter or my children?”

“When Child Protection hears the Family Court is involved, it’s as though they put their blinkers on and don’t take any reports seriously. Family violence often escalates during these times, so they are putting our children at grave risk of harm when they ignore reports.”

“Non-action by Child Protection had a serious flow-on effect. The Family Court relied on the absence of Child Protection findings or protective orders to conclude that there was no family violence. We need Child Protection to understand violence experienced by women and children, we need them to act to protect us, and we need the assessments of family violence support workers to inform them and the courts.”

“The judge in our case made orders permitting her to intervene in our Magistrates’ Court proceedings. She has repeatedly asked that Court to defer its ruling until she makes hers. But she dismisses family violence. The safety orders of the Magistrates’ Court

should inform any Family Court parenting orders; it should not be the other way around. The Magistrates' Court should be allowed to do its job and protect us."

Essential structural reform

Parenting and child-related matters involving VAWC should be removed from the adversarial federal family law system and transferred to established state and territory courts with specialist family violence expertise, or to newly created multidisciplinary safety tribunals.

State and territory courts already deal with family violence, protection orders, risk assessment and victim support. They are better placed to determine parenting and child-safety issues arising from VAWC than a federal system that can separate parenting issues from child protection and family violence jurisdiction.

"The Magistrates Court understood the family violence and protected us. But the Family Court ignored it. 5 protective orders, 8 child protection reports and records of children's disclosures to 5 treating professionals wasn't enough for the family court to recognise his violence and coercive control"

"I had obtained a fourth intervention order protecting my children and me from his violence. Five different magistrates had considered protective orders necessary. Despite this, the Family Court disregarded those protections and ordered my terrified young children into his care."

"The registrar in our case ordered the removal of my children, and even authorised the AFP to "use force" if necessary, because I refused to physically force my terrified little children into the care of their father who hurts them."

"In my experience, the Family Court's complaints process was ineffective and left me and my children exposed to further harm. I made a formal complaint about a registrar who had repeatedly made interim orders placing my children in their father's care despite evidence of harm. The case was not reallocated, and when I later appeared before the same registrar, she made orders removing my children from my care. Six months later, I learned that she had been promoted - appointed as a judge."

"I've written to the Family Court and followed their complaints process; they just dismiss the complaint and give standard responses like they appreciate the feedback, then they do nothing. They shouldn't be empowered to investigate themselves, the problem is obvious. And appeals are unaffordable to most victims, and achieve very little even when they're pursued. There needs to be accountability."

Benefits of a state-based pathway

Transferring these matters would build on an established system rather than require government to create an entirely new national court infrastructure. Key benefits include:

- Existing infrastructure: Magistrates' Courts already operate in numerous metropolitan, regional and rural locations, with registries, security, staff, specialist family violence facilities and separate safe waiting areas that can be expanded where necessary.
- Existing expertise and jurisdiction: Magistrates issue intervention and protective orders every day and routinely assess family violence risk. Parenting arrangements could be addressed by adding mandatory child-safety questions and powers where children are involved.
- One court and one protective response: A woman should not have to obtain protection in a Magistrates' Court and then enter a separate federal proceeding in which that protection may be weakened or overridden. The same court should be able to protect the mother and children and make necessary residence and safe-contact arrangements.
- Existing accountability: State and territory judicial complaints mechanisms already provide a pathway for concerns about magistrates' conduct and could be strengthened for the expanded jurisdiction.
- Existing appeal rights: Magistrates' Court decisions are already subject to established appellate processes, preserving procedural fairness and review.
- Accessibility and coordination: Local courts are more accessible, particularly in regional communities, and can work directly with police, child protection, specialist family violence services, schools, health practitioners and government-funded contact services.
- Reduced duplication and re-traumatisation: Families would not need to repeat their evidence across separate protection-order, child-protection and family-law proceedings or face inconsistent findings by different courts.

Where a Magistrates' Court finds that a person has used violence and children are affected, the protection order should ordinarily maintain the children's residence with the safe, protective parent. Where contact is independently assessed as safe and appropriate, carefully staged visits could occur through a government-funded or subsidised children's contact service. Contact must depend on the child's safety, wishes and developmental needs, not an adult expectation of access.

"The Magistrates Court was so much better equipped to handle our family violence case. They have safe floors and safe rooms, and rolled a partition into the court room so that I wasn't in my perpetrator's line of sight. The Family Court told me they had a safe room, but it was just a waiting room, it had no video conferencing and I was forced to stand next to my perpetrator in the court room."

Legislative safeguards remain essential

Structural transfer alone will not prevent unsafe outcomes. Legislation must also be tightened to:

- expressly recognise the gendered pattern of violence against women and children (VAWC);
- prevent misidentification of protective mothers as perpetrators;
- prohibit the removal of children from a protective mother;
- require courts, police, child protection and related services to apply specialist coercive-control and perpetrator-pattern analysis;
- give proper evidentiary weight to protection orders, accredited family violence risk assessments, treating professionals and children's disclosures;
- prohibit recovery orders and other enforcement mechanisms that return children to an alleged source of violence (as determined by VAWC-informed magistrate/s according to the recommended pathways detailed in this document);
- ensure that state-based protective orders cannot later be overridden through federal parenting proceedings.

State-based protective powers, including orders made under **s 68R of the Family Law Act**, must be strengthened so that:

- magistrates can make them whenever required to protect children;
- they remain effective for as long as the safety risk continues, including until a child turns 18 where necessary;
- they cannot be varied, suspended or overridden by a federal family court;
- subsequent parenting proceedings cannot be used to defeat the protection already granted.

“During the trial, I became deeply concerned about the appearance of judicial bias. The judge repeatedly intervened while the father was giving evidence, to assist him to reframe or minimise his conduct. For example, when he admitted hitting me, the judge prompted him with possible explanations including self-defence, or that my presence in the same room may have contributed to what occurred. Like it was my fault he hit me. The judge also repeatedly interrupted my barrister during cross-examination, making it

hard for him to test the father's evidence. You hear stories of criminals interfering with witnesses, well it was like that, but in plain sight. I couldn't believe it was happening."

"The judge in our family court case openly laughed and mocked me as I recounted my experiences of the father's violence. I felt so disrespected."

Inadequate safety arrangements in the federal family court

The federal family court is structurally and physically ill-equipped to respond safely to VAWC. Although it may describe certain spaces as "safe rooms", these may operate as little more than separate waiting rooms and do not necessarily allow a victim-survivor to participate in the entire hearing by video from that protected space. A woman may still have to leave the room and enter the courtroom, placing her near the person she says has used violence against her.

A genuinely trauma-informed facility would allow a victim-survivor to enter and leave without encountering the other party, remain in a secure room throughout the proceeding, see and hear the hearing by video, give evidence and communicate with lawyers and court staff from that room, and have access to a specialist family violence advocate.

The availability of a court therapy dog does not make an otherwise unsafe or traumatic process trauma-informed. In my case, and in experiences reported by other mothers, the presence or availability of a court dog has been referred to in judgments as evidence that the victim-survivor was "supported". This risks operating as a procedural disclaimer rather than meaningful protection. A therapy dog cannot remedy hostile or prolonged questioning, forced proximity to an alleged perpetrator, misidentification, or the trauma of orders that remove children from a protective mother. Support must be measured by the safety, fairness and outcome of the process, not by whether a supplementary comfort measure was offered.

"The Family Court does a lot of PR saying it has support for victims but it doesn't. They offer band-aids that don't fix bullet holes. Like rooms they call 'safe rooms' and 'therapy dogs' that the judges misuse to say they support victims before they remove our kids."

Proposed state-based model

When a family violence protection application involves children, the Magistrates' Court should be required to determine:

- whether the children are exposed to, affected by or at risk from the violence, and which parent is acting protectively;
- where the children presently feel and remain safest, including their disclosures and expressed views;

- what evidence is held by police, child protection, schools, health practitioners and specialist family violence services;
- whether any contact with the person using violence is presently safe and, if so, whether it should be supervised or gradually reintroduced.

The court should then have power to make one integrated order addressing protection, residence, parental decision-making, communication and any safe contact arrangements. This would provide one local, accountable and reviewable jurisdiction with one central purpose: protecting women and children from violence.

Where VAWC is identified, any federal parenting proceeding should be suspended and transferred to the specialist state-based pathway.

The central principle must be simple:

Children must never be removed from a protective mother and placed with a person using violence.

Children are not property or assets to be divided. They do not belong in the Family Court. They are independent rights-holders entitled to safety, dignity, stability and protection from violence.

“He told me if I ever left him, he would take the kids. And that is exactly what he did, using the Family Court. The Family Court is an enabler for abusers like mine.”

4. People who use violence

What more can be done across the community to promote healthy, safe relationships and strengthen accountability for people who use violence?

All systems must recognise VAWC and take victims' reports of violence (in all forms, including coercive control) seriously. This includes police, child protection, courts.

Accountability must produce consequences, not merely referrals or certificates of program completion.

A person identified as using violence (with an understanding of VAWC to prevent misidentification of that person) should not have unsupervised contact with a child unless an independent specialist assessment finds that they have:

- acknowledged the violence;
- accepted responsibility;
- completed appropriate intervention;
- demonstrated sustained behavioural change; and
- no longer present a risk to the child or protective parent.

Program attendance alone must not be treated as proof of change. Litigation abuse, financial abuse, repeated court applications, breaches of protection orders and attempts to manipulate children or services must be recognised as part of the pattern of coercive control.

“He became more and more emboldened as the family court proceedings went on, because the judge kept forgiving him. When he admitted to hitting my children across their backs, the judge praised him for admitting it, then ordered my children into his care. He then resorted to butchering the children’s hair in punishment for their disclosures. There are no words to describe the terror and anguish we feel, and how badly the family court judges have let us down.”

5. Recovery and healing

What would make the biggest difference in helping people and families recover and heal?

Women and children cannot recover while they remain exposed to the person using violence through unsafe parenting orders, forced contact or ongoing litigation.

The greatest difference would come from:

- keeping children with their protective mother;
- urgently reviewing and revoking unsafe parenting orders;
- returning children who have been placed with a person using violence;
- providing fully funded, physical and mental health support, and without a perpetrator's consent required for children;
- recognising system-caused trauma and establishing redress;
- preventing perpetrators from accessing counselling and family violence service records;
- ending privately funded supervised contact and other costs that continue economic abuse, and
- replacing privately funded contact centres and private supervision agencies with government-funded contact centres and outreach services

Children affected by violence and unsafe court orders should be recognised as victims in their own right.

“As a protective mum who has experienced misidentification, I’ve been ordered by the Family Court to pay for private supervision to see my children, for just three hours a week. The reports are flawless and confirm there is no risk in my care... but the judge refuses to lift the supervision. It’s been almost two years, and I’ve spent over \$35,000 on these visits! The judge even named two private supervision companies that I must use, in her orders. I can’t help but feel it’s a network of operators who all profit from helping each other, whilst harming protective mothers and their children terribly. My children just want to come home. How can they be allowed to make these orders? The impact is life-long.”

“I’ve spent over \$300,000 on family court proceedings, trying to keep my children safe, to no avail. I’ve worked hard all my life and didn’t qualify for legal aid. So I’ve had to sell my home and become dependent on the government, which is something I never thought would happen.”

“I had to sell my business, even though the father had ample capacity to pay, the court ordered me into poverty for trying to protect my children.”

6. Access to support

What makes it easier for people to access support or services?

Support is easier to access when victim-survivors are believed, correctly identified and not required to tell their story repeatedly.

Access would improve through:

- a single national entry pathway linked to specialist state and territory services;
- one qualified VAWC social work case worker and one coordinated safety plan;
- protection from retaliation for reporting violence;
- access to counselling and support for children without requiring the consent of an alleged perpetrator;
- free legal assistance and publicly funded supervised contact where genuinely required;
- culturally safe, disability-aware and neuro-affirming services;
- survivor advocates who can remain with a family across systems.
- the reforms listed in earlier points above, to remove a victim's fear of future harm through a perpetrator's: litigation, threatened child removal, engagement of allies to aid his harm and control. Fear can hinder service engagement.

Summary / References

The following references address and support the points raised in this submission.

[1] Women’s Legal Service Victoria specifically raised the problems created by divided state and federal jurisdiction in its 2015 submission, *Multi-jurisdictional issues*, to the Victorian Royal Commission into Family Violence. The Royal Commission subsequently recognised the difficulties experienced by families navigating separate state family violence, child-protection and federal family-law systems, and recommended stronger information sharing and expanded exercise of family-law powers by specialist Magistrates’ Courts.

<https://www.womenslegal.org.au/advocacy/submissions-and-reports/submission-to-standing-committee-on-social-policy-and-legal-affairs-inquiry-into-family-domestic-and-sexual-violence>

[2] Victorian Royal Commission — greater use of existing Magistrates’ Court powers

The Commission recommended that Magistrates’ Court forms and procedures make parties aware that the Court may revive, vary, discharge or suspend parenting orders under **s 68R of the Family Law Act 1975**. Implementation also included a trial of the expanded exercise of the Magistrates’ Court’s existing family-law jurisdiction.

<https://www.vic.gov.au/family-violence-recommendations/magistrates-court-consider-revising-form-and-content-family>

[3] Australian Law Reform Commission, *Family Law for the Future* (Report 135, 2019)

The ALRC expressly recommended that family-law disputes be returned to the states and territories and that the federal family courts eventually be abolished. It reasoned that children fall through the gaps between family law, child protection and state and territory family-violence systems, and that one court should be able to resolve all related issues. <https://www.alrc.gov.au/news/family-law-inquiry-final-report-released/>

[4] The findings of the 1997 *Bringing Them Home* report provide a grave warning about the lasting consequences of state-sanctioned **child removal**. While the report concerns the distinct and continuing injustice experienced by Aboriginal and Torres Strait Islander children, families and communities, its evidence also demonstrates the broader developmental harm caused when children are forcibly separated from a parent or primary caregiver to whom they are securely attached. The Inquiry found that the effects of removal were frequently multiple, cumulative and profoundly disabling, damaging children’s sense of safety, identity and belonging, their capacity to trust and form close relationships, and their emotional, social and educational development. It further found that many removed children were deprived of a stable attachment figure, affection and an adequate model of parenting, contributing to impaired relationships

and parenting capacity in adulthood and to trauma extending into subsequent generations. These findings support a fundamental safety principle for all children affected by violence: removal from a protective, non-offending mother must never be treated as a routine parenting intervention. Where a child is safely attached to a protective mother, the State should preserve that relationship and provide the supports necessary to keep mother and child safely together, rather than creating a second and potentially lifelong source of trauma through forced separation. This broader application does not diminish the unique cultural, racial and intergenerational harms documented in *Bringing Them Home*; rather, it requires governments to learn from the report's central warning about the profound human consequences of institutional child removal. Human Rights and Equal Opportunity Commission. (1997). *Bringing them home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*. Commonwealth of Australia.

