Royal Commission into Domestic, Family, and Sexual Violence

South Australia

Submission to Issues Paper

Preliminary Comments

Australia is awash with reports and policies on DFSV, but from the later 1970s when DFSV first became a political issue until today, none of those policies and the recommendations of several major inquiries and findings of innumerable other publications has achieved what should by now have been achieved – in more than 40 years.[1] If all parties to the *National Plan to End Violence against Women and Children* had acted with **a sense of urgency** from its launch in 2010, then all of the things that that policy recognised as needing to be done (and others which it didn't but which also need to be addressed) could have been largely achieved by now, and the incidence of DFSV would have been reduced. Governments therefore need to answer the question as to why they do not do what they are expected to do, either at all, or when it needs to be done?

There are two principal problems here, each of which involves a sub-set of further problems: (1) no Australian government *ever* prioritises the well-being of the entire population without self-interest or prejudice and acts accordingly in its implementation of *any* social problem or other policy area, no matter how well-informed they may be, and until that attitude changes, we will not do what needs to be done to reduce the incidence of this problem. There is a more fundamental cultural problem, which is not specific to this one issue; (2) the major drivers of most DFSV are not gendered or the fault of individuals alone, and current policy development, academic and advocacy foci, public and political discourse have consistently ignored a large volume of relevant available evidence; DFSV policy documents formally acknowledge most of these aspects, but they do not appear to have any substantive understanding of those problems, and they do not focus on them or offer any concrete measures

[1] Useful accounts in Suellen Murray and Anastasia Powell, *Domestic Violence: Australian Public Policy* (Melbourne: Australian Scholarly Publishing, 2011); Anne Curthoys, Catherine Kevin, and Zora Simic, 'Too Much Talk, Not Enough Action? Federal Government Responses to Domestic Violence', in *Lessons from History: Leading Historians Tackle Australia's Greatest Challenges*, ed. Carolyn Holbrook, Lyndon Megarrity, and David Lowe (Sydney: NewSouth, 2022), pp. 298-313, 394-397.

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to address them, and until our gendered focus is corrected and more significant causal factors are confronted, the incidence of DFSV will also not be reduced.

Implementation of the recommendations of this Commission is the responsibility of government, primarily the SA State government but with some dependence upon the Commonwealth, but I suggest that those recommendations will become a dead letter, as those of every other Royal Commission, Senate Select Committee Inquiry and other reviews have become, unless the inertia, ideological, fiscal and other impedimenta to their full, immediate, and effective implementation are recognised and overcome.

It is ironic that male perpetrators should be expected to change their behaviour while governments won't, and cause immeasurably greater harm by not doing so. Australia is very poor at creating functional systems of government that are sufficiently staffed, managed, resourced, funded, and legally empowered to do their jobs and in a non-politicised fashion, and which also concentrate all of the necessary expertise to that end; the massive scale of out-sourcing of government to management consultancies has further destroyed whatever competence the CPS once had, as no management consultancy possesses the expertise required for effective government.[2] In many areas, we are literally years and decades behind what other comparable societies have achieved, and rather than immediately solving problems once they arise, we tend to compound them and make them worse. We conduct sometimes literally dozens of Royal Commissions, other public inquiries and reviews often into exactly the same problems over decades without improving anything. This behaviour is profoundly incompetent and dysfunctional, and will not achieve any credible end to the problem of DFSV – or anything else. This is not the fault of this Commission, but it may become the fault of the government that receives its final report.

The *National Plan* and other similar policies have been developed for staged implementation with periodic review instruments and new iterations. This approach is not compatible with viewing the death of every victim of DFSV, or their potentially life-long harm,

[2] Cf e.g. Christopher D. McKenna, *The World's Newest Profession: Management Consulting in the Twentieth Century* (Cambridge: Cambridge University Press, 2006); Mariana Mazzucato and Rosie Collington, *The Big Con: How the Consulting Industry Weakens our Businesses, Infantilizes our Governments and Warps our Economies* (London: Penguin, 2023); Walt Bogdanich and Michael Forsythe, *When McKinsey Comes to Town: The Hidden Influence of the World's Most Powerful Consulting Firm* (London: Penguin, 2022); Naomi Oreskes and Erik M. Conway, *The Big Myth: How American Business Taught Us to Loathe Government and Love the Free Market* (New York: Bloomsbury, 2023); Quinn Slobodian, *Crack-Up Capitalism: Market Radicals and the Dream of a World Without Democracy* (London: Penguin, 2023); Walter Kiechel, *The Lords of Strategy: The Secret Intellectual History of the New Corporate World* (Boston: Harvard Business Press, 2010). See also Tom Nichols, *The Death of Expertise: The Campaign against Established Knowledge and Why It Matters* (Oxford: Oxford University Press, 2017).

as preventable and as needing to be prevented with the utmost urgency, and none of those measures have achieved anything, if judged by the continuing incidence of preventable DFSV. It effectively treats all deaths and harm that have not been prevented by more precipitate and effective implementation as collateral damage, and as such, all of those lives as having no worth. The Australian public does not consider that attitude to be acceptable, and is demanding better. The fact that more precipitate and appropriate action on this issue over the past 40 years has not been taken, and that immeasurable harm has been caused and hundreds of lives have been lost due to that complacency, for which no government or official or others are ever held responsible, should add to the urgency now required. Due to now chronic and systemic neglect of multiple sectors required to support intervention, those sectors will first have to be subject to major reforms and substantially greater investment before they are fit for purpose. Some measures could be implemented within the first twelve months following acceptance of this Commission's recommendations; other measures would require longer, and several measures may require a decade or more before they can be fully implemented, such as the recruitment, education and training of thousands of additional psychiatrists and clinical psychologists and other professionals, and the improvement of their tertiary education and training. Nonetheless, government should commit to full funding of all necessary measures on a permanent basis, and that funding must be immediately available as needed. Sums of money budgeted and allocated are obviously insufficient, if they are not used appropriately and if they do not achieve what needs to be achieved.

Australia has an historical, intergenerational bipartisan unwillingness to spend whatever money it may cost in order to achieve the goals we say we want, so that all public service delivery is chronically under-funded, ineffectively regulated, and not fit for purpose; other measures have also been introduced in recent decades that further undermine the usefulness of those services, such as privatisation, out-sourcing, excessive corporate managerialism and micromanagement, loss of expertise (and the redefinition of incompetence and ignorance as 'the new expertise', primarily in the form of management consultancy), unsustainable casualisation of professional staff, toxic workplaces, which have brought additional problems in their train without improving or solving anything. Many if not all of these things are forms of violence perpetrated against us by our own government and society, which we are not seeing. We have a chronically dysfunctional relationship between the Commonwealth and the States & Territories, which leaves States often hamstrung and ineffective. We refuse to manage the economy by providing sufficient capital investment to achieve sufficient development and diversity, maximum

utilisation of our national resources (including our people, and local innovation and R&D), and full sustainable employment for the population and an economic base capable of providing what we need, and we refuse to tax businesses and the population proportionately and sufficiently to generate additional revenue to fully fund public services. These problems do not characterise European countries in the way they characterise Australia. Many sectors in Australia are in international comparison aberrant and atypical, at the lower end of OECD funding and investment ranking, and extremely dysfunctional and inequitable (such as our unparalleled public-private school system). Our national economy has now been shrinking for more than 20 years, to the detriment of millions of Australians, including our youth. Social democracies have achieved many of these things over the past 70 years (with some developments dating from the 19th century), but Australia, despite its wealth and opportunities, has consistently failed to do so. This means that Australia's behaviour is not the product of any one government or political ideology or the disproportionate influence of vested interests alone, but is, fundamentally, a collective national mentality, and that arguably dates from 1788 (and before then in Britain). This is historical causation.

These failures are crucial factors in both the causes of, and responses to, DFSV. Unemployment and financial distress (even before the latest crises), and other social adversity, combined with government caused or tolerated poverty, discrimination against the unemployed, stigmatisation of disadvantaged minority groups, the vicious and self-perpetuating cycle of juvenile detention (which itself is both preceded and followed by additional abuses and traumata, including sexual abuse, deprivation, and further dehumanisation in detention), and other associated social problems, are all known and significant causes of DFSV, but our governments are responsible for causing these problems, not individuals. Government explicitly acknowledges the negative effects of stigmatisation – and then persists in stigmatising people.

All of these, along with all gender inequality, failure to Close the Gap, and other areas, are also chronic and systemic breaches of Australia's human rights obligations under the terms of UN agreements we have ratified or endorsed and should therefore be in full compliance with – but are not. Australia is infamous for being the only western democracy that has failed to enact any legally binding and enforceable definition and protection of all of our human rights as defined in those UN agreements from 1948 to the present day, and it is doubtful that any Human Rights Act that may be drafted by the present Commonwealth government will, in fact, actually recognise and protect all of those rights – because doing so would also necessitate radical changes of political attitudes and behaviour. Neither the three State & Territory Human

Rights Acts, nor the AHRC, nor the 2010 'Human Rights Framework' have been effective in improving our compliance, and most of Australians' defined human rights continue to be breached by our governments.[3] Similarly, no public service delivery or welfare support is adequately funded, and sectors such as social housing, medical and mental health have been victims of long-term neglect.

The attitudes underpinning much of this behaviour are distinctively punitive, and refuse to recognise the effects of our governments, our society, and other actors, upon the lives of individuals. Our embrace of an extreme form of Neoliberalism combined with historical colonial attitudes also places all responsibility for problems and behaviour upon individuals alone, irrespective of whether or not individuals have any power to change their circumstances, and thereby absolves governments and society of their responsibilities for people's problems. This extreme behaviourist attitude now even extends to our response to mental health problems, which fails to recognise ambient determinants or basic epidemiology and instead burdens individuals with the task of self-healing without addressing any of the factors that made them distressed and unwell in the first place; it tacitly stigmatises and blames the unwell individual, instead of genuinely helping them. That is also relevant to DFSV, which includes a high incidence of mental illness. This absolution of government, society, and other group and individual actors of any responsibility is a cause of DFSV, and prevents action being taken to reduce the incidence of it, because we blame the perpetrators alone, on the assumption that their behaviour is gratuitous, fully conscious and intentional, that their motives can be reliably inferred from their effects without actually speaking to them – and that their behaviour is therefore brutally punishable - and itself un-caused. This is a lie we are telling ourselves.