<https://humanrights.gov.au/resource-hub/older-peoples-rights/bringing-them-home-full-contents-page> Attachment, parenting and intergenerational effects:
<https://humanrights.gov.au/resource-hub/older-peoples-rights/bringing-them-home-full-contents-page>

[5] Victoria's Child Safe Standards: <https://ccyp.vic.gov.au/child-safe-standards/the-11-child-safe-standards/>. Includes Item 3: Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously.

[6] Criteria for child removal by Child Protection (Victoria): The decision that a child requires immediate removal from their parents' care and placement with alternate caregivers should occur only in the most serious of circumstances where a child has suffered significant harm or is at imminent risk of significant harm and the child's parents have not protected or are unlikely to protect them. The Family Court removes children from mothers despite not satisfying any aspect of this criteria.

<https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/investigation/immediate-removal-child-advice>



Not a priority.

**Submission to the consultation on the Second Action Plan
under the National Plan to End Violence against Women and
Children 2022–2032**

 | July 2026

I'm not a policy advisor. I'm a campaigner.

I'm also a disabled woman, a rape survivor, and a domestic and family violence survivor.

Last year I served on Australia's delegation to the United Nations Conference of States Parties to the Convention on the Rights of Persons with Disabilities. Campaigning has taught me that facts don't persuade — stories do. So I used my one speech on that floor to disclose, publicly, for the first time anywhere, that I had been raped, and to call on every state party in the room to act on sexual violence against disabled women.

So this submission won't read like the others. It doesn't have an executive summary or a theory of change. It has what happened to me, in the systems you are consulting about, in a major Australian capital city, in the last two years — and it has the list of recommendations a Royal Commission already handed you about every single one of those failures.

Read it to the end. It's short. I was not offered the same courtesy by the system, so ten minutes is not much to ask.



The United Nations
heard my story before
my own government did.
You're hearing it now.

I was raped.

I went to hospital for a forensic examination. I waited ten and a half hours, across two public hospitals, in a major capital city.

I waited that entire time because I wanted a shower.

The forensic specialist nurse had no training in how to do the examination with a woman with disability.

And when it was finally over, I was told there was no accessible shower on that floor. My only option was to shower over the toilet.

They handed me a floor mat as a towel.

10 1/2

HOURS WAITING FOR A FORENSIC EXAMINATION

After I was raped, this country's response was a floor mat.

I rang a sexual assault support service. My counsellor is the reason I have gotten through the last two years — she is incredible, and she has spent those two years learning and now actively advocates for women with disability. But when we met, she told me I was the first person with a physical, visible disability she had ever supported.

I went to the police. The specialist sexual assault officer who took my statement told me I was the first victim with a visible physical disability she had

ever taken a statement from. She had no training in disability.

The man who raped me was charged. I met with the DPP and the Crown Prosecutor. They told me they had never prosecuted a case with a victim with a visible physical disability. Never.

Women with disability are twice as likely to experience sexual violence as women without disability. There are more than two million of us in Australia. And every single professional in my case was meeting us for the first time.



AS LIKELY TO EXPERIENCE
SEXUAL VIOLENCE

We are not rare.
We are invisible.
Those are
different things.

Then my ex-partner stalked me.

I reported it. Not a priority.

I reported it again. Not a priority.

When police finally read what he had sent me, I was classified a four on the five-point domestic violence risk register, and I had to sit in the safety room at the Magistrates Court.

But the local police station they kept sending me to was only accessible by stairs. So I made my reports on the main road. A level-four risk, giving her statements to police on the footpath.

He has breached the domestic violence order countless times. I have reported every single breach.

Every time: not a priority.

4/5

ON THE FIVE-POINT DOMESTIC VIOLENCE RISK REGISTER

**When does it become a priority?
When women die?**

One more thing you need to know about my rapist.

He had a history of working as a disability support worker.

Sit with that. A man with experience being paid to hold power over disabled bodies — to be trusted in the most intimate moments of a person's day. And in the eyes of the law, that power does not exist.

Because here is what nobody in the system wants to say out loud: perpetrators target disabled women. Not despite our disabilities — because of them. Because we are less likely to be believed, harder to get into a witness box, easier to isolate, and because paid care roles hand them the access. The Royal

Commission had a name for it — disability-based violence — and Recommendation 8.24 told every government to write those words into their domestic and family violence laws. They are still not there. The closest Australian law gets is at sentencing: NSW lists a victim's disability among the aggravating factors, and the United Kingdom treats hostility based on disability as statutory aggravation. But sentencing only happens after a conviction — and almost no rapes ever get there. In NSW, just 7 per cent of sexual assaults reported to police end in a guilty outcome, and most are never reported at all. If sentencing is the only place the law recognises this power imbalance, then the law almost never recognises it.



OF SEXUAL ASSAULTS REPORTED TO
NSW POLICE END IN A GUILTY OUTCOME

**If sentencing is the
only place the law
recognises this
power imbalance,
then the law almost
never recognises it.**

Other countries have stopped pretending aggravation is enough. In the United States, federal law has named this violence since 2009: targeting a person because of their actual or perceived disability is a hate crime — a crime in its own right, in the same statute that recognises violence driven by racism and religious hatred. This is not about longer prison sentences. It is about the law telling the truth: naming the motive, counting the crimes, and recognising that violence against a person for who they are is never an ordinary offence. Even Britain's own Law Commission concluded in 2021 that sentencing aggravation fails disabled victims, and recommended offences that name the hostility itself. When a man chooses a victim because she is disabled, the law in most of this country still has no words for what he did. Other countries wrote the words sixteen years ago.

In Queensland, the Domestic and Family Violence Protection Act says it plainly: there is no care relationship if the help is provided “under a commercial arrangement”. A paid support worker

cannot be a domestic violence perpetrator in my state. The person who showers you, dresses you, puts you to bed — the law says whatever he does to you, it isn't domestic violence.

Other governments have already solved this. Victoria's Crimes Act makes it a crime for a support worker — explicitly including NDIS workers — to engage in sexual activity with a person with cognitive impairment they support. It punishes the abuse of power, not disabled people's sexuality. New South Wales treats sexual intercourse by a person responsible for someone's care as a crime, and counts paid care relationships in its DFV laws — for the protection of the person receiving care. England and Wales have had care-worker offences for more than twenty years.

And the Disability Royal Commission told every Australian government to fix this: Recommendation 8.24 says definitions of family and domestic violence must include “carer and support worker relationships” and every domestic setting. Queensland's response, two years on: “subject to further consideration.”

—
**The law saw his power over me.
It just refused to write it down.**

Everything I've described happened to a woman with a physical disability and a public profile. I could give a statement. I was believed enough to get a charge. That makes me one of the lucky ones — and I need you to understand how obscene that sentence is, because for women with intellectual disability, almost none of what happened to me is even possible.

Estimates as high as 90 per cent of Australian women with intellectual disability have experienced sexual abuse. On the ABS's own data, 46 per cent of women with cognitive disability have experienced sexual violence — nearly three times the rate of women without disability.

And in my home state, section 216 of the Criminal Code is still in force. It says a woman with an "impairment of the mind" cannot consent — she is legally too disabled to say yes. But if she says no, and he does it anyway, the defence is written right there in the statute: he believed, "on reasonable grounds", that she wasn't disabled. Too disabled to say yes. Not disabled-looking enough for her no to count. He gets it both ways. She gets neither.

QAI, Queenslanders with Disability Network and WWILD asked Parliament to repeal section 216 in 2024. The answer: outside the scope of the Bill. The Public Advocate recommended a law reform review in 2022. It has never been commissioned.

Then, for the few cases that get to court, the rules and attitudes about what makes a "good witness" finish the job. Queensland's intermediary scheme — the support that helps people with communication needs give their best evidence — exists in exactly two cities, Brisbane and Cairns, and only for child sexual offence proceedings. An adult woman with intellectual disability who is raped in Queensland is not covered. Victoria, Tasmania and the ACT already run intermediary programs for adults with cognitive impairment; the ACT's covers every offence type.

If she can never be a "good witness", he is never convicted. If he is never convicted, the statistics stay clean, the reports stay quiet, and the National Plan gets to call this problem small.



OF AUSTRALIAN WOMEN WITH
INTELLECTUAL DISABILITY HAVE
EXPERIENCED SEXUAL ABUSE — BY
SOME ESTIMATES

**That's not safety.
That's silence with
paperwork.**

You already have the answers. They're numbered.

Here's the part where I'm supposed to give you recommendations. I don't need to write new ones. The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability ran for four and a half years, received almost 8,000 submissions from people who relived the worst days of their lives, cost nearly \$600 million — and told every government in this country exactly what to do about everything I have just described. In September 2023. So instead of recommendations, here are the receipts:

RECOMMENDATION 8.23

Told governments to build a dedicated, funded Action Plan for women and children with disability under this National Plan, designed by women with disability. **Status: Refused.** Governments promised a "disability lens" instead — commissioned in June 2024, promised for 2025, never published.

RECOMMENDATION 8.24

Told every government to change legal definitions of family and domestic violence to include "carer and support worker relationships" and every domestic setting, and to amend the Family Law Act to match. **Status:** Not one jurisdiction has done it. Queensland: "subject to further consideration" — while its DFV Act still says paid care can't be a care relationship at all.

RECOMMENDATION 11.4

Told governments to build accessible ways to report violence and make complaints. **Status:** "Further work required." The response so far: extending the same hotline the Royal Commission found inadequate.

RECOMMENDATION 8.20

Told governments to fix police responses: co-designed training, disability liaison officers, and an alternative pathway for people with disability to report crime. **Status:** No alternative reporting pathway exists. I gave my statements on a footpath.

RECOMMENDATION 8.19

Told the Commonwealth to amend the Disability Discrimination Act so it clearly covers police services. **Status:** No legislation.

RECOMMENDATIONS 12.5 AND 12.6

Told governments to actually count us — in surveys, in service data, everywhere — with deadlines of December 2024 and June 2025. **Status:** Both deadlines missed. That is why everyone in my case thought I was the first.

The consultation paper for this very process admits that national surveys don't adequately capture people with disability. The community summary paper doesn't use the word "disability" once. You are consulting on ending violence against women while the women most likely to experience it are missing from your own documents.

What I want.

01

Put the dedicated Action Plan for Women and Children with Disability inside the Second Action Plan. Funded. Co-designed by disabled women. Not a lens applied to us — a plan built by us. (DRC Recommendation 8.23)

02

No more firsts. Mandatory disability capability for every forensic examiner, sexual assault counsellor, specialist police officer and prosecutor in the country. I should never have been anyone's first, and no woman after me should be anyone's second. (DRC Recommendation 8.20)

03

Accessible ways to report. Build the alternative reporting pathway the Royal Commission designed, and make the Disability Discrimination Act cover policing. No woman should report her stalker from the footpath because the station has stairs. (DRC Recommendations 8.19, 8.20, 11.4)

04

Accessible crisis and forensic care. Set and fund accessibility standards for every hospital and service a victim-survivor walks — or wheels — into. No rape survivor should ever be handed a floor mat and pointed at a toilet.

05

Count us. Deliver the data reforms, with the deadlines you already missed made public. You cannot end violence against women you refuse to measure. (DRC Recommendations 12.5, 12.6)

06

Recognise the power — and make the targeting a crime. Every jurisdiction to include carer and support-worker relationships and disability-based violence in its DFV laws (DRC Recommendation 8.24), and every jurisdiction to have a support-worker sexual offence modelled on Victoria's — one that punishes the abuse of power, not disabled people's sexuality. And then go where the United States went in 2009: name violence committed against a person because they are disabled as the hate crime it is — a crime in its own right, not a footnote in a sentencing hearing that 93 per cent of reported sexual assaults will never reach.

07

Let disabled women say yes, and make her no count. Make the Second Action Plan commit every jurisdiction to consent laws that presume capacity and target exploitation — starting with the repeal and replacement of section 216 of Queensland's Criminal Code, as QAI, QDN and WWILD have already proposed — and fund witness intermediary schemes for adults with intellectual and cognitive disability in every state and territory, for every offence. Not two postcodes and children only.

I survived the rape. I survived the stalking. The thing that is nearly breaking me is the system that is supposed to respond — the ten and a half hours, the stairs, the firsts, the floor mat, the words “not a priority” said to a woman classified four out of five. That system is not in my past. I am still in it.

You are writing the plan for the next five years. I've just shown you what the last two looked like from a wheelchair on the main road outside a police station.



Make us a priority
before women die.
Not after.

When the biggest moment of my career arrived — two minutes at the United Nations, with the world's attention — it was nine words I chose to leave them with. This submission is what those nine words mean in Australian law:

Words

laws that can name a support worker as a perpetrator, a group home as a home, the targeting of a disabled woman as the hate it is, and a disabled woman's yes — and her no — as her own.

Recognition the Action Plan we were promised, the data that counts us, and a National Plan that can say the word "disability".

Justice

police who believe us, stations we can enter, evidence we can give, and no more firsts.

I hope those same nine words guide every person who plays a part — big or small — in building the Second Action Plan. They are how I finish this statement.

Give us words. Give us recognition. Give us justice.

Sources for every claim in this submission: DRC Final Report (September 2023); Australian Government Response to the DRC (31 July 2024); Disability Royal Commission Progress Report 2025 (November 2025); DSS Second Action Plan consultation paper and summary paper (May 2026); ABS Personal Safety Survey via AIHW; Criminal Code (Qld) s 216; Domestic and Family Violence Protection Act 2012 (Qld) s 20(3); Crimes Act 1958 (Vic) ss 52A–52E; Crimes Act 1900 (NSW) s 66F; Crimes (Domestic and Personal Violence) Act 2007 (NSW) s 5(1)(f); Sexual Offences Act 2003 (UK) ss 38–44; Salthouse & Frohmader (2004), cited in ALRC Report 114 (2010); ABS 2021 (46% of women with cognitive disability, sexual violence); QAI, QDN & WWILD joint submission on s 216 (March 2024); Queensland Public Advocate, s 216 report (2022); Queensland Courts, Queensland Intermediary Scheme; NSW BOCSAR (2024), attrition of sexual assault cases; Matthew Shepard and James Byrd Jr. Hate Crimes Prevention Act of 2009 (US), 18 USC § 249(a)(2); UK Law Commission, Hate Crime Laws: Final Report (2021).

Consultation on the Second Action Plan (National Plan to End Violence against Women and Children 2022–2032)

Thank you for the opportunity to make a submission.

This submission responds to the consultation on the Second Action Plan under the National Plan to End Violence against Women and Children 2022–2032. It is written from my perspective as victim survivor. Family violence does not end when an intervention order is made. Ongoing vigilance is required to protect safety, privacy and children's wellbeing, and many public, legal, administrative and community systems continue to expose victim survivors to avoidable trauma, cost and risk.

The submission identifies several systemic reform priorities: reducing the burden and trauma of court processes; modernising police reporting and responses to welfare checks; improving communication from prosecutors and courts; reforming child support arrangements so they do not perpetuate financial abuse; aligning address suppression processes across business registration, ASIC, banks and other services; strengthening counselling pathways for children and families affected by violence; and protecting children's identifying information in sport and school photography.

The submission also highlights the need for a dedicated advocacy channel where victim survivors, support workers and researchers can safely raise systemic issues and seek support for change.

Alongside areas for reform, the submission recognises supports that are working and should be continued or strengthened, including maternal health services, compassionate community organisations, workplace family violence leave, therapeutic supports such as water, sand and clay-based activities, and community sport as a source of belonging, resilience and positive role models for children.

Full submission

Family violence doesn't end when an intervention order is made.

It doesn't ever end. It's domestic terrorism.

Vigilance is required constantly to protect myself and my children, -and most importantly to protect our address.

Some institutions continue to perpetuate violence because they have not changed and fail to consider the consequences of outdated practices.

I am a survivor of domestic violence; I prefer to refer to myself as a thriver. At least thriving is what I aspire to again.

But it's hard to thrive. Further systemic reform is required.

In thinking about support services, I would like to share some of my experiences and some potential action areas for inclusion in the plan.

Areas for improvement

1. The courts

Court is expensive, daunting and terrifying. In one year, I had 13 court appearances in relation to family matters (Federal Circuit Court) or intervention orders (Magistrates court). Each time I needed representation and often required a barrister and a solicitor. The reason it was 13 times is because it was often adjourned. I still needed to show up, and adjournment was only granted on the day.

<i>Reform 1: Enable adjournment before the day of court to save trauma and cost for victim survivors.</i>

On one occasion the date clashed with an important awards ceremony for my children. I was advised that while I could request an adjournment and not attend there was a risk that it would not be adjourned and if I wasn't present or my solicitor the intervention order would not be extended. I attended court and requested an early session or a late one. I was advised I just had to wait.

2. The police

Reporting of domestic violence is time consuming and inefficient. The system requires reform. When reporting a victim is required to attend a police station and make a statement. This is time consuming. As a sole parent it's difficult to

leave children and I chose not to expose my children to the police station or process.

Reform 2: Create an online reporting ability using AI that enables compilation of a domestic violence report, collecting all relevant information and rely on the Electronic Transactions Act, to enable digital submission just is the case with Commonwealth statutory declarations.

This would enable victim survivors to prepare reports from home and be available 24/7.

The police often can't or won't act.

My home was broken into by my ex partner. A neighbour witnessed him there but was too frightened to say anything. No evidence was found that could prove he had broken in.

On another occasion, my ex-partner's mother, who was also subject to an intervention order, was found hiding in a neighbour's garden after asking the neighbours to watch the children and me. When police attended, they said she was simply a grandmother wanting to see her grandchildren and let her go.

My ex partner frequently calls the police for welfare checks on the children. Despite an intervention order being in place and a long history of breaches on file the police always take the reports seriously. It is a form of repeated violence towards me. In these cases, I must explain, or my parents or my solicitor the situation to prevent the welfare check. I want to protect my children from having to endure this.

One time the police came to do a welfare check, and the children were small and I had just got them out of the bath. I got to the door and opened it to the police, only to turn around and find the children doing a nudie run. It was a quick visit.

Reform 3: Consider determining a way police can undertake welfare checks without seeing children, and how to prevent welfare checks being used to perpetuate violence and gain information.

Even when the police act. The prosecutors may not prosecute, and when they do, the courts impose fines.

The outcomes of proceedings are rarely shared. The ability to have a say in the process is limited.

I was in court once hidden in a small room with no windows and a just a door close to court. It was too dangerous for me to be in court. My barrister appeared for me and my solicitor stayed with me. The sound of bells sounded, and the court went into lock down. My ex had been threatening towards my barrister in court, and he was taken away and locked up. I later found out he was released without charge. Meanwhile I was terrified. The irony was he was in court before a magistrate and limited action was taken.

Reform 4: Make the Magistrates communicate with victims regarding the rationale for decisions.

3. The Child Support agency

The child support payment process needs reform. The process requires incomes of both parties to be disclosed to each party. This perpetuates financial abuse.

In cases where an intervention order exists, the rule that income should be disclosed to a partner perpetuating family violence should change so they are not aware of the income, only how much they need to pay.

Reform 5: Review the child support regulations and processes to recognise victims of family violence and remove the need to share income details.

In my case I have 100% custody and given my ex partner has no job, I have mostly also had 100% costs for looking after my children except for a small annual amount of approximately \$400.

One year, I received a bill from the child support agency for 15 cents. The letter was threatening in tone about needing to repay the amount. I wrote to the former Minister. I received a call from the department and was asked why I needed child support and if this was an issue (disclosing income) and given my income I should withdraw the request for child support.

I am lost for words.

In the written response to me they referred me to 1800 Respect.

I don't need 1800 Respect. I need RESPECT.

Respect for being a victim thriver who works to make sure her children can thrive and kind, generous and thoughtful community members, and who is entitled to child support.

I have also been contacted by the Child Support agency on multiple occasions, where the Child Support agency is being used to perpetuate violence. For example, the Child Support Agency has contacted me to find out whether my child received a birthday gift. The Child Support Agency has contacted me to tell me my custody of the children has changed.

The Child Support agency does have a referral for support where there is family violence. My experience on multiple occasions of talking to this support is to be advised not to seek Child Support. This is not support.

Reform 6: Review child support arrangements and modernise the approach to supporting victims of family violence, removing the current default to advise not to seek child support.

Recently I received a call from Child Support saying a cheque had been sent for my child. The cheque in my child's name. It was for their birthday. My ex partner advised it was a child support payment. Following the process, the Child Support Agency asked whether I would accept the payment as child support. When I said no, it was a cheque for my child and again explained the intervention order, I was told some people accept money into children's accounts instead of their own. It was a waste of time and another frustrating phone call.

Reform 7: Remove the ability to pay child support into children's accounts.

I was unemployed for a period, which was frightening. I notified the Child Support Agency and my support was recalculated. When I later called to report that I had found work, I discovered I was owed \$2,000. No one had told me or followed up the debt, even though that money would have made a significant difference.

The Child Support Agency also used outdated tax information to update my income, despite my having reported my current income by phone. I was not told that a payslip was required, and the issue took several calls and bounced emails to resolve. In the meantime, my ex-partner was given an incorrect, much higher

income figure. These decisions appear to be automatically triggered without adequate checks, raising concerns about Robo debt-style processes and, at the very least, inefficient administration.

Over the years, I have come to fear the many Child Support letters triggered by every tax change. In one year, I received five updates between 1 July and 30 October, each stating that I had 100% custody and 100% of the costs, while confirming only the minimum annual payment.

Reform 8: Improve the communication and culture of care in the Child Support Agency and review for Robo debt like decision making.

4. The Australian Business Registry and ASIC

I recently started a business. The Australian Business Registry advises you can simultaneously apply to have your address suppressed. You can't.

The form is automated when you apply for a business.

An address suppression is a manual form that is emailed to you. You then need to print and mail back.

In my case I was talking with a support person who said I could submit, so I did. Only to then find out about the manual form.

Too late info had already automatically been sent to the State Government.

While my ABN was cancelled, I awaited address suppression.

Ironically, I received a letter saying the business was cancelled but not one that it was created or my address suppressed. I had to follow up by phone to confirm the business had been created and address suppressed.

So, I applied online for a bank account but couldn't complete the process because my address was suppressed. It took me 3 hours in the bank branch with all my paperwork and three helpful staff to put in place a process to generate my bank account.

I then applied for a business name but could not get a business name automatically, because my address was suppressed. I had to provide evidence again for suppression.

My business was created, named and had a bank account.

But I couldn't get paid, because my address was suppressed.

So, in protecting my family I am disadvantaged again. It is exhausting. The systems need to connect. I can't be the only victim survivor who doesn't want her address disclosed.

Reform 9: Review the approach to suppression of address – both the process in granting and aligning across the ABR and ASIC and in informing banks and vendors/other businesses that suppressed address businesses are valid.

5. Counselling

I sought support from the local domestic violence service and in the intake process was advised of the best counselling I could get my children locally. I joined the waiting list for the service (not a private practice). On making it to the top of the waiting list I was advised that the counselling couldn't proceed without my ex partners support because despite having an intervention order I did not yet have 100% custody. Even though the service dealt with domestic violence they insisted on his sign off. I agreed. They contacted him and commenced the process. They called to tell me they couldn't help me as it wasn't safe for them if he was involved. I had tried explaining.

As an alternative I attended a Mummy and Me session that was promoted by the local domestic violence service and run by Relationships Australia. Before attending I explained the situation and its depth, indicating no chance of reconciliation. We attended and the adults were taken to another room and the story book that was to be shared as part of the session was read to the adults. The book talked about a family whose neighbour identifies the family violence issue, helps the family, the parents apologise and it all works out with a happy ending. I was stunned. I bravely stood and told them we needed to leave as this was not appropriate for our family.

When I provided feedback to the local domestic violence service and requested it was raised with their board, I received no feedback. I wouldn't want anyone to experience what we went through. It was a waste of time, traumatising and a fairytale.

The book had been funded by the Victorian government.

When I got 100% custody I went back to see if I could get the support for my children from the ‘best counselling service’. They reviewed and agreed. My children had suffered trauma and when it wasn’t easily solved, they told me they couldn’t help and didn’t refer me to another service. I was left stranded.

I did have some positive counselling experiences.

- The children participated in play therapy. This was playing and learning to name emotions. The children responded and she was great.
- My local council has a community organisation who provide support. They were terrific. The person was an expert in mental health and was able to explain my ex-husbands’ conditions and help me talk to my children.

Reform 10: Develop guidance for Victim survivors seeking counselling support that identifies support options

6. Sporting authorities

Sport is an integral part of recovery. Children’s participation in sport enables places of belonging, strengthens skills and connection and builds resilience.

Unfortunately, sporting codes are collecting and publishing children’s full names by default. Organisations like PlayHQ publish full details of children’s names, teams and locations of where they play. You need to turn off notifications.

Tennis peak bodies publish scores and rankings.

Other large organisations publish full names and locations on competition schedules.

Often you don’t know. There is certainly no consent.

The default is to share this information. Why? I have raised this with a peak organisation whose reply was, well all other sporting codes do this.

By making this information available victim survivors can be found.

Reform 11: Review this practice and consider whether legislation is required to mandate opt out of disclosing all information, rather than a default of opting in.

Reform 12: Work with sporting associations to change culture and practice around disclosure of children's full names and details of where games are being played by each team.

7. School photographers

A school photograph is an important memento, recording who was your teacher and who was in your class.

Kids know their classmates. Even today I can tell you the names of classmates in school photos.

School photographers offer schools packages, which often include free photos, such as portraits of entire year levels with full names of students.

I worked with the vice principal at my children's primary school to ensure graduation photos did not include the full names of all children in the group photo.

At secondary school the same issue has persisted with entire year level receiving a photo of every child. The children do not need this; they will remember their classmates' names and if they don't, does it matter?

The photography consent form supplied at the beginning of the year covers general photos of students. There is consent to withhold names but use pictures.

This is not the case for school photos. A broader issue exists around child safety and protecting children's personal information until they are old enough to decide. This is potentially a broader issue for the e-Safety Commissioner.

Reform 13: Work with school photography industry to review the practice of school photographers providing full names of all children in year levels to all other children.

8. Advocacy for systemic improvements

The issues outlined above are systemic. Ten years in, I continue to face new issues. When I raise these issues with the relevant organisation they are not acted on. I am made to feel that these things don't matter. I believe they do.

Support for victim survivors to safely raise these issues and to be heard, and for systemic solutions to be implemented is a critical focus for the next 5 year action plan.

Reform 14: Create an advocacy channel where victim survivors, support workers and researchers can raise systemic issues and seek advocacy for championing systemic change.

Areas requiring continued support, that are working

1. **Maternal health services:** My maternal health nurse was incredible. When counselling failed, she was the one who helped me understand it was domestic violence and pointed me in the right direction.

Reform 15: Recognise and reward the important role of maternal health nurses.

2. **Community organisations:** Local community organisation support that is targeted, professional and appropriate works. Always a friendly voice from the receptionist, with compassion care and kindness. They follow up and are accepting.

Reform 16: Put in place an awards process to recognise quality services where victim survivors can show their appreciation for what is really working. It's important it's the victim survivors nominating, community not industry based awards.

3. **Workplace supports and leave:** The leave provisions for domestic violence have been a game changer. What would help is information that victim survivors can share with employers either when they need to take leave or start a new role to explain what it means. I have disclosed to my employer that I have an intervention order in place when I start a new role. The first question is usually what I can do or what do I need to do. Something that we can share would be helpful.

Reform 17: prepare a guide for employers that employees can share to explain what they need.

4. **Water, sand and clay:** Through it all I have learnt that processing takes time. For the children and I water, clay and sand play a big role in processing. The local

pool and swimming lessons are fantastic. So too is the beach and making sandcastles. Pottery and working with clay are also very good.

Reform 18: Consider what supports might be designed share the benefits of water, sand and clay in helping process trauma, potentially instead of counselling.

5. **Community sport:** Participating in community sport and sporting teams can provide safe spaces and good role models. I am fortunate to have found great role models for my children through community sport. Their resilience, confidence and friendships have grown.

Early one Saturday morning, I met a mum who shared her story with me. Her kids were slightly older and she was a survivor. She left to take one of her other children to another supporting event and her dad arrived to support her child still playing sport. He was an elderly man on oxygen, strong and bright. He told me it had been very tough and above all else, through all the hard things, you just need to hang in there for your kids. Keep going.

He was right. You need to hang in there, even when it's tough.

Reform 19: Acknowledge that it is tough, just because a woman has escaped with her children does not mean the violence stops or that the trauma disappears. It takes time and hanging in there is hard.

Lastly, I would like to share a reflection I wrote a five years ago about the day I received the first intervention order and all the people I thank for their support. It provides insight into day to day support and the importance of compassion and care in our communities.