This submission focuses upon the social causes of DFSV, which have to date been largely neglected. It also argues that the manner in which the problem of DFSV has been framed is strongly influenced by subjective perceptions and experiences, as well as being culturally contingent, and that in its present form it is very limited, but not entirely scientific and critically objective.[4]

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[3] Cf. e.g. Adam Fletcher, *Australia's Human Rights Scrutiny Regime: Democratic Masterstroke or Mere Window Dressing?* (Melbourne: Melbourne University Press, 2018); Jon Piccini, *Human Rights in Twentieth-Century Australia* (Cambridge: Cambridge University Press, 2019); Stephen Lake, Submission to the joint Senate-Parliamentary Inquiry into an Australian Human Rights Act: Submissions – Parliament of Australia (aph.gov.au), submission no. 315.

[4] It is not possible to substantiate this view here, which would lead into multi-disciplinary discussion of methodology and nationally specific mentalities (members of every culture or society think and act differently from those of every other, partly under the influence of their distinctive histories, which means that Australians neither think nor behave like most other developed western societies), all of which are in international academic contexts familiar concepts but not typically considered in such public inquiries and debate. I can here only

The framing of the problem of DFSV in previous inquiries, policy documents and public discourse, is dominated by **a 'gendered' approach**, which was consciously adopted by the national conference in Canberra in 1985 under feminist influence,[5] and has continued to be accepted ever since. It is not clear to me whether this approach is fully responsible for a range of shortcomings in the understanding and definition of DFSV, or whether other factors also contribute to limitations in responses, but the legitimacy of this gendered approach needs to be questioned. While fully acknowledging the role of feminists in the 1970s/80s in placing DFSV on political agendas and increasing public awareness of it, international female academics working in the field are now themselves acknowledging that the gender approach is *not* substantiated by much of the available evidence, that it has prevented a more balanced and comprehensive approach to the problem, and it will be a challenge for Australians to do the same.

The only generally accepted and documented fact here is that higher numbers of women are murdered by male intimate partners than men are murdered also in DFSV settings, and that more women are physically assaulted by male intimate partners, that this occurs by virtue of their being female intimate partners (as distinct from merely being female), and that men are more physically violent than women are. This fact may justify a limited gendered approach, although in light of the following observations, precisely what form that gendered approach might assume requires reconsideration. I fully endorse an end to all gender inequality, which governments must act to achieve, but haven't, but achieving full gender equality in all areas of our lives will not alone end DFSV.

I am willing to agree that the incidence of non-physical violence is probably also higher against women by male perpetrators than against men by female perpetrators (and in same-sex relationships), although the exact level of incidence has not been determined. Unlike serious physical violence and murder, which constitute a single action or series of actions, coercive and controlling behaviours include threatening and less dangerous physical violence and multiple other actions, and the relative incidence of these would require further differentiation.

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reference several works that must stand *pars pro toto*, e.g. Robyn M. Holmes, *Cultural Psychology: Exploring Culture and Mind in Diverse Communities* (Oxford: Oxford University Press, 2020); Lynne Layton, *Toward a Social Psychoanalysis: Culture, Character, and Normative Unconscious Processes*, ed. Marianna Leavy-Sperounis (London: Routledge, 2020).

[5] Hatty S 1986. *National Conference on Domestic Violence*. Seminar proceedings series no. 12. Canberra: Australian Institute of Criminology. https://www.aic.gov.au/publications/sps/sps12
See also: Snashall R 1987. *National Conference on Child Abuse*. Seminar proceedings series no. 14. Canberra: Australian Institute of Criminology. https://www.aic.gov.au/publications/sps/sps14

They are not all, or consistently, committed by every perpetrator; they may occur in one relationship but not in another or others, and there are reasons why that is so. I do not accept that *any* such behaviour against *anybody* should be considered as statistically insignificant and not deserving of an equal response.

While this physical incidence of DFSV against women can be accepted as a fact, it is not an equally established 'fact' that men also perpetrate a proportionately comparable incidence of non-physical forms of DFSV. This is not an established fact, because we do not gather and publish statistics about women's problem behaviour in the same way that we do for men, and because women's perpetration of coercive and controlling behaviour is notoriously under-reported; if something is known to be under-reported, then any data that might be cited are not sufficient or sufficiently reliable, and should not be treated as such. Available anecdotal and previous research data (which have not been used in current discussion),[6] both national and international, suggest that women's perpetration of non-physical violence and physical violence with reduced threat, but including threatening behaviour, is statistically possibly two-thirds or more that of men's. I have been advised that WA, SA, and NT all collect data on police call-outs for DFSV incidents, which distinguish perpetrators by gender, and that those data confirm a significant incidence of female perpetration, but those data are not published. Non-publication of relevant data distorts and misrepresents the problem in public and political understanding.

Women are also known to perpetrate DFSV against other women, both in intimate relationships and in other community settings (e.g. bullying), while men also experience an incidence of sexual aggression by women. Women also perpetrate violence against children. In my extended family over at least five generations, with the sole exception of my father (whose own behaviour was influenced by his mother),[7] all abuse and trauma were perpetrated by

[6] There is a large volume of published domestic and international research on aspects of this question, which should be reviewed by this Commission and which should be fully incorporated into political and public discourse and awareness around DSFV. I cite only the following as examples: *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)
https://www.ecu.edu.au/__data/assets/pdf_file/0007/685276/10_Tilbrook_Final-Report.pdf
Bricknell S, Boxall H & Andrevski H 2014. *Male victims of non-sexual and non-domestic violence: Service needs and experiences in court*. Research and public policy series no. 126. Canberra: Australian Institute of Criminology. https://www.aic.gov.au/publications/rpp/rpp126
https://journals.sagepub.com/doi/abs/10.1177/1744987116653785
https://abusedmeninscotland.org/wp-content/uploads/final-what-we-know-litrev-june-2013.pdf
https://www.abc.net.au/news/2020-09-01/male-victims-of-domestic-violence-shame-stigma-support/12495738

[7] My father had diagnoses of a "gross obsessional neurosis", gross depression (but refused hospitalisation), and his "severe obsessional neurosis" and "severe anxiety-repressive psychoneurosis bordering on psychosis" was described as becoming worse and more paralysing following the end of his marriage (psychiatrist's and GP's letters in my possession).

women, not by men; some of that was unintentional, but some of it was intentional. Certainly, there are things I do not know, and not all of that trauma occurred in typical DFSV contexts, but I have no reason to assume that the male partners of those women were also perpetrators, and irrespective of the intentionality or otherwise, all that trauma and abuse had consequences for others' lives. I have also observed and am aware of multiple other instances of female-perpetrated DFSV, which was not provoked or in self-defence, and of considerable female sexual aggression in different contexts.

If we stopped assuming that this behaviour is necessarily or overwhelmingly motivated by misogynistic and patriarchal attitudes and began to recognise what decades of international research suggest, namely, that it can be and often is caused by problems such as childhood abuse and trauma and socio-economic stressors, we should then also accept that women are equally affected by those causes and therefore in principle equally at risk of perpetrating these behaviours. The question is, why we refuse to recognise this? Why do we appeal to the principle of things being 'evidence based', but then ignore relevant evidence?

It is not possible to accurately quantify different causes of individuals' behaviour in DFSV until such time as we collect sufficient reliable data, but despite the *National Plan* envisaging the collection of such data, we have not done so. This submission is therefore predicated upon the working hypothesis that a majority of DFSV is caused by, or occurs within a context of, the lifelong effects of childhood abuse and trauma, other mental health issues, and socio-economic stressors, but it allows that the precise proportions of such causal factors cannot at present be determined, and that the currently assumed misogynistic, patriarchal and opportunistic motives may be significant in individual cases, assuming that those perpetrators are also questioned and their motivations proven. That has not occurred, and our purported knowledge of perpetrators remains seriously defective.

These quantifiable *facts* of female-perpetrated DFSV and male and child victims, which the Commission should properly and equally investigate, suggest that much perpetration of DFSV cannot be viewed as a gender problem, because it is not characteristic of or motivated necessarily by any prejudicial attitude held by members of only one gender against the other,[8] that the causes of such behaviour cannot be reduced to prejudicial attitudes and lack of respect for women, but that other causal and compounding factors should be being considered. The fact that women are statistically more often victims than men are does not prove that any such

[8] I employ a binary gender paradigm for convenience, but without intending any bias against or disrespect to those who identify as LGBTIQA+.

behaviour is directed against them for no other reason than that they are women; it has more to do with the fact that, being women, they are in intimate relationships with men who, under the influence of various situational triggers (not intentionally or knowingly caused by those women), may then act in a violent way, and that such violence is more likely to occur in a domestic setting because it cannot find expression elsewhere and because of the particular psychological-emotional significance of that relationship. This does not prove misogynistic intent. Women are just as vulnerable to and affected by the principal known causes of DFSV as men are: there is no significant gender difference. Available research on men's experience of DFSV should be fully consulted, and where necessary, new research and data collection commissioned.

Some women's advocates will question the incidence of female-perpetrated DFSV, but if policy documents and previous inquiries formally acknowledge that DFSV can be perpetrated by 'anybody', then that should be taken more seriously than it has been and it should be investigated with objectivity and equality as an issue that affects human persons who should be entitled to exactly the same respect and consideration as is currently being demanded for women. I am not arguing for exact levels of incidence, as the '1 in 3' campaign has done, and I am willing to consider the evidence of further research. I would observe, however, that there is abundant anecdotal and other evidence available that has not been examined but which should be.

The implicit assumption that women do not perpetrate any DFSV except in self-defence – or that they might do so in statistically insignificant incidence such that it is undeserving of specific notice is, in itself, false and unjustified. It is inherently illogical, because it assumes that women are indeed capable of such violence, even if only to defend themselves, which must reasonably mean that they have the same capacity to commit physical violence as men do, and potentially for the same reasons, even if neuro-biologically less frequently disposed to do so. It will be argued below that when childhood abuse and trauma are the primary cause of DFSV, that is itself an unconscious defensive reaction, not a gratuitous act, and the difficulty lies in victims recognising that original cause rather than assuming that the violence has only to do with them. The self-defence claim also raises the question whether men and women are treated equally when they both act violently in self-defence, or whether women are viewed more leniently? Ironically, it also dehumanises women and reinforces precisely those gender stereotypes that feminism has fought so long and hard to defeat, because it implies that women are by gender more naturally nurturing and caring, while not experiencing any of the emotions that drive DFSV. All DFSV is driven by human emotions that we all experience, both men and

women, and in their original cause, those emotions are not always unjustified, even if the specific contexts in which they may find expression are inappropriate. That emotional driver also means that it has a psychological explanation, which is not consistent with a strictly or predominantly gendered explanation. This submission can only mention several aspects of that psychology, but other aspects are widely recognised in both men and women and are the subject of research and teaching internationally. To date, I have observed almost no consideration of these psychological dimensions of DFSV in public or political discourse.