Not a victim survivor, a thriver

I can still hear the sound of the scanning machine, beeping away as lines of people entered the [REDACTED] Magistrates Court. I was so afraid, that weekend I had been so afraid. I'd made a big decision. I'd survived that terrible weekend. But it would be the last.

I found my way to where I needed to apply for an intervention order. The Registrar told me I might not get on the list. I must sit and wait. I was alone and afraid. Afraid for my children, afraid for our future.

As I sat there, listening to the constant beeps of the scanning machine, a couple of women chatted. Lightly and hopefully the lady in red and her lovely lawyer in green discussed belly dancing. Their conversation distracted me taking me away from the tears that welled in my eyes. The shame was horrific, somehow worsened by the curious private girls in their hats on their day out to see how a court operated. The glanced into the waiting room. There was nowhere to hide.

The lady in red came across to talk to me. She was kind and so real. She was the first person I ever met like me. She had a son and had been to court for an intervention order many times. She recommended a book that might help. She told me there was a support worker, who never materialised and that we needed to leave the court for lunch. She told me I could call someone, a friend. It was a revelation.

I hadn't told anyone what I was doing. I hadn't really told anyone how bad things were. I couldn't. It was too risky. And, if I am really honest it hurt too much. I was afraid, so very afraid, and ashamed.

I called [REDACTED]. She knew a little about where I was out. She also worked in the city, and it was lunchtime, it would just be her lunch hour. She met me on William Street.

When we went back to court, she waited with me. It was about 3pm when we were asked into the court room. My application had been reviewed twice by then and I'd already been interviewed by the Registrar.

They called my name and I stood to approach the bench. Kindly the Magistrate let my friend come with me. It all feels quite a blur. [REDACTED] held my hand, and I answered the Magistrates questions. I was so afraid. I was afraid the Magistrate wouldn't believe me and then what would I do? Returning to my broken life was terrifying. Louise kept holding my hand, it gave me strength.

The Magistrate granted the interim Intervention Order. My self-esteem was so low I was shocked that I was believed. I cried in relief.

It would be another four years until the final indefinite orders were made.

On the journey I had support from many good people, some my friends and family, support people and strangers too. I'd like to thank them.

Thanking you

Thanks to the lady in red and her lovely lawyer in green

I really appreciate your kindness and support that day. I was a stranger and you helped me through. One day I will learn to belly dance.

Thanks to [REDACTED], for holding my hand

Before that day and ever since, you have always been there. Thanks for continuing to come to court. My dear friend, thank you for being accepting, kind and generous of heart. My children love you. You are family.

Thanks to my solicitor and her assistant

When I first came to you, I didn't appreciate the journey we would go on. Thanks for your honesty, for your advice and for not giving up, even when you were personally threatened. I am sorry you had to get your own order too. You were right. I am grateful for finding you.

Thanks to [REDACTED]'s owner

Your friendship and support meant so much. You were honest and could see what was happening. Thanks for all the little things. However, your support of me put you at risk. Because you knew so much about the system and about him, I think that frightened you more. I am sorry. Thanks for being there for me and the children.

Thanks to my maternal health nurse

I still recall coming from my counselling session, having been told there was no hope for my relationship. I called you and you referred me to a domestic violence service. Despite years of navigating and trying to get help, it was only at this point (naively) that I realised I had been experiencing domestic violence. Thanks for helping me navigate and for caring for us.

Thanks to the school principal and assistant principal

Thanks to both of you for keeping the children safe. Thanks for every time you locked down the school, and we extracted the children without them knowing safely. Thanks for protecting them and for protecting us.

Thanks to my manager

The day I met you in the food court and told you my marriage was breaking you stood and hugged me. I never expected it. I was fully prepared to step back and take a lower role. You cared and believed in me. You wanted us to be safe. I will forever be grateful.

Thanks to my co-worker

In the days, weeks and months after the interim Intervention Order you were there. You listened and empathised and never judged. You continued to work alongside me, and we made some magic happen at work. Making a difference and a productive contribution helped bring back my strength. Thank you.

Thanks to my parents

I wanted to protect you as much as possible from all the horrible things. I know you were concerned. You'd been threatened. Thanks for finding us a safe place to go. Thanks for respecting my decisions and for helping with the children. Your support has been incredible and the relationship you have with the children has helped them grow and thrive. Thank you.

Thanks to my brother

I know you think sometimes I could have said no and not put up with it. I want you to know I did say no. But I also got professional advice to let it go, to not exacerbate things. I now know this advice was wrong. Thanks for being there for us, and for helping us, especially every Father's Day as a stand in. Having strong male role models is important. We are lucky to be loved.

Thanks to my aunt and uncle

I was very afraid of what our extended family would think and of being accepted. I didn't know whether being a single parent and divorced would be okay. Thanks for continuing to love us and accept us. Thanks for caring for us and about us. Being loved and accepted has really helped.

Thanks to a wise woman

We've grown to be great friends. Thanks for listening and for giving me a place to escape if things got bad. Thanks for coming to court with me. More than that thanks for inviting the children and I into your life, and for the great adventures.

Thanks to [REDACTED]

I know sometimes you felt far away. But those words you echoed as we packed the million and one coffee mugs, you'd accumulated for your move have stayed with me. Forgive yourself. It's been hard to forgive myself for not leaving sooner, for not comprehending what was happening and for hoping too long. Thanks for being there and for accepting us as we are, even when we were so bruised and for loving us even when it was hard to watch.

Thanks to my friend and her family, who are constantly generous

Thanks for coming that Friday after the order. To be in the blur with me and sit and wait for the Police to come with my ex and get his things from the house. Thanks for calling, for the shelves, the bike, the kitten, the help unpacking and your continual support.

Thanks to my high school pals

I remember that first Christmas afterwards, our families together celebrating. I was a mess. It was hard being with you when I felt so broken so different, such a failure. The shame was intolerable. I found it hard to explain. I wanted to protect the kids. Thanks for

sticking with me, for taking the time to understand, for protecting me and letting the hard things just be.

Thanks to the best comms manager ever

To my dear friend. I am sorry your job was threatened, and your boss was involved. I am sorry you became afraid too. Thank you for being brave enough to put your concerns in writing to the police. More than that, thanks for being there and supporting the children and me. For our escapes with [REDACTED] and letting me let it out.

Thanks to the sunflower

Thanks for checking in, being kind, for being in my corner and reassuring me personally and professionally. Your kindness and remembering of us, helps in being connected. Maybe we can visit the sunflowers again together one day.

Thanks to my kind friends and family

Thanks for sticking by us, for checking in and listening. I know at the start you couldn't believe it. Things always looked so much better in public. Thanks for caring and continuing to surround us with love. You kept us connected, in what at times was surreal.

Thanks to the play therapist

In the early days thanks for allowing the kids to process through play therapy. For letting them play and guiding them through expressing, understanding and naming their feelings. You unlocked the keys for lifelong learning and enabled us to set the foundations for strategies.

Thanks to [REDACTED]

[REDACTED], I am not sure what happened to you, but I wanted to say thank you. Thank you for explaining the cycle of violence to me and for being there as things continued to unwind horribly. For being available on Fridays! Thank you for listening and helping validate what I knew to be true.

Thanks to [REDACTED]

Thanks, [REDACTED], for all your support, while it was short, it was incredible. Your explanation to me and then to the children about mental health was an important turning point. Having the knowledge helps deal with the facts. Whilst the future remains uncertain, knowing what we are dealing with makes a difference.

Thanks to [REDACTED]

Thanks for coming to live with us and help me with looking after the children. You didn't know it but until you arrived, I had never had the confidence to take the rubbish out after

dark or even to walk to the bus stop on my own in the day light. Having some company made a difference.

Thanks to [REDACTED] from the Telstra Shop

I cried in your shop when you said you would help me, and you gave me a bottle of water. I'd started a new job and had no internet or home phone for three months. Another phone provider wouldn't disconnect the line because it was in my ex-husband's name. And despite it being in his name, supported his continual insistence that I pay my ex-husband's mobile phone bill. Thank you for putting a new line to the house.

Thanks to Safe Steps

Thanks for your practical help. For debugging my house and helping me navigate in the wake of the break in. We ended up moving as it was hard to feel safe. Having your reassurance and guidance helped. Thank you.

Thanks to the estate agent from Fletchers

You didn't know me, but you were the first person to truly say sorry. I was crazy with fear. You looked at me as I explained I was scared my ex was hiding in the vacant house next to ours. You said you were so sorry and went inside and looked. Even when you found nothing you still said sorry. You didn't know my home had been broken into. I was still so very afraid.

Thanks to the conveyancer

You were right, I needed a solicitor. Thanks for sharing your journey and not wasting my time and money. Your empathy and openness mattered even more. Knowing others had been on the journey made me feel less alone.

Thanks to the more than just vendors

It took longer than it should have to settle. The finance market and complications with my legal settlement made it really complicated. Thanks for sticking in there and not walking away, and for being great neighbours.

Thanks to the couple from Queensland

One afternoon on the banks of the Yarra at South Bank, the kids, their scooters and I sat eating lunch. You sat nearby. You came and told me how impressed you were with the children. It meant so much. You didn't know what we'd been through. Your words validated that we were okay. Thank you.

Thanks to [REDACTED]

Thanks for leading the conversation on domestic violence and in particular for the changes you made to leave provisions. In one year, I had more than 13 court dates. Having the support and understanding of my workplace took away some of the shame.

Thanks to my Deputy Secretary and Secretary

I never really talked to you about it much. But I knew you knew. Thanks for your support in allowing me to continue to lead. Thanks for later saying that my career shouldn't be destroyed because of it. He had threatened he would ruin my reputation at work. Working was so important, a constant, and an escape where I could make a difference to others.

Thanks to my CEO and head of Corporate

Moving jobs was a big step. I really didn't know if anyone would take someone with a messy personal life on. Thanks for accepting me and supporting me.

Thanks to soccer, our saviour

Thanks to my high school pal for inviting us to join in. It helped give us a routine. A new place to belong, where our past was not known, and we could be who we are. Where my son built resilience and I found a new tribe.

Thanks to swimming, our processing

Thanks to the lifeguard that complimented me on the way I was in the water with my children every week. This time was important. The water helped the children process what had happened and it gave us a routine and strengthened our families bond.

Grace @Sea is Victorian single mother of 2 children. She wishes to remain anonymous. She prefers to think of herself as a thriver rather than a victim survivor of domestic violence.

Wherever she can she tries to support others who are in difficult circumstances.

From: [REDACTED]
To: [Second Action Plan](#)
Subject: Submission
Date: Friday, 31 July 2026 8:21:25 AM

Hi

Please accept my submission for the Second Action Plan. It was too long to attach to the form.

Thanks

[REDACTED]
[REDACTED]

Domestic Violence Policy Submission: Evidence-Based Reform, Equality and Better Research

Improving Domestic Violence Prevention Through Better Cultural Research

Current domestic violence research in Australia records factors such as the country of birth of offenders and victims. While this information has some value, it is insufficient to understand how cultural values influence domestic violence across generations.

A person's country of birth is not necessarily the same as their cultural background. Many migrant families maintain their cultural traditions and values after arriving in Australia, and these values are often passed on to their children, even when those children are born in Australia. As a result, statistics based solely on country of birth become less useful over time because second- and third-generation Australians are recorded simply as Australian-born.

If the objective is genuinely to reduce domestic violence and save lives, Australia should consider collecting voluntary information about cultural background, alongside other relevant factors, for research purposes. This would allow researchers to examine whether any cultural practices, beliefs or family norms are associated with either higher or lower rates of domestic violence, while controlling for other important influences such as socioeconomic status, education, alcohol and drug abuse, mental illness, childhood exposure to violence, and other recognised risk factors.

The purpose of such research would not be to stigmatise any community. Rather, it would be to identify evidence-based risk factors and protective factors so that prevention programs can be better targeted.

Research should also examine cultures that have comparatively low rates of domestic violence. If certain cultural values or family practices are associated with lower levels of intimate partner violence, Australia could learn from those positive examples and incorporate those lessons into prevention strategies. Effective public policy should identify both risk factors and protective factors wherever they exist.

As Australia's population becomes increasingly multicultural, understanding how different cultural values interact with Australian society may become increasingly important. In some families, children grow up with one set of expectations at home while experiencing

different social norms in the wider Australian community. Researchers should investigate whether this transition creates particular stresses or conflicts that may contribute to relationship problems, or whether other factors are more significant.

If governments state that protecting women is their highest priority, then they should be willing to investigate all plausible evidence-based avenues that could improve prevention. Research should not avoid legitimate questions simply because they are politically sensitive. At the same time, conclusions should only be drawn where supported by robust evidence, and findings should never be used to stereotype individuals or communities.

The goal of this proposal is straightforward: collect better data, conduct better research, identify both risk and protective factors, and use the findings to develop more effective domestic violence prevention policies that protect all Australians.

Equal Treatment, Individual Justice and Evidence-Based Domestic Violence Policy

Discrimination occurs when people are treated differently because they are assumed to belong to a particular group, rather than being assessed as individuals.

In the context of domestic violence, public discussion and government policy have increasingly focused on violence committed by men against women. While violence against women is a serious issue that deserves attention, there is a risk that public policy can unintentionally treat all men as though they share responsibility for the actions of a very small minority of offenders.

The overwhelming majority of men are not violent. They work, pay taxes, raise families, volunteer in their communities and contribute to society in countless ways. Men build and maintain much of Australia's infrastructure, work in many dangerous occupations, protect their families, and contribute significantly to the wellbeing of their communities. Society as a whole benefits from these contributions.

Government policy should therefore avoid creating systems that implicitly assume men are perpetrators or that women are always victims. Every allegation of domestic violence should be taken seriously, but every allegation should also be investigated fairly, with decisions based on evidence rather than assumptions or stereotypes.

Justice requires that each case be assessed on its own facts. Policies should recognise that domestic violence can have male victims, female victims, and occur in same-sex relationships. Support services and legal protections should be available to all victims, regardless of sex.

Where government assistance is available for people leaving violent relationships, appropriate safeguards should exist to ensure that support reaches genuine victims while protecting the integrity of the system. Maintaining public confidence requires both compassion for victims and appropriate accountability where fraud or deliberate false claims are proven.

Public debate should also acknowledge that domestic violence can have serious consequences beyond physical injury. Allegations may affect child custody, family law proceedings, housing, employment and reputation. For that reason, both victim protection and procedural fairness are essential.

Policies should be driven by reliable evidence rather than broad assumptions about men or

women as groups. The objective should not be to favour one sex over the other but to protect every genuine victim while ensuring every person accused of wrongdoing receives fair treatment and due process.

A society committed to equality should reject discrimination in all forms. Individuals should be judged by their own actions—not by the actions of others who happen to share the same sex. Domestic violence policy should reflect this principle by protecting victims, respecting due process, and ensuring that laws and public institutions operate fairly for everyone.

Recommendation: Review the Domestic Violence Financial Assistance Program

Financial assistance for people escaping domestic violence serves an important purpose. Genuine victims should have access to immediate support to help them leave dangerous situations and establish a safe life.

However, like any publicly funded program, it should be regularly evaluated to ensure it is achieving its intended objectives and that public funds are being used effectively.

One area that warrants research is whether recipients are receiving assistance on multiple occasions over a number of years. If repeat claims occur, researchers should examine the circumstances surrounding those claims.

For example:

- How many individuals receive domestic violence leaving payments more than once?
- How many receive assistance multiple times with different partners?
- Over what period do repeat claims occur?
- What factors contribute to repeated claims?
- Are there identifiable patterns that suggest the program is successfully helping people permanently escape violence, or are some recipients becoming trapped in repeated cycles?

If a small number of individuals are making repeated claims, this does not automatically indicate wrongdoing. There may be genuine reasons why someone experiences multiple abusive relationships. Equally, there may be cases where the program is being misused or manipulated. The purpose of research is to determine which explanation is supported by evidence, rather than making assumptions.

Where evidence identifies repeated use of the program, governments should investigate whether additional interventions—such as counselling, behavioural support, case management, or improved risk assessment—would be more effective than simply providing repeated financial assistance.

If there are cases where the same individual repeatedly accesses the payment over many years with different partners, it would also be appropriate to examine whether that person is solely a victim, whether they may also contribute to relationship conflict, or whether other underlying issues are preventing the cycle from being broken. The aim should not be to blame victims, but to understand why repeated crises occur and whether different interventions could produce better outcomes.

Effective domestic violence policy should be measured not only by the number of payments made, but by whether those payments lead to long-term safety and a reduction

in repeated violence. Every government-funded program should be subject to evidence-based review to determine whether it is meeting its objectives, whether improvements are needed, and whether additional safeguards or support services would produce better outcomes for both individuals and the community.

Recommendation: Address Substance Abuse as Part of Domestic Violence Intervention

Substance abuse is a recognised risk factor associated with many incidents of domestic violence. While drugs and alcohol do not excuse violent behaviour, they can contribute to relationship instability, impaired judgment, financial hardship and repeated cycles of violence.

For this reason, governments should examine whether substance dependence is being adequately addressed within domestic violence support services.

There are reports from some former domestic violence workers that a proportion of clients accessing crisis accommodation have significant drug or alcohol dependency. If these reports are accurate, then governments should investigate the extent of the issue through independent research rather than relying on assumptions or anecdotal evidence.

Where substance dependence is identified, support should not be limited to emergency accommodation and financial assistance alone. Recovery from addiction may be essential if the goal is to break the cycle of repeated domestic violence.

Governments should therefore consider whether clients entering domestic violence accommodation should be offered comprehensive alcohol and drug assessments, together with access to appropriate treatment and rehabilitation services where needed. The objective should be to identify underlying issues that may contribute to repeated crises and ensure that support addresses the whole situation rather than only its immediate consequences.

Program evaluations should also examine outcomes such as repeat presentations to shelters, repeat applications for financial assistance, ongoing substance dependence, and whether integrated addiction treatment reduces future domestic violence incidents.

The purpose of this recommendation is not to suggest that people experiencing addiction are responsible for the violence committed against them, nor to deny assistance to those in need. Rather, it recognises that addiction may be one of several factors preventing individuals and families from escaping repeated cycles of violence.

An evidence-based domestic violence system should be willing to investigate every significant contributing factor—including substance abuse—if doing so has the potential to reduce repeat violence and improve long-term outcomes for victims and their families.

Recommendation: Equal Access to Early Intervention Services

Domestic violence prevention should focus not only on responding after violence has occurred, but also on preventing violence before it happens.

In many public places, including men's public toilets, government-funded advertising encourages men who are concerned about their behaviour or who fear they may become violent to seek help through dedicated telephone support services. These campaigns acknowledge that early intervention can prevent harm before it occurs.

If governments believe that early intervention is an effective strategy, then equivalent services should be available and promoted for everyone, regardless of sex.

Women who recognise that they are becoming abusive, controlling, or violent, or who are experiencing thoughts that they may harm someone close to them, should also have access to confidential, non-judgmental support designed to help them change their behaviour before violence occurs.

Domestic violence prevention should not assume that only one sex requires behavioural intervention. While the patterns of offending may differ between men and women, individuals of either sex can benefit from early support, counselling and behavioural intervention.

Governments should therefore review whether existing early-intervention services are equally accessible to women who wish to seek help for their own behaviour. If equivalent services already exist, they should be promoted as prominently as those available to men. If they do not exist, governments should consider establishing them.

The objective should be simple: anyone who recognises that they may become violent should know where to seek help before someone is harmed. Equal access to preventative services would strengthen domestic violence prevention by ensuring that support is available to every person willing to seek assistance, regardless of sex.

Preventing violence before it occurs is more effective than responding only after victims have been harmed. A truly evidence-based and equitable domestic violence strategy should encourage early intervention wherever the risk of violence exists.

Recommendation: Distinguish Between the Frequency of Violence and the Severity of Violence

Domestic violence policy should clearly distinguish between different forms of violence rather than treating all violence as though it is the same.

One important question is whether domestic violence is inherently gendered, or whether the key difference between men and women is the capacity to inflict severe physical injury due to average differences in physical strength.

Research should examine several separate questions:

- Are men and women equally likely to engage in acts of physical aggression within intimate relationships?
- If differences exist, how large are they?
- To what extent do average differences in physical strength influence the severity of injuries?
- How do patterns differ across heterosexual and same-sex relationships?
- Which factors are most strongly associated with serious injury and homicide?

Understanding these distinctions is important because the frequency of violence and the seriousness of violence are not necessarily the same. Two people may engage in similar acts of physical aggression, yet the consequences may differ substantially because of differences in physical strength, size, the use of weapons, or other factors.

Research into same-sex relationships, including both male and female couples, may also

provide valuable insights into the causes and dynamics of intimate partner violence. Comparing different relationship types may help identify which factors are related to sex, which are related to relationship dynamics, and which are influenced by other social or psychological factors.

The purpose of this research would not be to minimise violence committed by any group, nor to suggest that one form of violence is acceptable. Every act of domestic violence should be treated seriously, regardless of who commits it.

However, public policy should be based on accurate evidence. If governments wish to describe domestic violence as a gendered issue, they should clearly identify whether they are referring to the prevalence of violent behaviour, the severity of injuries, the risk of homicide, or another specific measure. These concepts should not be treated as interchangeable.

A more precise understanding of the nature of domestic violence would allow governments to develop policies that better protect all victims while ensuring that prevention strategies are based on evidence rather than broad generalisations.

Recommendation: Research Mutual Violence and Violence Across Different Relationship Types

Domestic violence research should recognise that intimate partner violence does not always follow a single pattern. While some relationships involve one primary perpetrator and one primary victim, other relationships involve violence being committed by both partners. Understanding these different patterns is essential if policy is to be evidence-based.

Research should distinguish between:

- Violence committed primarily by one partner.
- Mutual violence, where both partners engage in violent behaviour.
- Male perpetrators and female victims.
- Female perpetrators and male victims.
- Violence in same-sex relationships.
- The factors associated with serious injury and homicide.

Violence is a two-way street.

Where mutual violence occurs, it should be recognised as a distinct pattern requiring its own research and intervention strategies. A relationship in which one partner assaults the other and the violence is retaliated against differs from one in which both partners repeatedly engage in violent behaviour. Understanding these differences is important for developing effective prevention and treatment programs.

Research into same-sex relationships may also provide valuable insights into the dynamics of intimate partner violence. Comparing heterosexual and same-sex relationships may help researchers identify which aspects of domestic violence are influenced by sex, which are influenced by relationship dynamics, and which are associated with other factors such as substance abuse, mental health, trauma or socioeconomic circumstances.

Public discussion often focuses on domestic violence resulting in the death of women, and preventing these deaths must remain a priority. However, serious public policy should also recognise that domestic violence can involve male victims, female victims, male perpetrators, female perpetrators, and relationships where both partners engage in violence.

Public debate should allow discussion of the full range of domestic violence patterns without assuming that acknowledging one form of violence diminishes another. Recognising that some relationships involve mutual violence, or that women can also be perpetrators, does not minimise violence against women. Instead, it acknowledges that domestic violence is a complex issue that requires responses tailored to the circumstances of each case.

Government policy should therefore be based on comprehensive evidence that examines all forms of domestic violence rather than focusing exclusively on a single pattern. Every victim deserves protection, every perpetrator should be held accountable for their own actions, and every case should be assessed on its individual facts.

Recommendation: Consistent Standards on Violence Against Women

Governments, public broadcasters and publicly funded organisations frequently promote campaigns condemning violence against women, misogyny and the normalisation of violent attitudes. If these principles are to have credibility, they must be applied consistently, regardless of a woman's political views, public profile or personal beliefs.

The broadcast by the ABC of the short film *A Very Relaxing Video*, which depicted graphic violence directed at Gina Rinehart, raises serious questions about whether these standards are being applied consistently.

The issue is not whether people agree or disagree with Ms Rinehart's political views or public statements. In a democratic society, people are entitled to hold differing political opinions. The issue is whether graphic violent fantasies directed at a real woman should be treated differently because of her political beliefs or public profile.

If governments and public institutions promote the message that violence, misogyny and abusive attitudes towards women are unacceptable, then that principle should apply equally to every woman. Respect for women should not depend upon whether a person agrees with their politics, ideology or public commentary.

Permitting or defending violent depictions of women because they are politically unpopular risks sending an inconsistent message to the community. It suggests that violence or degrading treatment towards women is unacceptable in some circumstances but more acceptable when directed at women whose views are controversial or unpopular.

Public messaging is most effective when it is consistent. If society expects people to reject violent or misogynistic language towards women, then publicly funded organisations should demonstrate the same standard in the content they commission or broadcast.

Governments should also consider whether publicly funded campaigns against domestic violence and misogyny are undermined when publicly funded institutions appear to tolerate or broadcast violent depictions of real women based on political disagreement.

Domestic violence prevention is built upon the principle that every person deserves dignity, safety and respect. Those principles should apply equally to every woman, regardless of her political beliefs, occupation, wealth, influence or public profile. A consistent standard strengthens public confidence in domestic violence prevention; selective application risks undermining that confidence.

Recommendation: Consistent Investigation of Coercive Control in Suicide Cases

The recognition of coercive control as a serious form of domestic abuse has expanded the understanding of how abusive relationships can affect mental health and, in some cases, contribute to suicide.

If coercive control is capable of contributing to a person's decision to take their own life, then this principle should be applied consistently regardless of the victim's sex.

Australia experiences a significant number of male suicides each year. Where there is evidence that a deceased person was subjected to prolonged coercive control, psychological abuse, intimidation or other forms of domestic abuse before their death, investigators should consider whether those factors contributed to the suicide in the same way they would in any comparable case involving a female victim.

The question is not whether coercive control affects women—it clearly can. The question is whether the same investigative approach is applied when the deceased is a man.

Governments should commission research into the relationship between coercive control and suicide for both male and female victims. This research should examine:

- How often coercive control is identified as a contributing factor in suicides.
- Whether investigations are conducted consistently regardless of the victim's sex.
- Whether existing investigative guidelines adequately recognise male victims of coercive control.
- Whether legislative reforms or investigative protocols require amendment to ensure equal treatment.

Every suicide occurring in the context of an intimate relationship should be assessed on its own facts. Where there is credible evidence that coercive control or sustained domestic abuse may have contributed to the death, investigators should consider that evidence regardless of whether the deceased was a man or a woman.

A justice system committed to equality should ensure that coercive control laws are applied consistently. If coercive control is recognised as capable of contributing to suicide, then every victim deserves the same level of investigation and legal consideration, irrespective of sex. Equal application of the law strengthens public confidence in both domestic violence policy and the justice system.

Recommendation: Improve Research into Domestic Violence in Same-Sex Relationships

Domestic violence research should ensure that data collected on same-sex relationships is sufficiently detailed to support reliable conclusions.

Some studies have reported higher lifetime rates of intimate partner violence among women in same-sex relationships than among women in heterosexual relationships. Researchers have suggested a number of possible explanations for these findings,

including violence experienced in previous heterosexual relationships. However, unless this information has been directly collected through gender-specific questions, these explanations remain hypotheses rather than established facts.

Public policy should not rely on assumptions where more precise data can be obtained.

Future research should distinguish clearly between:

- Violence committed by a current same-sex partner.
- Violence committed by a previous same-sex partner.
- Violence committed by a previous opposite-sex partner.
- The timing and frequency of each incident.
- Whether violence was one-sided or mutual.

If lesbian relationships are more violent than heterosexual relationships that would be a very strong indicator that the heterosexual DV stats and narrative are majorly flawed. That might be the reason for the reluctance to investigate this more thoroughly?

Collecting this information would allow researchers to determine whether the reported rates of domestic violence in same-sex relationships are primarily attributable to violence within those relationships or whether they reflect experiences from previous relationships. Without these distinctions, the available data may be open to differing interpretations.

If same-sex female relationships are found to have comparatively high rates of intimate partner violence after more detailed research, that finding should be investigated objectively rather than explained away without supporting evidence. Conversely, if more detailed research shows that earlier findings were influenced by experiences from previous relationships, that conclusion should also be accepted.

The purpose of collecting more detailed data is not to support any predetermined conclusion. It is to ensure that domestic violence policy is based on evidence rather than assumptions. Where significant statistical findings or apparent outliers exist, governments should seek better data to understand them rather than relying on explanations that have not been directly tested.

Evidence-based policy requires accurate, comprehensive and transparent research. Better data on same-sex relationships would improve understanding of domestic violence across all relationship types and help ensure that prevention and support strategies are based on demonstrated facts rather than inference.

Recommendation: Strengthen Safeguards Against False Allegations While Protecting Genuine Victims

Domestic violence laws and support systems exist to protect people from harm, and genuine victims must always be encouraged and supported to come forward.

However, a fair justice system must also recognise that deliberately false allegations of domestic violence can cause serious harm. When false allegations are made, the consequences can extend beyond the immediate complaint and affect intervention orders, family law proceedings, relationships with children, employment, reputation and a person's ability to access justice.

The principle that people should be protected from violence must apply equally to people who are falsely accused of committing it.