The gender approach is perhaps responsible for the way in which some now speak of a 'war against women', of DFSV as being perpetrated by 'men who hate women', and as 'terrorism'. None of these epithets is either accurate or useful. It is also evident that in media reporting and in some public thinking, murdered women are being indiscriminately conflated, as if every murdered woman, regardless of the circumstances, is a victim of this misogyny. This is also unhelpful. Women who are killed by intimate partners are not killed for the same reasons that random women killed by men who do not know them are murdered, and some women are also killed for reasons that have nothing to do with their being women. All of those deaths cannot be conflated as purported evidence that war has been declared against their entire gender, but specific motives and circumstances must be established and differentiated. Most of these women were at greater risk than the general female population is; according to government published data, the incidence of DFSV deaths of both women and men has halved since 1989 (allowing for spikes and troughs). There are also other problems with the manner in which statistics are being used in these contexts; statistics themselves are not neutral and objective, and neither are the ways in which they are often used.

DFSV is also ultimately a relationship failure, which raises yet another Pandora's Box of complexity. If the incidence of DFSV appears to be increasing, then we should also be asking why so many people appear to lack relationship skills and how, when and from whom they are assumed to learn them – but do not? Relationship skills are acquired primarily by the example set by one's parents, but if more and more children are raised by single parents or by largely absent parents, or by parents who are unable to manage their own relationships successfully, then we cannot reasonably expect those children to have all acquired successful skills as adults, and they will find it more difficult to acquire such skills as adults that they did not acquire as children. Children can be provided with some theoretical education in relationships at school, but that alone will not solve this problem, and it is no surrogate for the model of their parents.

The Victorian Royal Commission, for example, displays what appears to be at least an unconscious bias against male victims of DFSV. Like many other discussions and policy

documents, the implicit attitude is – or appears to be - that because men are statistically less affected than women are, they therefore do not deserve the same attention, and they have *de facto* been ignored as victims, particularly in heterosexual relationships. Men are still murdered by female intimate partners, that does not always occur as self-defence, and they should be recognised as victims equally with women. The Victorian Royal Commission argued that the majority of men murdered in DFSV settings are so not by women (although it did find that an estimated one-quarter of the figures for female victims of DFSV were men, both killed and subject to other violence) but by other male members of their families, and that resources should then be directed not towards protecting and assisting men against violence perpetrated by their intimate female partners, including behaviour modification programmes for women, but to the problem of male violence against other males within the family, whereas *both* aspects should be addressed.[9] I do not find that discussion acceptable.

It is increasingly common for human rights to be referred to as a basis for respect for women. That is entirely legitimate, but Australia has been in permanent breach of women's human rights for over 50 years, it is equally in breach of the human rights of children and Indigenous Australians, and increasingly of the majority of the population. Australia displays no understanding of the meaning of human dignity, which is an explicit cornerstone of our human rights agreements, and unlike in European states, it is not a tested legal principle here.[10] We also display no understanding of the totality of human psychology, either in our general analyses of our social problems or in the implications of government decision making or specifically in relation to DFSV. It is not tenable to cite human rights as a basis for any response to DFSV – or anything else – unless or until this country is fully committed to respecting and protecting *all* of our human rights. Human rights cannot be cherry-picked: either we respect and protect *all* of them, or none of them, but choosing only to recognise some and not others invalidates the basic jurisprudential principle of what these rights are, that legitimates them.

The fundamental principle of human rights is universal equality of all human persons solely by virtue of their common humanity. This excludes any prioritising of the needs or rights of women over those of men, and this should then mean that the experiences of men at the

[9] *Victorian Royal Commission into Family Violence* (2016), vol. 5, pp. 205-214.

[10] Cf. e.g. Aharon Barak, *Human Dignity: The Constitutional Value and the Constitutional Right* (Cambridge: Cambridge University Press, 2015); Pablo Gilabert, *Human Dignity and Human Rights* (Oxford: Oxford University Press, 2018); *Menschenwürde: Vom Selbstwert des Menschen*, ed. Clemens Sedmak, Grundwerte Europas (Darmstadt: Wissenschaftliche Buchgesellschaft, 2017); *Menschenwürde. Eine philosophische Debatte über Dimensionen ihrer Kontingenz*, ed. Mario Brandhorst and Eva Weber-Guskar (Frankfurt/Main: Suhrkamp, 2017); Manfred Baldus, *Kämpfe um die Menschenwürde: Die Debatte seit 1949* (Frankfurt/Main: Suhrkamp, 2016); Christoph Menke and Arnd Pullmann, *Philosophie der Menschenrechte zur Einführung* (Hamburg: Junius, 2007).

hands of both women and men should be treated with the same importance as those of women. Statistical disproportion of victimhood of DFSV therefore is incompatible with respect for our human rights. The same applies on the basis of democracy, which is predicated upon the equality of all citizens irrespective of gender or circumstances unequally affecting one gender or any other social group, and the same equality should apply under the law, which is supposed to be blind against any potential bias. On this basis, therefore, this Commission should fully consider the experiences of male victims of DFSV under all circumstances, and recommend adequate services and other policy responses for them beside those made for women. It is also desirable that sufficient efforts be made to quantify and understand the experiences of male victims of DFSV, and consequently also the incidence of female perpetration of DFSV.

It is widely known that men have no adequate services available to them, that they are often discriminated against and accused of lying by the police, by women's advocates, by others in the community whose role it should be to help them, including even lawyers, and also by government DFSV agencies. I am personally aware of examples of such discrimination. Such bias and prejudice against men in this context is not acceptable, and men should not be denied services and assistance because of the inadequacy of funding, resourcing, and staffing even for women and the consequent prioritising of resources, or by virtue of being men who are assumed to lie. Assuming that all men lie in the context of DFSV (but that no woman ever does) without full consideration of the evidence, and then denying them assistance, is a form of prejudice and discrimination. We cannot reasonably demand an end of discrimination against women while perpetrating discrimination against men.

Men do not have any national advocacy body comparable with the many organisations for women, they are not equally represented in consultation and policy development, including on the 'expert panel' established by the current Commonwealth government, or even by government agencies, their legitimate concerns are not being concretely addressed, and it has been my observation and experience that women advocating around DFSV at every level of community and government have not understood, respected men's issues or been prepared to listen and discuss. There are multiple men's online groups seeking to advocate on behalf of various concerns, but all of those groups appear to be small, to have no effective national influence, and none of them speaks on behalf of all men. Men constitute the other half of the population, they are now generally defined indiscriminately as being 'the problem' and are, consequently, expected to be part of the solution, but they will not do that as long as they are not being listened to, as long as the real drivers of much DFSV as those affect men are not recognised and addressed, together with how women's perpetration of problem behaviours also

affect men, and as long as women refuse to sit at the same figurative table with men, including perpetrators and other victims, and allow their own assumptions to be questioned.

There has also been an explicit tendency to assume that any men's advocacy is motivated by interests that it is not necessarily motivated by, just as women assume that they understand male perpetrators' motives, even though they have not spoken with perpetrators and we do not have adequate data about perpetrators. It is asserted, without evidence, for example, that men's attempts to advocate on behalf of reasonable concerns are in fact driven by a reaction against the threatened loss of their 'entitlement', privilege and patriarchal dominance. Such an assertion is in itself interesting, but it is outrageous, offensive and absurd when applied indiscriminately to all men and to all men's advocacy. My advocacy is motivated by a concern for natural justice and the same equality demanded by women, which has two-sides, not one; I am not in any sense, legitimising, trivialising or otherwise excusing men's violence (I was as a child for more than the first decade of my own life also a target of my father's violence) and I should not be assumed to have motives that I do not have. This situation constitutes a palpable bias that should not exist. It also illustrates how toxic the public discourse around DFSV currently is.

The gender approach assumes that there is a social environment of misogyny, of discrimination against women and inequality. That fact is broadly true, it is not in question, the extent to which women are disadvantaged far exceeds that of which many of us are conscious, it is not necessarily always conscious or intentional, and governments bear considerable responsibility for not having ended or even recognised much of that discrimination and inequality. One response to DFSV is to address this culturally embedded discrimination and to end all gender inequality, and this submission endorses that proposal unconditionally. However, I also argue that conscious misogyny is not – contrary to prevailing assumptions – necessarily the dominant cause of DFSV, and that achieving such equality will not alone end DFSV; it probably will not even substantively reduce the incidence of it. I also observe that an adequate understanding of the perpetuation of this discrimination and inequality is not afforded by feminist theory alone, but must also be informed by academic historical and sociological research and even by intellectual and cultural history, because it extends to areas covered by those disciplines. The 1985 Canberra conference on DV included contributions by historians, psychologists, sociologists and other academic fields, but that level of contribution to current discourse around DFSV is noticeably absent today.

At the same time, however, if we are going to assume a female gender position on a social problem such as patriarchy, misogyny, and DFSV, then it would be appropriate to also consider

how identical or parallel social conventions, norms, institutions, the education system and parenting, and other such factors all contribute to a particular socialisation of the male, and that females are not unique in being so treated. Men are not necessarily all more free and privileged agents than women, and for most of human history the vast majority of men have not been at all, although it is by implication being assumed here that they always have been by virtue of their gender. This issue is pertinent to the 'boy crisis' and questions of masculinity mentioned below.

There is a concern amongst many women's advocates that if we do in fact better understand perpetrators, that they then cannot be held accountable because understanding them will mean recognising extenuating circumstances that reduce their responsibility for their own actions (*tout comprendre c'est tout pardonner*). This concern is understandable, and it does raise a legitimate problem, but it should not be a question of not holding men accountable at all if they acted under influences beyond their control, but rather, of balancing just, appropriate and effective means of accountability with equally just, appropriate and effective responses to those extraneous influences. That would necessitate the abandonment of a purely punitive response, which tends to be what we have at present.

We clearly do have a difficulty in Australia with balancing the fact that a perpetrator can also have been a victim (which was also sometimes true in the cases of paedophile priests), and that any principle of justice must strike a balance between those two facts. Yet we also have a difficulty with acknowledging that anybody other than the alleged criminal is responsible for crimes or problems, and we actively reduce responsibility as far as possible to the individual and ignore what a society is and how that society acts upon individuals. The fact is that our governments, other community groups, and countless individuals, all bear principal responsibility for every single act of abuse and trauma and other disadvantage that affects every individual, and therefore also share responsibility for the effects of that maltreatment in the actions of those individuals. Every preventable death from DFSV is a failure of many individuals working in dysfunctional systems, and the chain of that responsibility can be traced all the way back to whoever abused and traumatised the perpetrator – assuming that somebody did – and whoever failed to stop it. It is predictable psychology that *some* victims will then become violent, and that violence is a *re*-action against a prior act of injustice against them, not a gratuitous act that occurs within a vacuum. Those who do not become violent often still experience other difficulties.