There is concern that inadequate attention is given to the issue of false allegations and the consequences for those who make them deliberately. Any system that investigates domestic violence allegations should have clear processes to identify where claims are unsupported, inconsistent or intentionally false.

False allegations of domestic violence are a serious issue because they can have major consequences for the accused person, family relationships and the justice system. While genuine victims must always be supported, there should also be research into whether any incentives exist that could influence false or exaggerated claims.

Potential incentives that should be examined include the advantage a domestic violence allegation may provide in Family Court proceedings, access to the \$5,000 leaving domestic violence payment, and other financial benefits such as stamp duty concessions that may provide significant savings when purchasing a home in South Australia.

Social factors should also be considered. In some situations, a person leaving a relationship may receive greater understanding and support from family and friends if they are seen as leaving because of domestic violence, rather than being viewed as leaving for another partner, financial reasons or personal circumstances.

These issues do not mean that genuine victims should not be believed or supported. However, any fair system must recognise that incentives can influence human behaviour and ensure there are proper safeguards so genuine victims are protected while deliberate false allegations are identified and addressed.

Safeguards must be designed carefully so that genuine victims are not discouraged from reporting abuse. The solution is not to create barriers for people who need protection, but to ensure that investigations are thorough, evidence-based and fair to all parties.

Governments should collect accurate data on:

- The number of domestic violence allegations made.
- The number found to be substantiated.
- The number found to be deliberately false.
- The circumstances in which false allegations occur.
- The impact of false allegations on accused persons and families.

Where a person is proven to have knowingly made a false allegation, there should be appropriate consequences. Accountability for deliberate false claims does not undermine support for genuine victims; rather, it protects the credibility of the entire domestic violence system.

This is particularly important where allegations affect family law matters. Findings or allegations of domestic violence can have significant consequences for parenting arrangements and a person's relationship with their children. These decisions must be based on reliable evidence and not simply on untested claims.

A justice system must be capable of doing two things at the same time: protecting genuine victims and protecting innocent people from false accusations.

Public confidence in domestic violence laws depends on fairness, transparency and evidence-based decision-making. Ensuring that deliberately false allegations are properly identified and addressed strengthens the system for everyone.

Recommendation: Use Evidence-Based Language Rather Than Divisive Slogans in Domestic Violence Policy

Public awareness campaigns play an important role in educating communities about domestic violence and encouraging people to seek help. However, the language used in these campaigns must be carefully considered because terminology can influence public understanding, policy debate and community attitudes.

Terms such as "gender-based violence" have been increasingly used in discussions about domestic violence. While gender may be a relevant factor in some cases, applying a broad label to all domestic violence risks oversimplifying a complex issue.

Domestic violence occurs across different relationship types, including heterosexual relationships, same-sex relationships, and relationships involving male and female victims and perpetrators. This complexity means that governments should be cautious about using terminology that suggests a single explanation applies to all cases.

The promotion of the term "gender-based violence" also demonstrates the risks of relying on slogans rather than clear evidence-based explanations. The term was promoted heavily in public debate, yet it did not gain broad acceptance among the community. The fact that some politicians and public figures have since reduced their use of the term raises questions about whether these slogans are being chosen because they genuinely improve understanding, or whether they are simply short-term political messaging.

Public policy should not be built around language that changes depending on political trends. If a term is introduced to describe a serious social issue, it should be supported by clear evidence and should improve understanding rather than create further division.

Before adopting broad labels, governments should ensure that the evidence clearly supports the terminology being used. Research should continue to examine the different patterns of domestic violence, including:

- Violence involving male victims and female perpetrators.
- Violence involving female victims and male perpetrators.
- Violence in same-sex relationships.
- The role of factors such as physical strength, relationship dynamics, mental health, substance abuse and social circumstances.

A particular concern with slogan-based approaches is that they can create division rather than understanding. When public debate becomes focused on defending or attacking a slogan, attention can move away from the practical question of how to prevent violence and support all victims.

Public messaging should focus on shared goals rather than labels that may divide communities. Everyone can agree that violence in relationships is unacceptable and that victims deserve support, regardless of their sex, sexuality or circumstances.

Language such as "scourge" and other highly emotive terms should also be used carefully. While strong language may be intended to highlight the seriousness of an issue, repeated

use of dramatic slogans can sometimes reduce complex social problems into political messages rather than encouraging evidence-based discussion.

The objective of domestic violence policy should be to understand the causes of violence and develop effective prevention strategies. This requires accurate research, honest discussion and terminology that reflects the complexity of the issue.

Governments should avoid relying on slogans that create conflict and instead use language that promotes understanding, encourages reporting, supports victims and addresses the underlying causes of domestic violence in all forms.

A successful domestic violence strategy should not depend on which slogan is currently popular. It should depend on evidence, fairness and policies that protect every victim while addressing the causes of violence wherever they occur.

Recommendation: Ensure Domestic Violence Terminology Does Not Minimise Accountability

Domestic violence policy relies heavily on terminology and definitions. The words used to describe different forms of violence influence public understanding, research priorities and government responses. For this reason, terms used in domestic violence research must be clearly defined and applied consistently.

The term "situational violence" has been used in some domestic violence research to describe violence that may arise from relationship conflict, arguments, stress or particular circumstances rather than being part of an ongoing pattern of coercive control.

However, policymakers must carefully consider whether these distinctions risk creating confusion about the nature of violence itself.

When one person uses physical violence against another person during an argument or conflict, an important question must be examined: what is the purpose and effect of that violence?

Violence is an action used to influence another person's behaviour. When someone chooses to hit, threaten or intimidate another person during a disagreement, they are attempting to impose their will on the situation through force. Even if the violence occurs in response to a particular argument or emotional situation, it can still involve an attempt to gain power over the outcome of that conflict.

The fact that violence may be triggered by a specific situation does not mean that power and control are irrelevant. A person who uses violence is using physical force to change the balance of the situation in their favour rather than resolving the disagreement through communication or other non-violent means.

For this reason, research should carefully examine whether the distinction between "coercive controlling violence" and "situational violence" accurately captures the role that power and control play in all acts of domestic violence.

Understanding different patterns of violence can be valuable, but terminology should not create the impression that some forms of violence are less serious or less harmful simply because they occur during an argument or under certain circumstances.

A comprehensive approach should recognise that domestic violence can occur through different patterns, including:

- Ongoing coercive control and intimidation.
- Violence used as a method of controlling another person.
- Violence occurring during relationship conflict.
- Mutual patterns of violence.
- Violence associated with factors such as substance abuse, mental health issues, trauma or other circumstances.

Regardless of the pattern, the responsibility for choosing violence remains with the person who commits it. The circumstances surrounding an act of violence may be relevant to understanding why it occurred, but they should not be used to reduce accountability.

The goal of domestic violence policy should be to prevent all forms of violence, support all victims and hold all perpetrators accountable. Clear language and evidence-based definitions are essential to achieving that goal.

Recommendation: Research Relationship Power Dynamics Without Gender Assumptions

Domestic violence research and policy should examine relationship dynamics based on evidence rather than beginning with the assumption that one sex is always the controller and the other is always controlled.

Power and control can exist in different forms and can occur in different directions within relationships. A complete understanding of domestic violence requires research into all forms of controlling behaviour, regardless of whether it is committed by a man or a woman.

There is a concern that some public discussions begin with the assumption that men are primarily the source of control in relationships, while overlooking ways that control may be expressed by women or may occur through relationship expectations, emotional pressure, social expectations or other forms of behaviour.

Language and common expressions within society may provide important areas for research because they reflect long-standing social attitudes about relationships.

Expressions such as "happy wife, happy life," "I'll have to ask the boss," or jokes about a man needing permission from his partner are commonly used in everyday conversation. These expressions may reflect humour, relationship negotiation, or social expectations, but they also raise questions about how control and influence within relationships are understood.

For example, it is common to hear a man in a social setting, such as a pub with friends, say something like, "I better get home before I get in trouble." Often this comment is treated as a joke and accepted as normal conversation. The people around him may laugh and move on without questioning what it means about the relationship dynamic.

However, if a woman in the same situation stood up and said, "I better get home before I get in trouble," would society interpret that comment in the same way? Would people be as accepting, or would there be a greater tendency to assume she was being controlled or treated unfairly?

This raises an important research question: are the same behaviours and relationship

dynamics interpreted differently depending on whether the person experiencing them is male or female?

Research should examine whether social attitudes sometimes normalise certain behaviours when directed towards men while identifying those same behaviours as problematic when directed towards women. Understanding these differences in perception is important because social expectations can influence how people recognise, report and respond to controlling behaviour.

A comprehensive understanding of relationship dynamics should examine:

- Emotional control and manipulation.
- Financial control.
- Social isolation.
- Expectations around decision-making.
- Use of threats, intimidation or fear.
- How both men and women experience controlling behaviour.
- How cultural expectations influence perceptions of control.

Recognising that women can engage in controlling behaviour does not minimise the experiences of women who suffer abuse. Rather, it acknowledges that accurate research requires examining all forms of behaviour and all victims.

Domestic violence prevention will be more effective when it focuses on identifying harmful behaviours wherever they occur, rather than relying on assumptions based solely on gender.

A fair and evidence-based approach should ask a simple question: is a behaviour harmful because of who performs it, or because of what the behaviour actually does within the relationship?

Policies designed to protect people should be based on the answer to that question.

Recommendation: Research the Role of Online Behaviour After Separation in Domestic Violence Cases

Domestic violence discussions should consider the full range of behaviours and circumstances that occur after a relationship ends, including the role of social media.

It is common to see people publicly share their experiences online, describing themselves as survivors of domestic violence and explaining how they have left an abusive relationship. These posts can provide support and encouragement to others, but they also raise important questions that should be examined through research.

Leaving a relationship involving domestic violence is often described as a period of increased risk. For this reason, researchers should investigate how post-separation behaviour, including public social media activity, relates to different types of domestic violence situations.

Research should examine questions such as:

- Why would someone who reported fearing a former partner choose to publicly discuss the relationship online? These violent partners don't disappear after

separation and may see or be told about what was written about them.

The purpose of examining these issues is not to assume that someone is not a genuine victim because they speak publicly. People respond to difficult experiences in different ways, and some may choose to share their stories as part of their recovery or to support others.

However, a comprehensive understanding of domestic violence requires looking at all available information, including behaviour before separation, during separation and after separation. Public statements, online activity and interactions between former partners may all provide important context when assessing individual situations.

Domestic violence policy should be based on careful investigation rather than assumptions. A person's actions after separation should neither automatically prove nor disprove their experience, but they should be considered as part of a complete evidence-based assessment.

A fair system must recognise genuine victims while also ensuring that every individual case is assessed objectively and that all relevant evidence is considered.

Recommendation: Consider Public Feedback and Community Confidence in Domestic Violence Policy

Public confidence is essential for any domestic violence system to succeed. Governments and politicians regularly communicate with the community about domestic violence through social media, public statements and awareness campaigns. These communications can help educate the public, but they also create an opportunity for governments to listen to community concerns.

A recurring issue in public discussions is that many people respond to domestic violence posts by raising concerns about perceived unfairness, including concerns about false allegations, family law outcomes, male victims, female perpetrators and whether the system treats all people equally.

These comments come from a range of people, including men, women, mothers, sisters, fathers, family members and people who believe they have personally witnessed or experienced problems within the system. While social media comments alone cannot replace research or official data, the volume and consistency of concerns should not simply be dismissed.

A government that seeks to improve domestic violence policy should examine why so many people feel unheard and whether there are genuine gaps in the system that require attention.

Public debate becomes less productive when governments repeatedly promote a single message while appearing to ignore concerns raised by members of the community. Effective policy requires both communication and listening.

Governments should consider establishing better mechanisms to collect and evaluate community concerns, including:

- Concerns about false allegations and the impact on accused people.
- Experiences of male victims of domestic violence.
- Experiences of female perpetrators.

- Concerns about family law and parenting outcomes.
- Whether support services are accessible and fair for everyone.

Acknowledging these concerns does not undermine support for genuine victims of domestic violence. Instead, it strengthens the system by ensuring that policy reflects the experiences of the entire community.

A successful domestic violence strategy requires public trust. If large sections of the community believe that important issues are being ignored, confidence in the system may decline. Governments should therefore ensure that public messaging is matched by genuine engagement, transparent research and a willingness to examine all perspectives.

The goal should be a system that protects victims, holds perpetrators accountable and maintains fairness for everyone affected.

Recommendation: Avoid Dismissing Community Concerns Through Labels

Public debate about domestic violence, gender issues and social policy should allow room for a wide range of perspectives. Governments and elected representatives have a responsibility to engage with criticism rather than dismissing people by applying labels.

The term "manosphere" is increasingly used in political and public discussions to describe certain online communities and views associated with men. While some individuals and groups may promote harmful or extreme ideas, the broad use of labels can risk dismissing legitimate concerns raised by ordinary men and women who question aspects of current policy or public debate.

Many people who identify with, or participate in, these communities argue that their purpose is not to oppose equality but to challenge what they see as an imbalance in current discussions about domestic violence, men's rights and women's rights. They argue that these movements developed in response to concerns that men's experiences, concerns and disadvantages are not receiving sufficient recognition within public debate.

Whether or not people agree with those concerns, dismissing them through labels does not address the underlying issues being raised. When people feel unheard by institutions, governments or mainstream discussions, they are more likely to seek alternative spaces where they believe their views will be considered.

People who raise concerns about issues such as family law, false allegations, male victims of domestic violence, relationship breakdowns or perceived inequalities should not automatically be categorised as part of an extreme movement simply because their views challenge prevailing narratives.

Healthy democracies depend on the ability to debate ideas. If a person disagrees with a particular policy or raises concerns about whether a system is fair, that should lead to discussion and examination of the evidence rather than immediate dismissal.

Society has long recognised the importance of listening to groups who advocate for issues affecting women, including through movements such as feminism. It would be inconsistent to support the importance of women's voices while dismissing men's concerns simply by applying a negative label.

The question should not be whether a person's views fit a particular label. The question should be whether the concerns being raised have evidence behind them and whether

they identify genuine issues that deserve attention.

Governments and politicians represent the entire community. This includes women and men, people who support current policies and people who challenge them. Public trust is strengthened when elected representatives respond to criticism with evidence, respect and open discussion rather than relying on labels that discourage debate.

A fair society should be able to address harmful behaviour while still allowing legitimate concerns to be heard. Engaging with all perspectives does not weaken equality—it strengthens democratic decision-making.

Recommendation: Ensure Support Services Address Underlying Issues and Do Not Reinforce Harmful Behaviour

Domestic violence services play an important role in providing safety, support and assistance to people experiencing relationship breakdown and violence. However, publicly funded services should also ensure that the support provided addresses the full circumstances of each situation.