Governments now speak of 'whole-of-government' and 'whole-of-society' responses to DFSV, but what they usually mean is that governments must be more coordinated in their

organisation and intervention, and that everybody in society has a role to play in being informed and aware and doing what they can to prevent such behaviour, in themselves and in others. That is all reasonable, but what governments do not normally mean, but what they should also mean, is that governments are the principal perpetrators – not the only ones, but statistically arguably the most consistent, on multiple levels, including in their failure to fully and effectively implement any of their own policies. And governments must therefore bear part of the blame for this problem.

I, as an individual, did not *choose* and had no capacity to choose to be abused from birth by my father, nor did I *choose* to become suicidal or to develop multiple mental health and biomedical conditions that resulted from that maltreatment, nor did I *choose* to develop survival and compensation strategies that could manifest as coercive and controlling behaviour, nor did I *choose* to be bullied for years at school and later in the workplace, nor did I *choose* to develop PTSD when I became *de facto* permanently unemployed [redacted] years ago, nor did I *choose* to be denied any opportunity to pursue a hard-earned profession simply because my governments have failed to ensure sufficient opportunities for me to do so within the tertiary education sector for which they are directly responsible, and then stigmatised and discriminated against me and reduced me to permanent poverty because I am unemployed because of failures and the punitive mentality of government. I did not *choose* to *not* be interviewed for any of the jobs for which I applied, or that none of my job seeker agencies were able to assist me back into the workforce, or to be discriminated against on grounds of age. I did not *choose* to lose several million dollars in projected income and superannuation because I could not obtain appropriate employment in which to earn them during the last [redacted] years of my wasted working life. I therefore also did not *choose* to acquire the potential to perpetrate DFSV. I did not 'choose' any of those things, and neither does anybody else. But others have made all of those choices for me, they did not 'just happen'. Neither did I *choose* to be unable to access any of the mental health care and other assistance that should have been available to me, because governments have failed to ensure that they are available. I have been deprived of any effective control over my own life, and none of the efforts I have ever made to be 'resilient' have been supported by governments and my society and rewarded in the ways we are all promised that they will be. 'Resilience' doesn't just depend upon the abused and traumatised individual whose very capacity to even be 'resilient' has been permanently impaired, it also depends upon our society and our governments, and it requires that when we do something 'resilient', it must have the beneficial effect that it needs to have in order to be effective; but that beneficial effect depends

upon governments and society doing things they no longer do.[11] These are all problems for which governments have to bear responsibility and change, because most of us can't change any of them ourselves. I now experience government in Australia in the same way that I experienced an abusive father.

This reluctance to understand perpetrators also suggests that the principal desire of some advocates is that men should be punished, as if they all knew and intended what they did; that sentiment has been particularly conspicuous in reaction to some high-profile cases. It also suggests, however, that there may be some awareness that the problem is not so black & white and that there are extraneous factors that should be considered, but which have not been, and that it is not in advocates' interests that they should be considered. This is an observation that appears to have some justification, and no counter explanation has ever been offered to me. Despite having written over the past four years and especially this year to quite literally countless journalists, academics, advocates and support organisations, MPs and government departments, requesting information, commenting upon publications, and seeking engagement, I have frequently received no response at all, or I have merely received a template or perfunctory response that has not addressed my specific questions, and I have certainly never received any explanation as to why specified available research has not been considered by them or incorporated into any policy development or consultation. Granted that one cannot expect extensive responses or a continuing discussion from everybody to whom one writes, nonetheless, on that basis, I am left to infer that there is an intentional neglect of due consideration of relevant information and perspectives in favour of the exclusive gender approach, which in fact does not offer any adequate understanding or explanation of the majority of DFSV cases; or that adoption of the gender approach has had the effect, intentional or not, of preventing advocates from thinking outside of that paradigm.[12]

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[11] In the absence of the desired effects that are contingent upon others, the concept of 'resilience' is yet another way in which the individual alone tends to be blamed for their own problems, and as such, that concept becomes an obscenity. Cf. e.g. Soraya Chemaly, *The Resilience Myth: New Thinking on Grit, Strength, and Growth After Trauma* (New York: Simon & Schuster, 2024).

[12] Cognitive and intellectual and scientific paradigms cannot be allowed to remain unchallenged; scientific method is supposed to include continuous self-criticism or application of the principle of doubt. As new knowledge becomes available, it should be continuously assessed and incorporated into, and where appropriate, it should modify our paradigms, but it appears to be characteristic of our human nature that we resist doing this and instead preserve and defend out-dated and false beliefs and perceptions, which eventually have to be *forced* to change. Failure to do this renders one's position into an ideology. Standard references on these processes include Thomas S. Kuhn, *The Structure of Scientific Revolutions* (Chicago: Chicago University Press, ^{2}1970), and Paul Feyerabend, *Against Method: Outline of an Anarchic Theory of Knowledge* (multiple revisions in English and German: I have used *Wider den Methodenzwang* (Frankfurt/Main: Suhrkamp, 1986 edn); cf. also *The Last Writings of Thomas S. Kuhn: Incommensurability in Science*, ed. Bojana Mladenović (Chicago: University of Chicago Press, 2022); Paul Feyerabend, *Science in a Free Society* (London: Verso, 1982); Terry Eagleton, *Ideology: An Introduction* (London: Verso, ^{2}2007).

On the other hand, given the fact that convicted perpetrators are not all provided with either any mandatory and adequate behavioural modification therapy, either in prison or in the community; that they are not provided with other appropriate mental health care, which many of them should have – possibly the majority of them; that there are no adequate and effective strategies for full rehabilitation and social re-integration, and that Australia's commitment to any adequate rehabilitation of convicted criminals at all is notoriously poor; and that no efforts are made to address any of the ambient socio-economic determinants that constitute a significant risk factor – punishment alone does not serve any of its jurisprudential justifications, and it does not guarantee the safety of former intimate partners upon perpetrators' release, some of whom have then been murdered or been at other risk. Government needs to address all of these factors more convincingly. Risk of punishment is often not a deterrent, and punishment alone does not protect the community.

It should be noted that there is limited evidence of the *long-term effectiveness* of behavioural modification therapy; that such evidence as is available suggests that it is more effective for some types of perpetrators than for others; that by no means all 'therapists' offering either behavioural modification therapy or other mental health care are adequately qualified or competent and that there is a major deficiency in the accreditation and regulation of such therapists; and that behavioural modification therapy alone will not resolve most men's problems, some of which are of a more practical and material nature. It therefore cannot be viewed as a sufficient response, but must be included within a palette of possible responses.[13]

Behavioural modification therapy and associated 'therapies' are extremely problematic for three reasons. (1) BMT, like other approaches to mental health and social problems, places maximum responsibility upon the individual, while minimising or overlooking any social influences upon individuals' behaviour or responsibility of other actors for those problems. (2) It is argued below that possibly a significant majority of cases of DFSV result from childhood abuse and trauma and the lifelong effects of such maltreatment, or PTSD acquired as an adult. That maltreatment can be caused by a number of factors, it becomes irreversible, it contributes to further problem behaviour, and its amelioration requires a much longer and more multifaceted response than any Australian ever receives or is likely to receive in the foreseeable

[13] Cf. e.g. "Men's behaviour change programs are key to addressing domestic violence. Our new study shows how we can improve them" — https://theconversation.com/mens-behaviour-change-programs-are-key-to-addressing-domestic-violence-our-new-study-shows-how-we-can-improve-them-236056
Engaging in Change: A Victorian study of perpetrator program attrition and participant engagement in men's behaviour change programs, https://doi.org/10.26180/26046856.v1

future. BMT does not sufficiently allow for the effects of such maltreatment or the needs of its survivors, those needs cannot be addressed within a single 16-week group workshop programme, and those who offer BMT often have no competence or qualification to deal with such complex problems, or perhaps to even recognise them. *All* mental health practice involves the very real risk of causing more harm than good when performed by ill-trained practitioners. Survivors of childhood maltreatment must have that experience and its consequences validated, not demonised and criminalised, and their emotions and behaviour, while inappropriate and undesirable in adult intimate relationships, were perfectly understandable and, under the circumstances, legitimate reactions to the original circumstances under which they first evolved, which were themselves criminal, and may still be justified in reaction to ambient determinants and other adverse life situations. (3) BMT is predicated upon a mechanistic, behaviourist 'psychology' not unlike the conditioning depicted by Aldous Huxley in *Brave New World*, and even utilises such strategies. This is dehumanising, because it reduces us effectively to automatons who merely need to be re-programmed, it entirely ignores the complexity of our human nature, and the bulk of modern psychology over more than the past century that has studied that complexity. It is typical of our distinctive collective national mentality that such an approach would be preferred, and that Australian clinicians are no longer adequately educated in all of that other psychological research and theory and experience, but by failing to comprehend the full complexity of human psychology, it is not an appropriate response to DFSV. It can, if well taught, make individuals more conscious of their behaviour, of triggers of unwanted and harmful behaviour, of the effects of their behaviour upon others, and it can provide some strategies for better controlling one's behaviour. But it cannot guarantee that in the future, individuals' emotions and sub-conscious instincts will not override such training, it cannot teach anybody to be 'resilient' whose capacity for resilience was destroyed as a child, and it cannot make somebody empathetic who has been so traumatised that their capacity for empathy is scarcely even a memory. It also does not understand how intertwined individuals' reactions to abuse and trauma become integral to their own sense of identity and personality, and cannot simply be surgically removed; to attempt to eliminate them, as BMT does, can in fact be a new cause of trauma. Those problems require other kinds of therapy and support. BMT also cannot address any of the more practical needs of perpetrators, but which government typically also does not meet.

There is **an intergenerational dimension** to DFSV. It is not possible to quantify this exactly, because relevant data do not appear to have been collected; this would require knowledge of

all family histories of every perpetrator. It is probable that this is indeed a statistically significant factor, and that if the incidence of DFSV is to be reduced, then that cycle of intergenerational cause and effect needs to be broken, and that would require fully recognising every child victim of DFSV as a potential perpetrator, without judgement but in need of help, and ensuring that they receive all of the care, support and assistance they need so that that does not occur.

Children have been formally recognised as victims in their own right since at least 1985/6, and they are explicitly mentioned in the *National Plan to End Violence against Women and Children* (my emphasis), and yet despite this, no appropriate action has been taken to act upon that acknowledgement. Adults (such as myself) who were themselves child victims of DFSV, have never been consulted as 'survivors', there is no clinical understanding in my experience by psychologists, psychiatrists and others of the lifelong mental health, other adverse life experiences and other difficulties to which we are vulnerable, and there is no appropriate assistance or support available to us. Indeed, there appears to still be no understanding of the fact that **abused and traumatised children** *are* actually affected for the rest of their lives by those experiences, and that it isn't just a 'passing phase', and that there *is* a direct causal relationship between that abuse and trauma and some adult perpetration of DFSV. Our lived experience is not listened to, and there is no evidence in policy development that we have been permitted to make any contribution to it. In practice, the moniker of 'survivors' is limited to adult women.

Without in any way wishing to minimise the experiences of women and men who have experienced DFSV, in some particular ways, children are affected in ways that adults are not, or might be expected to be less affected. Adults are better able to understand the DFSV as it happens and the environment in which they live, and – notionally - to find means of coping with that violence, than children are; adults' brains and psychology are normally also fully or largely developed, which is not the case with children. It is the negative neuroplasticity that any abuse and trauma of children can cause that then results, together with other factors, in those children being profoundly affected for the rest of their lives. Their personalities change, their normal psycho-social development is interrupted, they develop compensatory behavioural and survival strategies, which are largely sub-conscious but which as adults can then become coercive and controlling behaviour, they are emotionally deprived and lose the ability to trust others or to be emotionally close to and empathetic with others, including adult intimate partners, they can – also like those with PTSD – experience literally any life situation as threatening, which provokes a defensive and potentially violent reaction, they become both

emotionally demanding and distant, they can be hyper-sexualised, they often experience difficulty in completing education and training and maintaining employment, with multiple secondary complicating consequences, they may develop innumerable other psychological tendencies and behaviours, they are at greater risk of suicide, of medical conditions, of shorter life expectancy, and also of additional adverse life experiences, and further abuse and trauma by others, which in turn also have further consequences. Every subsequent adverse life experience has a compounding effect. Additional symptoms can develop unexpectedly at any later stage in life, and span multiple diagnostic categories. The experience of growing up often for years in a permanently unpredictable, incomprehensible and insecure environment, is the equivalent of torture, and compels heightened stress and vigilance and anxiety, and the child takes those acquired behaviours into adulthood. Abnormal behaviour becomes normalised. And violence as instinctive self-defence and as legitimate anger is one outcome of it, as it is of all trauma.

In my experience, *none* of this is adequately understood by clinical psychologists, psychiatrists, GPs, or politicians, or by advocates in the context of DFSV or anybody else commenting upon it. NONE of it! But literally millions of Australians have to live with this.

Coercive controlling behaviours, when these emerge unconsciously and unintentionally as survival and compensatory strategies under the influence of childhood abuse and trauma, their purpose is to ensure, as far as possible, the survival of the individual, who is not able to determine the extent to which their life may be at risk but who behaves as if it is. In this sense, such behaviour is intended to assert control over anything that may pose a threat, in an environment over which that child actually has little or no control at all. They also function in association with the other effects of such abuse and trauma, particularly emotional deprivation and the extremes of emotional dependence and neediness and emotional coldness and distance (both extremes can co-exist in the same person), and difficulties in trusting another intimate person, as well as being complicated by other problems such as low self-esteem and self-confidence. Such behaviours become instinctual, and as such remain potential in affected adults. Coercive controlling behaviour then occurs when a perpetrator feels threatened or at risk; the difficulty for the victim, and obviously for most people currently commenting on DFSV, is that the perceived risk to which this is a sub-conscious and instinctive reaction, is not actually visible, and the reaction is inappropriate in that context, or is deemed to be, although it does have logic. If, however, we understand the individual as being disproportionately insecure, lacking in trust, emotionally dependent, and consequently feeling the need to control the loss or risk of loss of that person upon whom they are most emotionally dependent, then

this behaviour is predictable. It is not a question of control in the sense in which that is being misunderstood, although it is about controlling one's potentially risky environment, and it has nothing to do with misogyny or men hating women: quite the opposite – the perpetrator is intensely psychologically and emotionally dependent upon their victim, and therefore seeks to maintain that relationship. It is a means of maintaining the satisfaction of a need, and that need itself is entirely legitimate. Their victim in reality is capable of exercising power over them that they feel they do not have any influence on, which makes them feel helpless (and other things), and coercive controlling behaviour is the learned response. An intimate partner's involvement in other activities, their social contacts with friends and family, and their pregnancy and child raising, can cause anxiety and deprive the emotionally dependent perpetrator of attention that they feel they need, and which they were as children deprived of; if a partner chooses to leave the relationship, that is potentially both a deprivation of personal influence over a decision made by somebody else (depending upon how that decision was arrived at and whether it was discussed, what efforts were made to help the abusive partner, or whether the decision was made unilaterally), and a final and permanent denial of emotional and psychological need. This explanation accounts in full for what is now defined as coercive control. Prevention therefore should begin with the abuse and trauma that caused this to become instinctive behaviour, and it must fully acknowledge the humanity and the entirely normal emotional and psychological needs of the individual that have in such cases been denied.

I do not believe that anybody offering views on DFSV who has not themselves lived through that kind of abuse and trauma from infancy or early childhood understands what it is like to do so. I experienced DFSV virtually from birth, and I live as a mature adult with the multiple consequences of that and other abuse and trauma. It is clear from media reported statements and other sources that even some female partners of perpetrators do not appear to fully understand such experiences as their male partners may have experienced, and misinterpretations have often been imposed upon them. It is also possible that therapists who do not understand this and therefore do not attempt to identify and explore those experiences, then do not provide perpetrators with a better understanding of their own behaviour, do not give them a voice, and do not offer them the psychological help they need. This is another reason why it so urgent that this Commission must allow child survivors and perpetrators themselves to speak and be heard.

It should be emphasised that no two individuals react in identical ways, not even siblings, to such abuse and trauma, and the extent to and the ways in which any child does react to this experience is not proportionate to the nature or duration of that abuse. Multiple factors

influence that reaction, including age at which it occurs, and personality, which is itself a construct of multiple inherited and ambient constitutive elements. The degree of trauma cannot be measured, and is unpredictable. This experience is irreversible, but can be ameliorated by sustained positive life experiences, including successful intimate relationships, that can partially offset the negative effects, but no matter how positive one's subsequent life experiences may be, acquired instinctive reactions remain latent and can be triggered by subsequent adverse life experiences.

There is now more than 30 years of international research available on much of this, none of which has been consulted to my knowledge in previous inquiries or policy development or in current public and political discourse.[14] The 2023 *Child Maltreatment Study* found that 62% of Australian children have experienced typically *multiple* forms of the five categories of maltreatment defined for that study, of which the most prevalent was DFV, sexual violence being a second category, emotional abuse being another.[15] The effect of experiencing multiple

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[14] I cite here only the principal references I am familiar with: 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 Trauma* (New York: Basic Books, [2]2015); idem, *Truth and Repair: How Trauma Survivors Envision Justice* (London: Basic Books, 2023); *Trauma and Cognitive Science: A Meeting of Minds, Science, and Human Experience*, ed. Jennifer J. Freyd and Anne P. DePrince (Binghamton NY: Haworth Press, 2001) = *Journal of Aggression, Maltreatment and Trauma* 4/2 (2001); *Understanding Trauma: Integrating Biological, Clinical, and Cultural Perspectives*, ed. Laurence J. Kirmayer, Robert Lemelson, and Mark Barad (Cambridge: Cambridge University Press, 2007); *Handbook of Attachment: Theory, Research, and Clinical Applications*, ed. Jude Cassidy and Phillip R. Shaver (New York: Guildford Press, [3]2016); Antonieta Contreras, *Traumatization and Its Aftermath: A Systemic Approach to Understanding and Treating Trauma Disorders* (London: Routledge, 2024); Yifat Carmel, *Children's Exposure to Domestic Violence: Theory, Practice, and Implications for Policy* (London: Routledge, 2024); Kathleen Brewer-Smyth, *Adverse Childhood Experiences: The Neuroscience of Trauma, Resilience and Healing throughout the Life Course* (New York: Springer, 2022); *The Effect of Childhood Emotional Maltreatment on Later Intimate Relationships*, ed. Nancy Dodge Reyome (London: Routledge, 2011); Nadera Shalhoub-Kevorkian, *Incarcerated Childhood and the Politics of Unchilding* (Cambridge: Cambridge University Press, 2019) – which has relevance for Australia. Evan Stark, *Coercive Control: How Men Entrap Women in Personal Life* (Oxford: Oxford University Press, 2007), provides in many respects a valuable account of its topic, but in my opinion does not properly understand the causal relationship between unconsciously developed survival and compensatory strategies in abused and traumatised children and adult coercive and other behaviours. *The Routledge International Handbook of Domestic Violence and Abuse*, ed. John Devaney, Caroline Bradbury-Jones, Rebecca J. Macy, Carolina Øverlien, and Stephanie Holt (London: Routledge, 2021), is generally useful and covers most relevant issues with valuable bibliographies, but also does not in my opinion sufficiently address the complexity of effects upon children or the causal relationship with adult behaviours; authors obviously worked under severe limitations of space. There are other areas of research on collective and intergenerational trauma which cannot be discussed here.
Richards K 2011. Children's exposure to domestic violence in Australia. *Trends & issues in crime and criminal justice* no. 419. Canberra: Australian Institute of Criminology. https://doi.org/10.52922/ti269351
Scutt J 1980. *Violence in the family: a collection of conference papers*. Event proceedings and reports no. . Canberra: Australian Institute of Criminology. https://www.aic.gov.au/publications/epr/epr-11
Dwyer K & Strang H 1989. *Violence against children*. Violence today no. 3. Canberra: Australian Institute of Criminology. https://www.aic.gov.au/publications/vt/vt3
Chappell D & Egger S 1995. *Australian violence: contemporary perspectives II*. Archive no. . Canberra: Australian Institute of Criminology. https://www.aic.gov.au/publications/archive/archive-160
[15] https://www.acms.au
See also: https://www.barnardos.org.au/about-us/domestic-violence-report/

types of maltreatment compound the effects of the first such experience. That represents several million children affected, and that figure would not include all living adult victim survivors of it, and it arguably does not recognise all forms of abuse and trauma – of which juvenile detention constitutes a complex of multiple forms of abuse and trauma on its own,[16] poverty and its consequences is another (reportedly affecting at least 1 million children), and of which out-of-home care constitutes yet another. We are also now aware of the enormous scale of child sexual abuse,[17] every single victim of which is potentially harmed for life in some way, many of whom also experience multiple forms of maltreatment, and yet those survivors generally do not receive all of the care and support that they need throughout their lives. We know how the Stolen Generations have been subjected to multiple forms of abuse and trauma, within the larger context of their intergenerational collective trauma dating from 1788 through to the present.[18] And we are also learning that children who were subject to forced adoption practices in this country have also experienced significant trauma.[19] The Fairbridge child migrant scheme caused varying degrees of trauma and abuse with lifelong effects to virtually all of those children.[20] There are still other known instances of such maltreatment of children in this country, for which in many cases our governments bear primary or shared responsibility. Given the known causal relationship between *any* such maltreatment and perpetration of DFSV (and other behavioural problems), much of which will not have been reported or recognised amongst earlier generations, we should not be surprised that we have this problem, and we will not end it until we stop abusing and traumatising, criminalising and depriving millions of our own children. All of this maltreatment is a breach of the 1989 *Convention on the Rights of the Child*.