A concern that should be examined is whether some support systems may unintentionally reinforce harmful behaviours when they focus only on validating a person's account without properly assessing all contributing factors.

If a person seeking assistance has contributed to relationship conflict, damaged relationships, or played a role in the breakdown of the situation, simply reinforcing the belief that they have no responsibility may prevent them from addressing those behaviours. In some cases, this could allow unhealthy patterns to continue rather than helping the person make positive changes.

The purpose of support services should not only be to provide immediate assistance but also to achieve long-term outcomes. This may require identifying underlying issues such as communication problems, substance abuse, mental health concerns, relationship patterns or behaviours that contribute to conflict.

This does not mean that people seeking help should be blamed or denied support. People in crisis should receive appropriate assistance and safety. However, effective support requires honesty and a complete assessment of the circumstances, including where a person may also need help addressing their own behaviour.

Because these services are publicly funded, governments should evaluate whether programs are achieving their intended purpose: reducing harm, improving safety and breaking cycles of unhealthy relationships.

Support should empower people to make positive changes, not simply confirm a version of events without examining whether there are other factors involved. A system that protects people must also be willing to address uncomfortable issues when they are relevant.

Compassion and accountability should exist together. A successful domestic violence system should support genuine victims while ensuring that all individuals receive the appropriate intervention needed to create safer outcomes.

From: [REDACTED]
Sent: [REDACTED]
To: [REDACTED]
Subject: Current Lived Reality of DV in Australia

To [REDACTED]

I'm not writing to inappropriately ask you to intervene in my individual matter.

I'm writing because I'm currently living through what happens after domestic violence and I don't think enough people - including those shaping policy - see this part.

We hear "just leave" all the time.

But then what?

Nobody really talks about that.

People assume once you leave, or police get involved, or charges are laid, that you're finally safe and supported.

That hasn't been my reality nor anyone in my current situations experience either.

Instead, you're thrown into a maze of severely underfunded and overwhelmed resources and "help" such as police, prosecutors, courts, housing, Centrelink, Victim Services, legal services, doctors, counsellors and countless other agencies. You're expected to know where to go, who to call and what to do next while you're traumatised and trying to survive.

You tell your story over and over again.

You chase people.

You wait.

You fall through gaps because one system doesn't talk to another.

Everyone is trying their best but services are overwhelmed, inadequately trained with trauma informed responses approach and

The services aren't failing because people don't care. They're failing because the demand has outgrown what they're funded and built to do.

Domestic violence isn't just the assault.

It isn't just the day you leave.

It's everything that comes afterwards. For many "just leaving" phase is the most dangerous and high risk.

Trying to rebuild your life while still living with the consequences of someone else's choices.

I don't think Australia has fully grasped that reality yet. We talk about encouraging victims to leave, but we don't talk enough about what we're asking them to walk into afterwards.

I hope that perspective is worth hearing from someone living it.

Kind regards,

[REDACTED]

Safer Ways Campaign Submission on the SFDV Second National Action Plan

July 2026

**Author: [redacted], Safer Ways Campaign Lead,
Lived Experience SFDV Survivor Advocate, Change Communication Principal**

Safer Ways Campaign Background

The Safer Ways Campaign began to address the severe over-representation of women among victim-survivors of police misidentification and deliberate re-identification.

When I use the term “misidentification”, I don’t mean to indicate police making errors about who is in need of protection when they respond to an FDV incident, although that certainly occurs. I also mean that term to include deliberate efforts by support perpetrator accounts and/or play out police’s predominant, male supremacist, cultural views.

In addressing the concerns of the Campaign, the prevalence and impact of so-called police misidentification, and frameworks for solutions, please find attached at the end a short list of some of the key references that underpin the work of Safer Ways. Many, many more rigorous and peer-reviewed academic studies are also available to support the credibility of the approaches of my campaign, and can be provided if needed. I also attach a set of BOCSAR NSW data that I worked on with BOCSAR to accurately quote, regarding potential rates of NSW police “misidentification”.

As a former journalist, political adviser, communication consultant, public servant and community behaviour change campaigner, I bring a significant set of skills to my work as a lived experience advocate for SFDV survivors. I haven’t been silenced by the police and I won’t be silenced now. As police misidentification is more prevalent for vulnerable populations of women*, I have chosen to ensure that I use whatever advantages I have available to help eliminate police misidentification and deliberate re-identification across all Australian jurisdictions.

This submission relates primarily to:

Priority Area 1 Victim-Survivors

- **What service or system responses would make the biggest difference to victim-survivors’ safety, wellbeing, healing and recovery?**
- **What helps people access support earlier, and what barriers prevent people from seeking help or engaging with systems and services?**

Priority Area 2: Prevention and early intervention

- **Improve understanding of how structural drivers contribute to and reinforce victimisation and worsen the impacts of this violence**
- **Build community and cross-sector capability to recognise and respond to harmful attitudes and behaviour.**
- **Build a whole of community approach to changing rigid gendered attitudes and behaviour where we live, work, learn and connect.**

Consultation questions:

- *What would make the biggest difference in preventing and ultimately ending violence?*
- *How can existing efforts to prevent violence be strengthened or built upon at the individual, community, organisational, institutional and societal levels?*
- *How can governments, communities, schools, workplaces, online platforms and others better support people to recognise and respond to harmful attitudes and behaviours?*

Priority Area 4: People who use violence

- **Identify opportunities to encourage or compel people (INCLUDING POLICE) who use violence to seek support early, take responsibility, and change their behaviour, while ensuring access to culturally appropriate responses for Aboriginal and Torres Strait Islander people and that meet diverse community needs.**

Consultation question:

How can governments and services, among others, strengthen culturally safe, accessible and evidence-informed responses for a range of communities and cohorts?

Priority Area 5: System Integration and Workforce

- **Build workforce capability to respond to the full spectrum of violence including coercive control, sexual violence and technology-facilitated abuse.**
- **Build collaboration and coordination between response workforces, prevention workforces, and non-specialist workforces.**
- **Improve the diversity of the workforce engaged across prevention, early intervention, response and recovery, and develop and strengthen pathways for integrated programs and services.**

Consultation questions:

- *What would make the biggest difference in creating a more coordinated and connected system response for people affected by violence against women and children and other forms of gender-based violence and people using violence?*
- *What approaches or models appear most effective in improving collaboration, coordination and information sharing across services, systems and programs?*

Priority question

The central question of the consultation for the majority of this submission is:

How can we Improve experiences of policing and justice responses to reduce re-traumatisation, strengthen trust, and ensure equitable access to protection and accountability for all victim-survivors?

Appallingly Low SFDV Reporting Levels is “business as usual”

Reporting SFDV to police is now at historically low levels with an estimate of only eight per cent of sexual violence survivors and around 38 per cent of FDV survivors reporting to police. Far more reports are believed to be taken daily by SFDV response services (both government and non-government funded), by health professionals, educators and other community members. Yet funding for emergency calls and response still goes predominantly to police, by default.

The main barrier to safer levels of victim-survivor reporting to police is the quality and extent of police response or lack thereof. Police respond unevenly and with little consistency, as does the entire infrastructure system that responds to SFDV. However, too often police responses are influenced by organisational cultural factors such as institutionalised racism and misogyny, as well as predominant beliefs in male supremacy and police exceptionalism. Many police also bring low knowledge of police and other legal procedures related to SFDV response, and low knowledge of supports and other services.

Too often, police become part of the problem by refusing to take reports, responding in damaging ways toward victims, abandoning victims to further abuse by failing to take action etc.

Safer Ways Recommendation for Second Plan No 1: Increased reporting rates for SFDV would be supported primarily through by Second Action Plan programs that meet the goal **of creating consistent experiences for victim-survivors, workers in the systems, and perpetrators.** Systems design must aim to eliminate the lucky dip at the police station front desk; the lottery of which judicial officer hears the matter; the off-chance that your referred support may not include child safety, housing, mental health or some other essential element of safety and recovery.

Fair Legal Representation

Low reporting rates is exacerbated by appalling levels of access to fair legal representation. The three-tier legal system cannot operate fairly in SFDV hearings when 1,000 survivors per week are turned away from legal services. Access to justice outcomes is therefore only for the relatively wealthy; those who can “hock” their life to scrounge together legal fees; those unlucky enough to be on incomes low enough to qualify for legal aid; and those lucky enough to be chosen to be represented by legal firms on pro bono, no win no fee, or some massively discounted basis.

Safer Ways Recommendation No 2: The Second Action Plan must **allocate funds for equitable access to legal presentation for all involved in the SFDV legal process, be they accused or complainant.** This would obviously need to include, as a priority, any woman who claims to have been misidentified by police or falsely charged, as on the balance of probabilities, her claim is correct and she needs substantial legal support to have any chance of a just judicial outcomes.

Adequate Data Collection

Police Misidentification remains poorly understood in some circles, including by many police. Part of the problem is a lack of quantitative data. A comprehensive data collection project could examine all of the potential negative outcomes of misidentification as well as the true rate of its occurrence nationally.

Most jurisdictions appear to agree that police misidentification rates are increasing despite more police training being provided. Funding is needed to support an academic study with a sufficiently rigorous methodology to examine not only victim-survivor accounts, but also policing and judicial outcomes, legal and health histories, and incarceration/post incarceration records.

Safer Ways Recommendation No 3: The Second Action Plan must require that **ANROWS** to place on its **priority research agenda** a project to establish the rate of police misidentification of victim-survivors and the full range of disadvantages that result for that group.

Safer Ways Recommendation for Second Action Plan No 4: Federal Government **research funding** must be identified via the Second Action Plan to support an extensive, multi-jurisdiction, rigorous academic research project involving lived experience FDV survivors to establish an accurate rate of police misidentification nationally and a full range of outcomes for survivors.

The cost of police misidentification

I won't go through the well understood (by SFDV advocates, police specialists, academics and front-line workers) effects from police misidentification here, but suffice to say they range from incarceration; loss of housing, work and child custody or access; life-long police records and/or limited ongoing apprehended violence orders constraining family contact; loss of social and family bonds; extreme financial loss for legal and health-related expenses; ongoing mental health challenges; and many more ongoing effects.

All misidentified or deliberately re-identified victim survivors, even if police drop charges relatively promptly (which appears to happen, although perhaps more rarely than it should or than available evidence would indicate) suffer some of these life-long effects. Police misidentification ensures that confidence in police is virtually eliminated, with many misidentified survivors sworn off ever reporting to police again. This argues for a fresh approach to both reporting and responding to SFDV in Australia.

See Safer Ways Recommendation for Second Plan Nos 3 and 4 above.

More Police Training is Not the Silver Bullet Solution

Despite ongoing and increased police training in several jurisdictions, misidentification persists. Much of the sector sees further police training in SFDV as failing to make a significant change to police behaviour. See for example the *Harm in the Name of Safety* 2024 Flat Out/RMIT study, link attached.

It's notable that the only apparent strategy I could identify for directly addressing police misidentification in the current National Plan involves the Attorney General's roll out of (often coercive control-related) police training. When asked, Federal and state ministers involved in the plan are unable to point to other strategies specific to reducing or eliminating misidentification.

The Stopping Coercive Control and Family Violence Conference, presented in Sydney by ANROWS and The Hatchery on 28 and 29 July this year, barely addressed the issue of police misidentification, despite the issue being closely associated with Coercive Control. At sessions I attended, the prevailing view among experienced SFDV responders, including on panels, was that the sector could no longer rely upon police as allies in effective SFDV response at almost any level.

The only other comment of relevance I noted at the Conference was one by an ACT police representative on a panel [redacted] who stated that if detectives were assigned to coercive control prosecutions instead of general duties police, this would reduce rates of police misidentification. This view echoes the findings of a BOCSAR study on police gender bias from earlier in 2026 (link available), which some linked (tenuously in my view) to misidentification rates. The study identified that more experienced police were less likely to show gender bias. The ACT policing view is that more experienced police will do better with correct identification of victim-survivors from predominant aggressors.

Clearly these views are unsurprising and do nothing to assist the majority of victim survivors, who most commonly interact with less experienced and general duties police, often with no or low input from FDV police specialist staff.

Rather than relying on hit and miss police training, which is largely designed and delivered without SFDV sector input (and indeed some police organisations won't disclose design or delivery details, let alone any tracking or monitoring) the Second Action Plan needs to deliver strategies that can and currently do account for more effective outcomes for victim-survivors by eliminating police misidentification.

Safer Ways Campaign Recommendation No 5: The Second Action Plan must ensure that further police training in Coercive Control and other FDV **training modules be reviewed and amended by FDV professionals from the sector, including by lived experience survivors of police misidentification.**

Safer Ways Campaign Recommendation No 6: Police training to address misidentification throughout Australia is being managed via the Federal Attorney General as part of the Action Plan. This strategy must **be reprioritised to reflect its lower contribution to reducing police misidentification.** While there's no

harm in having better trained police overall, this strategy is proving to be far less effective than alternative FDV strategies that can or are more effectively **reducing or removing police input into decisions about who is in need of protection** and who is to be charged with FDV offences.

Safer Ways Campaign Recommendation No 7: The Second Action Plan must **ensure that external reviews with effective success measures be undertaken of the effectiveness** of all Second Action Plan strategies, **including the effectiveness and ongoing rollout of any relevant police training.**

Police misidentification is exceedingly prevalent, hugely damaging and can no longer be ignored

Police misidentification and deliberate re-identification of victim-survivors as predominant aggressors appears to be increasing and the effects of it are becoming more traumatic for survivors. While coercive-controlling perpetrators often report falsely to apparently “gullible” or under-trained police, there are also many instances where police culture alone appears to account for misidentification and deliberate re-identification. This is often, although not always, associated with victims using self-defence and/or where police claim both parties have used violence during a single incident.

When police charge a woman with DV assault in NSW or Victoria, **more than half of the time police know that she is a previously recorded victim of FDV** (BOCSAR reference attached, VicPol reference available). This **figure doesn't take account of victims who used self-defence.**

While these statistics are indicative only – clearly some women do instigate the use of violence – the facts here related to the majority of charges against women effectively call into question the validity of all FDV assault charges against women.

This appears to have been accepted by Queensland, which, as part of new legislation, have set up a **specialist police internal review unit to re-assess the validity of every police-issued apprehended violence order made against a woman.**

There may be several other potential or known effective strategies available to reduce police input into decision-making on who is in need of protection at an FDV call out where police are involved. But as far as I can find, there is no discussion paper or other relevant resource available at the national level.