Why do we now condemn corporal punishment of children, and yet persist with such egregious, state-sanctioned corporeal and psychological punitive measures against children?

Barnardos estimates that approximately 1.25+ million children currently live at risk in a DFSV setting.

[16] The 2016/7 Royal Commission was only one of a reported 50 such inquiries into juvenile detention, with more still occurring today, and reducing juvenile detention is one of the unachieved targets of Closing the Gap: https://www.royalcommission.gov.au/child-detention

[17] The Commonwealth Royal Commission is only one of a number of such inquiries: https://www.childabuseroyalcommission.gov.au

[18] https://humanrights.gov.au/our-work/projects/bringing-them-home-report-1997

[19] Cf. http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2010-13/commcontribformerforcedadoption/index

[20] See David Hill, *The Forgotten Children: Fairbridge Farm School and Its Betrayal of Britain's Child Migrants to Australia* (Sydney: William Heinemann, 2008); idem, *Reckoning: The Forgotten Children and their Quest for Justice* (Sydney William Heinemann, 2022).

The effects of trauma can also be transmitted epigenetically.[21] This mechanism may help to explain some intergenerational DFSV, although I am not aware that this specific question has been investigated. On the other hand, it is known that foetuses can already be affected *in utero* by adverse circumstances affecting the mother, and we also know that one of the times when women are most at risk of DFSV is when pregnant and bearing children. That risk then also affects those children.

All of this historical evidence of multiple forms of the maltreatment of children in Australia since 1788, with the transportation and maltreatment of children as convicts and children of convicts,[22] through to the present, illustrates how many of those children's lives are permanently destroyed by that maltreatment, and some of them perpetrate DFSV, among other problems, and yet none of that evidence is being considered in relation to the current public and political discourse around DFSV. That omission is inexplicable, and suggests once again how limited the conception of this problem is.

We have recently seen across WA, NT and QLD in particular problems of youth crime, to which the knee-jerk reaction of governments has been the increased abuse of those children's human rights (made explicit in QLD), and increased punitive measures, but there has been no consideration of the socio-economic and intergenerational causes of those problems or any credible attempt to develop more constructive measures to reduce the incidence and risk and to actually help those children on a permanent basis. Only more brutality, injustice, inhumanity, barbarism. That behaviour by governments illustrates very precisely some of the causes of DFSV. And after generations, we have still not learned anything. Continuous punitive measures and discrimination and stigmatisation against welfare recipients is also typical. Governments and the public demand that perpetrators show empathy and stop being violent, and yet we are entirely blind to the complete and utter lack of empathy shown *to* them and the constant violence, both physical and non-physical, perpetrated by governments, by employers, by businesses and other actors against all of us on a daily basis – most of it we have normalised and don't recognise as harmful violence, despite evidence that it is. DFSV can be viewed from a sociological perspective as a mirror image of our inhumane society, and it is so viewed internationally by sociologists.[23] Coercive and controlling behaviours are now a permanent

[21] Cf. e.g. Nessa Carey, *The Epigenetics Revolution: How Modern Biology is Rewriting Our Understanding of Genetics, Disease and Inheritance* (London: Icon, 2012), although this is already dated, as research has continued.
[22] Cf. e.g. Lucy Frost, *Convict Orphans: The Heartbreaking Stories of the Colony's Forgotten Children, and Those who Succeeded against all Odds* (Sydney: Allen & Unwin, 2023); Robert Hughes, *The Fatal Shore: A History of the Transportation of Convicts to Australia, 1787-1868* (London: Collins Harvill, 1987).
[23] See e.g. Carlo Bordoni, *Ethical Violence* (Cambridge: Polity, 2024).

feature of our everyday lives as exercised over us by governments, by our employers in their micromanagement and surveillance and invasion of our home lives, and by other businesses, including the massive collection and use of our personal data without our consent. The competition to which all of us are now 'groomed' from primary school in order to encourage us to compete for diminishing opportunities and returns within a dwindling and highly opportunistic and exploitative economy is also a form of violence, and it encourages violence. Is it seriously assumed that none of this would have any negative impact upon us?

There is also 30 years of international research on **the causes of violence** and adjunct questions that has immediate relevance to the problem of DFSV, including but not limited to the neuroscience of violence.[24] Violence is a universal human instinct that serves to ensure our survival in face of threat, but we are not 'natural born killers' of other human beings, and in order for that to happen, ordinarily, some other factor(s) must have first affected somebody to dispose them to such an act. Soldiers and law enforcement officers have to be trained to kill. Violence and killing can also occur in a dissociative or temporary psychotic or similar state of mind, in which the individual does not have full conscious control over their actions, in which they do not act as they do when not in such a state, and in which there may be no intentionality as that is commonly understood. Such states occur in a number of mental disorders; I have experienced such states on several occasions. They may also last for days, during which the actions of an individual may appear purposeful but can be driven by an obsessive impulse. The psychopathology of violence should be being considered in this context on the basis of available international research, but I have not seen almost any significant consideration of this research.

It is not clear to me why all of the international research on the effects of child maltreatment, trauma, DFSV, attachment theory, dissociative states, violence, and other issues have been so consistently ignored within the context of DFSV, but this Commission should ensure that it receives submissions from, or consults experts on all of these topics. In my experience, however, expertise amongst the mental health and adjunct disciplines and clinical areas in Australia is very limited. I have not met any psychiatrist who has been educated in this,

[24] See e.g. *Dissociation and the Dissociative Disorders: Past, Present, Future*, ed. Martin J. Dorahy, Steven N. Gold, and John A. O'Neil (London: Routledge, [2]2023); Dick Swaab, *We Are Our Brains: From the Womb to Alzheimer's* (London: Penguin, 2014); Andrea L. Glenn and Adrian Raine, *Psychopathy: An Introduction to Biological Findings and Their Implications* (New York: New York University Press, 2014); 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); Lt. Col. Dave Grossman, *On Killing: The Psychological Cost of Learning to Kill in War and Society* (New York: Little, Brown & Co., [2]2009); also e.g. Bertrand Russell, *Why Men Fight* ([1916] London: Routledge, 2010); Hannah Arendt, *On Violence* (London: Penguin, 1970).

no other victim survivor known to me or anybody with whom I have been associated in research, advocacy and lived experience roles in recent years appears to have been *au fait* with this evidence, Australia has not apparently funded any original research ourselves in these areas (meta-analyses are not original research but surveys of other people's funded original research), and we do not appear to be contributing to international research and major publications in these areas. This Commission may therefore need to consult international expertise directly.

Suicide prevention in Australia, which is also a relevant aspect of DFSV, continues to be poorly understood and lacks any effective measures to prevent an estimated 70,000 attempted and completed suicides annually, despite *National Mental Health and Suicide Prevention Plans* in Australia since 1992, none of which have achieved anything very quantifiable, and which have not led to any improvement in our public mental health system. Genuine suicide prevention means, as far as possible, *preventing* any of the known causes of suicide from ever occurring in the lives of individuals *before* suicide becomes a risk, i.e. a social justice response. Simply referring people to helplines, which many people do not use and which cannot change the life situations that make people suicidal, is not serious 'prevention'; for a variety of reasons, a majority of attempted and completed suicides do not seek help, so expecting that they all would is unrealistic. Perpetrators' threats of suicide tend to be misunderstood in the context of DFSV; any perpetrator who threatens suicide should be taken seriously, this is not always and necessarily an attempt to coerce the intimate partner, and acute suicidal ideation and any possible previous history of attempts should be examined as a symptom of childhood abuse and trauma and/or of other mental illness. There is a neurobiological aspect of suicide, although available evidence suggests that that occurs only after some psychological trauma has been experienced, not before.[25] Several members of my family have attempted suicide as a result of childhood abuse and trauma. Such ideation has a cause, and that cause is not by nature manipulative or opportunistic.

It is irrelevant whether or not any perpetrator has a mental health diagnosis. For a variety of reasons, many will not have any diagnosis, but that does not mean that they do not have any mental illness or that they will not act under the influence of that illness to perpetrate DFSV. We do not have any public mental health system fit for purpose that is fully and immediately accessible to all who need it, that is capable of providing diagnoses to all who should have one,

[25] Cf. e.g. Kees Van Heeringen, *The Neuroscience of Suicidal Behaviour* (Cambridge: Cambridge University Press, 2018); *The Oxford Handbook of Suicide and Self-Injury*, ed. Matthew K. Nock (Oxford: Oxford University Press, 2014). I am familiar with an extensive selection of publications on suicide.

and once people have had adverse experiences of this system, which many have, they will often avoid seeking further help when they need it. Public health and mental health (which is now located within the general public health system and therefore suffers from the same neglect), like housing, welfare and many other portfolios, have long been seriously neglected by governments and cannot serve the purposes for which they exist without major improvements, better funding and investment and regulation. It is known that population cohorts including incarcerated convicted criminals and juvenile detainees, the homeless and the unemployed, all have exceptionally high incidence of mental health issues, none of whom can ever access the help they need; the same is true of detained refugees and asylum seekers. This neglect then becomes a vicious circle or self-fulfilling prophecy. That was recently illustrated by the case of [redacted] but it was already evident with the case of [redacted] who manifestly had an undiagnosed chronic psychotic disorder – but which resulted in no further action. It should also have been evident in the case of [redacted] who, contrary to the finding of the coroner, manifestly had significant mental health issues and a history of childhood abuse and trauma the importance of which was not considered but which could have completely explained his behaviour.[26]

The problem of **incest** is, by definition, sexual abuse of children by any member of their extended family, and while the greatest incidence may be perpetrated by fathers against their daughters, it can be perpetrated by either gender, by siblings, and by step-parents. This problem appears to be exceptionally widespread, but while the *Royal Commission into Institutional Responses to Child Sexual Abuse* acknowledged that it constituted a much greater problem than that sexual abuse examined by the Royal Commission, I have been unable to identify any significant Australian inquiry into this problem. That would then make incest a still-neglected aspect of DFSV, and this Commission should consider either conducting its own inquiry into incest, or recommending that a separate inquiry be conducted at the earliest opportunity.[27]

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[26] https://www.courts.qld.gov.au/__data/assets/pdf_file/0010/723664/cif-hannah-clarke-aaliyah-baxter-laianah-baxter-trey-baxter-and-rowan-baxter.pdf
There are in my opinion a number of difficulties with this report, which suggest a poor understanding of the effects of childhood abuse and trauma, coercive behaviour, mental illness, and suicide.

[27] Cf. e.g. Susan Forward and Craig Buck, *Betrayal of Innocence: Incest and Its Devastation* (London: Penguin, [2]1988); Judith L. Herman, *Father-Daughter Incest* (Cambridge MA: Harvard University Press, [2]2000); E. Sue Blume, *Secret Survivors: Uncovering Incest and Its Aftereffects in Women* (New York: Random House, 1998); Katherine X and Sue Smethurst, *Behind Closed Doors: Four Children by her Father. Thirty Years of Horrific Sexual Abuse* (Sydney: Simon & Schuster, [2]2016); Gideon Haigh, "This is how I will strangle you': Surviving the Torment of Incest', *Crimes and Punishments, Griffith Review* 65 (2019), pp. 109-138; M. Salter, 'The privatisation of incest: the neglect of familial sexual abuse in Australian public inquiries', in Y. Smaal, A. Kaladelfos, and M. Finnane, ed., *The Sexual Abuse of Children: Recognition and Redress* (Melbourne: Monash University Press, 2016), pp. 108-120;

The single greatest cause of the reported spike in incidence of DFSV during the lockdowns, and also during the 2008/9 GFC, was financial stress and employment insecurity and anxiety.[28] It was not specifically patriarchal or misogynistic, but socio-economic. We acknowledge, theoretically, that excessive stress causes mental and medical health problems and other social problems, but we do not reduce those stressors as a society – we are continuously increasing them. If you have one of the highest household debt levels in the world (as Australia does), and then you remove somebody's job and means of servicing or repaying that debt, you cause stress and anxiety; and when that stress and anxiety already exists as a permanent state, along with toxic workplaces and insecure employment, when you can lose your job immediately for any reason without having done anything, and which is then exacerbated by the lockdowns, by the cost of living crisis, by incompetent management of interest rates, and innumerable other conditions that have worsened since the 1990s, do we seriously expect that none of that will have any effects upon individuals' minds and bodies and relationships? And do we seriously expect that men, who are by nature more disposed to express anger and frustration physically than women are, won't do that? Because that seems to be precisely what we are assuming. Then what *do* we expect?

These stressors are generally known to cause a range of problem behaviours, including suicide and mental health problems, and to be intertwined with other, complicating factors. Unfortunately, as already adverted to in this submission, however, Australia is not good at recognising 'invisible' and often normalised ambient determinants of collective or spiking problem behaviour, and therefore tends to misattribute it to things that are generalised symptoms or effects, rather than real causes. Statistically significant increases in such problems are caused by something happening in our society, and we should be asking what those causes

https://www.abc.net.au/news/2021-11-13/the-crime-against-children-so-unspeakable-it-remains-hidden/100608946?utm_campaign=abc_news_web&utm_content=mail&utm_medium=content_shared&utm_source=abc_news_web
https://www.nolaughingmatter.org.au
https://www.abc.net.au/news/2024-06-05/dissociative-identity-disorder-maggie-walters/103897888?utm_campaign=abc_news_web&utm_content=mail&utm_medium=content_shared&utm_source=abc_news_web, describes a case of dissociative identity disorder resulting from severe sexual or physical abuse.

[28] There have been a number of publications about the global reported increase in DFSV during the lockdowns, cf. e.g. Naomi Pfitzner, Kate Fitz-Gibbon, Sandra Walklate, Silke Meyer, and Marie Segrave, *Violence Against Women During Coronavirus: When Staying Home Isn't Safe* (London: Palgrave Macmillan [open access], 2023). Unfortunately, they do not adequately recognise the ambient socio-economic determinants as a factor on people's mental well-being and consequently also on their behaviour. That is a typical, general omission that requires correction.

are. Despite some formal acknowledgement of these influences in DFSV policy documents, and evidence that they were factors in DFSV murders, there has been no serious consideration about actually doing anything about them, but clearly, if we wish to reduce the incidence of DFSV, then we must as far as possible manage the entire economy much better than we have done, and end all un- and under-employment, unsustainable disparities between earnable income and costs of living, toxic workplaces and practices, end neoliberal and managerial practices, ensure equality of opportunities and liveable welfare assistance, improve industrial relations in favour of employees, and end all forms of dehumanisation through work. Ending all unemployment amongst the Indigenous population is also essential to Closing the Gap, and would also reduce the incidence of DFSV amongst that population cohort.

What is now being called **'the boy crisis'** internationally is still not being fully considered in Australia,[29] but some aspects of it have in recent years been associated in some public thinking and discourse with other gendered issues, including DFSV, because they display the same or similar problem male behaviours and because those behaviours are reportedly affecting intimate relationships already in adolescence. It is characteristic of Australia's responses to its social problems, and consequently also in this context, that only superficial aspects and problem behaviours are considered, but not what is driving them or their larger sociological, cultural, historical, philosophical and other dimensions; we routinely confuse symptoms with causes. While it is entirely legitimate that women should be heard in presenting their experiences and perceptions, and that they should be treated with greater respect and enjoy absolute equality, the feminist analysis and response to issues of masculinity is not sufficient, nor is it appropriate that women should be dominating this space. Men are the only people to have lived experience of what it is like to be a boy and a man – women do not have that experience, and just as women do not like to be told who and what they are by men, as has so

[29] 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 Books, 2019); Andrew Reiner, *Better Boys, Better Men: The New Masculinity That Creates Greater Courage and Emotional Resiliency* (San Francisco: HarperCollins, 2020). Further, e.g. Ivan Jablonka, *A History of Masculinity: From Patriarchy to Gender Justice* (London: Penguin, 2022); Susan Faludi, *Stiffed: The Roots of Modern Male Rage* (New York: HarperCollins, [2]2019); Clementine Ford, *Boys Will be Boys: Power, Patriarchy and the Toxic Bonds of Mateship* (Sydney: Allen & Unwin, 2018). I have also reviewed a number of publications on Andrew Tate, the Manosphere etc., notably by Stephanie Westcott (Monash), and I am aware that here, as in every other area mentioned, there is now a plethora of academic and scientific publication beyond my ability to adequately master.

often happened through much of human history, so now, boys and men should not be being told about their experiences by women and 'womansplained'. Those women who have commented upon these issues have to date not identified and analysed any of the larger aspects of this problem and they have shown no historical perception of how Australian society has changed over the past 30 years or of how, precisely, such changes have profoundly affected these problems – girls and women have in many respects benefitted from those changes, but boys and men have not. I have substantive academic issues with some recent publications by feminist authors, including journalists, and I believe that I speak on behalf of many men. A sustained, multifaceted and informed discussion of 'masculinity' is beyond doubt a desideratum, but that discussion must be led by men, with interaction with women, not conducted through a purely feminist lens. The recent and current advocacy, journalism, academic and other public commentary around DFSV almost entirely led by women (as fully understandable and necessary as that may be) has not framed the nature of this problem accurately and comprehensively, but in ways that have made unfounded assumptions while overlooking a very substantial body of evidence from multiple sources. That approach will not resolve the problem.

The perceived problem of the influence of Andrew Tate (and others like him), the Manosphere, Incels, and online pornography have to date only focussed upon overt problem behaviour. That behaviour obviously does require some response, but these individuals and groups do not influence anybody simply because they exist, nor do they influence everybody, nor all in the same way or for the same reason. In fact, we have no idea about the full extent of that influence. If they influence some people, they do so because those people already have unresolved problems and believe that such individuals and groups offer them a possible solution, recognition, validation, that they should be getting from their own families and social environments and government, but which increasingly they feel denied. These individuals and groups give them a voice that they don't feel they otherwise have, and a sense of power where they feel they have none. That is not fundamentally a sense of power over women, however it may seem, but over their own environments and futures. That situation constitutes a failure of our society on other levels, which needs to be confronted, if we view those individuals and groups as problematic. We will not solve the problem simply by demonising them and indulging in a moral panic.

The 'boy crisis' is being considered in terms of boys under-performing in education with consequences that their employment opportunities diminish, and that while girls have made unquestionable gains in their achievements and opportunities, the same is not true for boys,

whose previous advantage over girls has been lost, and was probably only really an advantage because the system of education previously favoured them. Our extremely dysfunctional education system is not providing boys with sufficient support to improve their performance, nor is it capable of doing so until our governments resolve all of the other problems they are responsible for in it. This education problem is compounded by the shrinking of the Australian economy, with the effect that there is no credible meritocracy,[30] that many young people who have potential or who do in fact achieve well in their education do not get appropriate secure and adequately remunerated career employment, and will end up intermittently unemployed or chronically under-employed (also in relation to their education and potential), and that diminished employment opportunities, coupled, further, with the housing and cost of living crisis and other causes of young people's worsening mental health (with some gendered variables), all have multiple additional consequences. It has been known in Australia for more than 20 years (e.g. annual surveys by Mission Australia, among other data)[31] that the principal causes of young people's anxiety is – their future. They don't have one they want or that will be sustainable or that will enable all of them to live their dreams, and they know it. There is no such thing as a 'fair go' in Australia, and you won't get anything just by making the effort. Social mobility in Australia is often now downward, not upward, even for erstwhile middle-class professionals. They know that their future will be one long struggle just to survive, now made immeasurably worse by the impacts of climate change. Secure lifelong full-time employment actually doing a job you have chosen, that you are good at, and which is itself a reward, that you are not expected to lose and then have to retrain for something else after five years with no guarantee that another qualification partly at your own expense will ensure further suitable employment, and that is sufficiently remunerated that you can live largely within the means of your earnings, is what most Australians once had, more or less, but most

[30] This is merely a selection of international discussion on this issue, which is not being publicly considered in Australia. This should be combined with the mounting criticism of Neoliberalism over the past 20 years, on which there is also a substantial international literature. Cf. e.g. Daniel Markovits, *The Meritocracy Trap: Or, The Tyranny of Just Deserts* (London: Penguin, 2020); Adrian Wooldridge, *The Aristocracy of Talent: How Meritocracy Made the Modern World* (London: Penguin, 2023); Robert H. Frank, *Success and Luck: Good Fortune and the Myth of Meritocracy* (Princeton: Princeton University Press, 2016); Stephen J. McNamee, *Meritocracy Myth: Who Gets Ahead and Why* (Lanham, Maryland: Rowman & Littlefield Publishers, [5]2023); James Bloodworth, *The Myth of Meritocracy: Why Working-Class Kids Still Get Working-Class Jobs* (Hull: Biteback Publishing, 2016); Michael J. Sandel, *The Tyranny of Merit: What's Become of the Common Good?* (London: Penguin, 2021); Jo Littler, *Against Meritocracy: Culture, Power and Myths of Mobility* (London: Routledge, 2017); Nicholas Lemann, *The Big Test: The Secret History of the American Meritocracy* (New York: Farrar, Strauss & Giroux, [2]2000); *Meritocracy and Economic Inequality*, ed. Kenneth Arrow, Samuel Bowles, and Steven Durlauf (Princeton: Princeton University Press, 2000); Alison Pennington, *Gen F'd: How Young Australians can Reclaim their Uncertain Futures* (Richmond VIC: Hardie Grant, 2023).