Safer Ways Campaign Recommendation No 8: That the Second National Plan establish a **short term, national working party**, under the leadership of [redacted name but referred to the Assistant Minister for Social Services and the Assistant Minister for the Prevention of Family Violence] or another Minister, to **gather and review current and proposed strategies from all jurisdictions aimed at reducing police misidentification.** It's proposed that the working party **report within no more than 12 months.** It's further proposed that other **strategies underway**, and those proposed in this submission, to reduce and eliminate police misidentification **continue without delay.**

Effective strategies using Safer Responders within co-located local service hubs

Co-location and integration of response and support services has shown the best opportunity, so far, for improving outcomes for victims, while providing the best chance of positively influencing police culture. For example, see Alternative First Responders policy paper from the National Justice Project (link below).

The proposed model is that Instead of taking the lead during SFDV response, and continually misidentifying victims as aggressors in way too many cases, police can be better guided in their response to FDV incidents by skilled, experienced SFDV sector responders. Allowing specialists to respond to FDV reports that current go to Triple Zero, either alongside police where the threat of violence and/or crime persists at the time, or instead of police where it doesn't, largely mitigates against the confounding cultural issues brought to incident response by police.

In addition to providing immediate, more accurate identification of victims from aggressors, thereby benefiting victim-survivors, individual police co-located with and co-responding alongside them would benefit from ongoing experience with trained, experienced responders.

Removing the identification role from police and placing it with trustworthy, highly skilled and experienced specialist responders, is essential to ensure that police who carry the cultural baggage of centuries, don't continue to make SFDV incident response worse for victim-survivors, instead of better.

Police will not change their cultural values while working only alongside other police. It's only through working side by side with co-located services that eventually, police culture will evolve more toward acceptable societal norms instead of sustaining current, negative, widespread police cultural norms.

To my knowledge, many examples of co-location hubs exist in NSW (10 hubs), Queensland, Victoria and Central Australia. Many are based in Aboriginal communities, where local community links are strong, and government and social enterprises are familiar with working co-operatively to achieve goals.

However, models for social, legal and health services co-operation, co-location and co-response are also successful in many other settings and jurisdictions, including in the UK and USA, where both urban and remote hubs operate successfully.

Although proper review and evaluation of these hubs is scarce in Australia, initial assessments are that there are too many benefits arising from the hubs to even count.

NSW introduced in late July an alternative responder model for mental health incidents. This approach would rely on paramedic and specialist mental health responders rather than police, who too often place the person most in need of assistance in more danger, not less. Evaluation of this approach can also provide some valuable feedback into a similar model for SFDV reporting and response.

The National Justice Project's Alternative First Responder project provides much policy guidance on community co-design of services that best suit local areas, their needs and existing relationships.

In addition, primary prevention programs in local areas also have pioneered community co-design models. One example is the project on the NSW Central Coast and another is the ZERO DFV project in north-western Sydney's The Hills district.

These project show what can be achieved in recruitment of local organisations and individuals, including: public sector agencies and social services, police, not-for-profits and social enterprises, sports clubs, educators, legal firms, cultural and religious organisations, employers and businesses, as well as SFDV response and support organisations.

It's possible that some of these existing primary prevention hubs may be amendable to expand to also include responder services, given the social and physical infrastructure already available.

Safer Ways Campaign Recommendation No 9: A new major strategy to address police misidentification in the Second Plan is needed that **enhances and increases the number and availability of locally designed and delivered, multidisciplinary, co-located, co-responder and alternative responder community service hubs.**

Safer Ways Campaign Recommendation No 10: The Second National Plan provide **funding to ensure that SFDV responders from all sectors receive adequate training and sufficient capacity to be able to respond to a far greater proportion, and much higher number, of SFDV reports.**

Safer SFDV Reporting through a specialist SFDV Triple Zero Option

We need safer ways to report with an extra option to select skilled, experienced SFDV responders when we call triple zero. We need the option to have expert, skilled non-police first responders who won't misidentify, or deliberately re-identify, victims as aggressors, as is too often the case with police. The many other benefits of non-police first responders include ongoing support and referrals.

Where police are still needed to respond to SFDV calls to prevent ongoing crime or investigate, they can be also altered and should always be accompanied by skilled SFDV responders who take the lead in

identifying who is in need of protection and the actions needed to provide that protection that a best suited at each individual response.

The new NSW Government plan for referring Triple Zero calls related to mental health incidents to a mental health/paramedic response team provides a clear model for this approach.

Safer Ways Campaign Recommendation No 11: The Second National Plan arrange for the introduction of a trial of a Triple Zero response referral service designed for SFDV response.

Funding sources for the above recommendations

Funds that, by default, currently go to police for FDSV response must be reallocated to highly trained, experienced specialist responders, who are already responding to the vast majority of SFDV reports as well as providing much needed ongoing support to victim-survivors to the best of their funded capacity and beyond.

The additional funding to this sector will ensure that as well as being able to respond to a greater number of primary or referred reports, SFDV response bodies can ensure that adequate numbers of trained individuals can be available in local areas when calls come through or are diverted from Triple Zero.

Safer Ways Campaign Recommendation No 12: That the Second Action Plan require states to **determine levels of police funding that currently relates to SFDV response and re-allocate that amount to skilled, experienced SFDV response organisations from all sectors.** This reallocation, along with an **injection of fresh funding to account for increased reporting rates,** to be used to **ensure adequate training and staff numbers are available to lead response** not only for the majority of SFDV reports that they already receive, but also to provide alternative responders or co-responders with police in incidents currently reported to police through Triple Zero.

Ensuring Funding only goes to bodies who keep survivor records safe

When funding improves for SFDV reporting, we must ensure that the funding flows to services who ensure the protection of their callers' records from court subpoenas. SFDV funding bodies must stop putting money into 1800 RESPECT unless they can adhere to that practice in the future.

Currently, 1800RESPECT doesn't respect victims' right to the privacy of their data, and don't even put up an argument when private victim records are subpoenaed. Directing SFDV reports to bodies who can't keep callers' records safe from their perpetrators has to be called into question if this issue can't be addressed.

Safer Ways Campaign Recommendation No 13: Funding under the Second Action Plan for telephone response to SFDV calls be restricted to only to bodies who will keep private, victim-survivor records safe from court subpoenas and accused's legal teams.

Lack of Police Accountability is costing tax payers. More efficient options are possible

Due to the dearth of alternative options for accessing police accountability, civil legal actions are increasing against governments where police have engaged in misidentification, as well as other police improper and illegal actions. The civil claims not only undermine police confidence – which in many states is already at a deservedly all-time low – but when they are settled or ruled on, state and territory governments are paying out millions of taxpayer dollars annually in settlements and court costs.

Instead of fighting endless and increasing civil legal claims, from within their own budget, police should repay all existing misidentified victims for their legal and other expenses related to police re-traumatisation. These survivors of unfair and often illegal police actions should also be offered an ex gratia payment to address life-long costs related to employment, family relationships, housing, mental health and a multitude of other damages.

Safer Ways Campaign Recommendation No 14: The Second Action Plan should require all jurisdictions to reallocate funds currently being paid out each year to successful civil claimants against police into 1. a fund to invest in strategies for police cultural change and 2. a fund to compensate victims. If more funding remains, it could be reallocated also toward 3. supporting SFDV service co-location hubs in recognition of the benefit to police culture of individual officers working alongside SFDV experts from social and health services, education, mental health, legal, youth and housing sectors.

Police Cultural Change is not negotiable

Police organisations are widely understood both locally and internationally to have dominant cultures that are misogynist, racist and grounded in violence, privilege and police exceptionalism. These attitudes and values are supported by police associations, and by politicians who fear police backlash.

But the era of police exceptionalism is now passing, with police now experiencing the lowest levels of public support recorded. This low level of support is well deserved.

The only effective mechanism for police accountability available is through the courts in a civil action. This option is only available to a lucky few who can afford access to justice or are successful in gaining low-cost or free legal representation.

The time has arrived for political leaders to finally take on police organisations and unions with strong programs of cultural reform that address practices including poor record keeping and compliance with SOPs, along with their inherited, colonial "Rum Corp" values.

The answer is not more training; it's exposure of individual police to other service providers in co-located, community settings where police respond not as the "lead" agency, but as part of a team.

Safer Ways Campaign Recommendation No 15 (also see Recommendation 9 above): That the Second National Plan directs Police organisations to approach co-located SFDV responder hub management to request that general duties police officers who have undertaken basic SFDV training (including on how to accurately identify the person most in need of protection) and who have spent a period seconded to/working within specialist police SFDV units, be considered for inclusion among police response and liaison staff at hubs as needed. Such officers can be cycled through the hubs on an approximately three-year basis (or as recommended by organisational culture and psychological specialists) and then re-assigned to area commands or regional hubs, where their influence on their colleagues can be maximised, along with their participation in staff training on SFDV response. Their ongoing cultural change capacity should be recognised with promotional opportunities, making the original hub assignments more attractive.

Independent Police Ombuds help restore public confidence

Not one single police oversight body in the nation can effectively direct actions by either individual officers or police organisations, even where those actions would result in better outcomes at low cost. The need for independent Ombuds to oversee police accountability is part of the solution, not just to increase confidence in police but also to support healing and recovery by victim-survivors who see no change in policing practices coming out of their experiences.

Safer Ways Campaign Recommendation No 16: The Second Action Plan require national Police Ministers and Attorneys General to establish independent police ombuds with powers to direct police organisations to undertake actions or sanctions at individual officer through to organisation-wide level. Further, police organisations should fund these bodies from within the police budget, with penalties being applied to the police budget. These financial penalties could involve re-allocations of police funds to the independent Ombud body, where breaches of previous Ombud rulings are established by the Ombud.

Information Hub for Misidentified victim-survivors

There is no central resource library or information hub designed to aid misidentified victim survivors to navigate the many steps through which they must travel to survive the misidentification process.

Information resources are needed to provide guidance on:

- How to gain legal representation and make applications about the misidentification during police and court processes
- Their rights if police choose to detain, arrest or charge them, during police interviews and related interactions with police
- Ensuring that any instruments restraining a wrongly charged person are understood and can be separately removed through recognised court or police processes
- How to address any family court or custody implications of a wrongful charge or restraining order
- Information about what to expect to happen to wrongly charged people during court hearings
- Information about their rights to separately report an FDV assault to police, regardless of any charges against them
- Information about dealing with housing, employment and health, youth or other services
- Advice on supporting good mental health while enduring uncertainty, shame and delays
- Advice on taking action to ensure that police records are promptly corrected, including as they related to any AVOs
- Information on applying for victim compensation
- Options for seeking redress and compensation from police and/or the state
- Advice on surviving, healing and recovering when survivors don't receive justice, their attacker walks free and/or police fail to recognise their innocence, even after court rulings
- Any post-conviction advice including information about rights to conviction or sentencing appeals
- Any post incarceration guidance that is specific to misidentified survivors who were jailed.

The Safer Ways Campaign or another provider could be funded for a project to collate a set of resources from reputable legal etc sources and advisers, such as Women's Legal Service, Legal Aid, Redfern Legal Centre, Victims NSW, Victorian Victims Commissioner, SFDV practitioners and others. The resources would need to be supported by translation and/or interpreting services, simple English versions, general phone advice etc.

Safer Ways Campaign Recommendation No 17: The Second Action Plan fund a project to establish a national resource and information hub for misidentified FDV survivors.

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It would be remiss of me in making this submission to fail to mention the propensity of the Family Court to assign child custody and access to non-protective parents who are facing accusations of family or sexual violence. Anyone suspected of family, domestic or sexual violence should be prevented from access or custody of children. If criminal matters are pending, they should be finalised with all haste PRIOR to Family Court matters being heard, not afterward. Parental alienation is a fake psychological assessment that should be given no currency in reaching access or custody decisions.

A review of the Family Court, it's goals and processes must be among the highest priorities of the Second National Plan.

Thank you for the opportunity to provide this submission on the Second National Action Plan. I can be available to further discuss my submission and recommendations. I'm located in [redacted].

Submission by: [redacted] **Safer Ways** Campaign Lead, Lived Experience SF&DV advocate, Community Behaviour Change campaigner, Change Communication Principal
M: [redacted] E: [redacted]

Cited References

* <https://www.flatout.org.au/resources/harm-in-the-name-of-safety>

** <https://www.anrows.org.au/publication/accurately-identifying-the-person-most-in-need-of-protection-in-domestic-and-family-violence-law/>

*** [https://www.academia.edu/90430072/Identifying the Institutional Micro Foundations of Gender Policy Change A Case Study of Police Governance and Violence against Women and Girls?email_work_card=view-paper](https://www.academia.edu/90430072/Identifying_the_Institutional_Micro_Foundations_of_Gender_Policy_Change_A_Case_Study_of_Police_Governance_and_Violence_against_Women_and_Girls?email_work_card=view-paper), plus

https://www.researchgate.net/publication/389705982_To_What_Extent_Does_Gender_Bias_Affect_Police_Officers'_Response_to_Domestic_Abuse_Incidents

**** https://alternativefirstresponders.com.au/wp-content/uploads/2025/12/NJP_AFR_Position-Paper2025.pdf

Relevant Australian Family & Domestic Violence data - at a glance

The most horrifying fact about sexual, family and domestic violence in Australia is its sheer scale.

As of 20 January 2026, 21 women and 6 children were violently killed, with more than a dozen other deaths being monitored by Australian Femicide Watch.

Public Health Institute data estimates that **each year 7,000 Australians are admitted to hospital** for injuries from F&DV. This count does not include casualty, ER or outpatient hospital visits, GP visits or visits to other clinics.

When talking about the scale of the Australian SFDV problem, I use the NSW figures below as indicative: SF&DV assaults are the largest group of crimes in NSW, with the exception of all aggregated thefts and all aggregated transport/road-related crimes.

BOCSAR NSW crime stats from 4 December 2025 showed that **SFDV assaults accounted for almost 66 per cent of all reported assaults in NSW in 24/25.**

The total no. of all assault charges, including "serious" and "common" assault both DV and non-DV related (15,758) + **sexual assaults of adults and children (1,600)** totals 26,454. There was a horrifying total of **17,358 reported SFDV assaults** in NSW alone in 2024/25.

These figures exclude murders and represent an estimated eight per cent of all sexual assaults and 38 per cent of all FDV assault, based on current non-reporting patterns.

BOSCAR agreed comments on statistics provided

* More than half (54%) of women charged with intimate partner DV assault in the 12 months to June 2022 had previously been victims of DV assaults reported to NSW Police. That's more than double the proportion of women compared to men (26%)

* More than a third (36.3%) of the NSW women defendants of ADVOs in 2024 had been previously named as the protected person in ADVOs within the past 12 months, compared to 12.6% of men, ie triple the proportion of women compared to men.

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