[31] E.g. https://www.missionaustralia.com.au/publications/youth-survey

Australians no longer have this or any hope of ever having it. We have not even begun to confront the job losses to increased IT and AI in the workplace, and we have never responded effectively to the virtual doubling of the workforce when women entered it *en masse* from the 1970s/80s, or the casualisation of once permanent jobs, or the off-shore transfer of jobs, or the closure of major manufacturing, or the mass sackings of professionals like more than 40,000 scientists and other academics who never get new professional jobs in this country (and another 14,000 being threatened as I write, all with permanent consequences for the loss of knowledge and expertise for this entire country), or the 60-year long 'brain drain' that we still have, or the real number of more than 1 million unemployed (the majority of whom are long-term or permanently unemployed, but many of whom are not included in the published statistics) – there has never been a proportionate greater investment in the generation of more jobs to offset any of those developments in Australia, and consequently, the economy simply continues to shrink and deny our future generations any quality of life or sense of meaning and purpose and validation. They have no power over this, which has been determined by our governments and their parents' and grandparents' generations, but not by them, and consequently they have no personal autonomy, and nothing they can do is likely to improve anything very much. But there has been no appropriate response by any government. That anxiety is arguably one of the principal causes of ADHD and other worsening mental health among young people, including youth suicide, as well as behaviour problems, and yet typically for Australia, the real ambient determinants have been completely ignored, and instead, we have, as usual, just opted for the cheapest band-aids and more authoritarian criminalising of undesirable but entirely predictable behaviour and legitimate anger.

Hence, boys' and young men's sexual aggressiveness is not by any means necessarily caused by the purported influence of Andrew Tate or viewing hard core pornography, but can on the contrary be caused by reduced opportunities to ever acquire an intimate partner due to insufficient employment opportunities, sufficient financial security, as well as women's growing unwillingness to themselves enter into lasting relationships and a preference for being single mothers using sperm donors, or not having children at all, or increased LGBTIQA+ identification, and worsening incidence of divorces. There have been quantifiable changes in all of these factors in recent years, and all of these ambient determinants, including financial stress and employment insecurity, are known to contribute to increased sexual aggression. They may also mean that men do not expect to be able to find suitable long-term partners and therefore feel forced into increasingly risky random or opportunistic sexual behaviour. The Incels may look like a joke, but their problems are very real; there is public discussion about

the high proportion of Australians experiencing loneliness, which is largely due to recent social and work changes and the ways in which our relationships become fragmented and interrupted instead of benefitting from sufficient stability and time and leisure, but is anybody actually doing anything about it? Centrelink disadvantages you if you are in a relationship, but also under some circumstances if you are not. Overt misogyny, like other psychological reactions, can be an inverted projection of what you actually desire and need, but can't have. Overt misogyny can also be a reaction to a pre-existing problem and not a gratuitous unprovoked behaviour, as it tends to be viewed, and in such circumstances it becomes an expression of frustration, anger, resentment, at lacking desired opportunities. That frustration and anger are fully justified, in my opinion.

This is not to suggest that this is the only cause of these problems, nor is it to suggest that such behaviour becomes justified, but it is to suggest that if society, women, and governments wish to eliminate such behaviour, they will not do so simply by reacting against it and attempting to re-educate boys: they will only do so by confronting the very palpable causes of it, which are socio-economic, and over which most individuals have no control. We no longer live in a society in which, if you completed high school and then university or another training course, you then had reasonable expectations of a secure job for life with a liveable income, and all of the things you were promised that that job could provide you with, although in most jobs, we should still have that balance and there is often no justification other than corporate profit and government cost-cutting for many people's employment and consequently financial and then social insecurity.

All of these problems also constitute often explicit breaches of everybody's human rights.

It is possible to identify a number of periods of collective anxiety through western history from Classical Antiquity through to the 21st century, in which societies have *en masse* experienced heightened episodes of insecurity, perceived or actual threat, uncertainty. Amongst historians, some of those periods have long been designated as 'ages of anxiety'. These have always been caused by dramatic social, economic, religious, political, scientific, and other change. They have also almost invariably ended in the violence of hugely destructive war and the persecution of their own demonised population cohorts. Those self-inflicted behaviours then also cause further collective trauma, and the effects of their behaviour can become causes of new problems, *ad infinitum*. Collective and intergenerational trauma of populations has been recognised particularly since the Holocaust, and been identified both in our Indigenous population and in how nations behave as magnified traumatised individuals – including Australia. 9/11 was immediately recognised by American clinicians as a collective traumatic

experience.[32] It is conceivable that we now live in the midst of another period of collective anxiety that has been worsening for several decades without our fully recognising what is happening, and that all of the problems mentioned in this submission could be interpreted, at least in some degree, from such a perspective. Yet we could learn something from that history. However, learning from history does not simply consist in knowing that history, it consists in *changing* your behaviour so that that history does not repeat itself – as Australian history has so frequently repeated itself to our collective detriment.

The 'boy crisis' is also being seen in terms of a crisis of fathers. On the one hand, many fathers are themselves now struggling for the same reasons already mentioned, and that can make it difficult to provide positive role models. On the other hand, women who choose to remain single mothers or who retain principal custody of their children after a separation and who impede or fail to ensure that their children have equally positive relationships with and access to their fathers, and who fail to involve those fathers in all decision-making pertaining to their children as an equal parent, thereby deprive those children of any positive male role model. A woman's psychological difficulties over a failed relationship should have nothing to do with their children, who should still have access to their father, even if the mother finds that difficult for herself; and children often also still wish to have contact with a father who has perpetrated DFSV, they may *need* to do so, and it should also be his right to maintain or re-establish such a relationship under condition that he poses no further threat to them. The example of parents is the single most decisive influence on any child's mature behaviour and attitudes, and positive relationships with both parents is essential to normal psycho-social and emotional development. In the words of an Italian single mother of my acquaintance, mothers bear significant responsibility for problem behaviours of their sons. It would therefore be a reasonable conclusion that part of all of the problems associated with DFSV, and specifically, that of masculinity, is a problem with our parenting, just as parents are also primarily responsible for the sex education of their children, not schools. We should, then, be having a robust public discussion (without blame) about parenting, and why it is not functioning as it needs to. Failures at multiple levels to resolve access and custody disputes are a significant factor in DFSV, and this problem is also not being understood and managed as it needs to be.

[32] For two examples of studies on this phenomenon, cf. e.g. *Traumatic Pasts: History, Psychiatry and Trauma in the Modern Age*, ed. Mark S. Micale and Paul Lerner (Cambridge: Cambridge University Press, 2001), and *Understanding Trauma: Integrating Biological, Clinical, and Cultural Perspectives*, ed. Laurence J. Kirmayer, Robert Lemelson, and Mark Barad (Cambridge: Cambridge University Press, 2007).

I am not an expert on the alleged influence of **pornography**, nor am I familiar with academic research on it. I am concerned by the reports on the practice of strangulation during intercourse, and have no understanding of why this practice now appears to have become so widespread and popular. However, I would observe the following. (1) Not all pornography is the same, and efforts should be made to differentiate between different categories and their respective influence, assumed or proven; not all of it would be equally harmful. (2) Girls are reportedly also accessing pornography as teenagers, and more effort should be given to considering that influence as well. (3) Not everybody who accesses any form of pornography is necessarily significantly influenced by it at all, or in the same ways, exposure does not in and of itself automatically lead to undesirable behaviours, or any sexual activity, and it is possible that exposure to 'soft' pornography can also encourage respect for women and their equality, as curious as that suggestion no doubt seems. A systematic scientific study of this issue would also study the control group of boys (and girls) who display no particular influence after being exposed to pornography, or whose influence is within an acceptable normal limit. I am acquainted with some feminist critique of pornography, but not all feminists are of the same views, *Playboy* models have often regarded themselves as feminists and their modelling as 'empowering', or at least opportunistic, and I would not fully share the extreme position of Andrea Dworkin. (4) Australia historically has had very conservative attitudes towards sexuality and expected behaviours, which is illustrated by one of the longest, most restrictive censorship regimes of any western democracy,[33] and we have also continued to see isolated controversies over definitions of art and pornography. We also do not reflect more interesting cultural attitudes and behaviours of many other societies.[34] The underlying cultural attitudes that supported such a censorship regime remain present in Australia today, they are integral to continued conservative defences of family values and the preservation of pre-marital virginity (and opposition to contraception and abortion and LGBTIQA+ identities), and as such, they may also influence how these issues are framed, interpreted, and addressed. We should be critically aware of the contingency of our own attitudes. (5) It is entirely normal that even pre-pubescent children will be interested about sex and that they will access pornography. My generation accessed the limited pornography available to us (primarily *Playboy*, *Penthouse*,

[33] Cf. e.g. Nicole Moore, *The Censor's Library: Uncovering the Lost History of Australia's Banned Books* (St Lucia: University of Queensland Press, 2012); Patrick Mullins, *The Trials of Portnoy: How Penguin Brought Down Australia's Censorship System* (Melbourne: Scribe, 20020). We might also reference here Anne Summers, *Damned Whores and God's Police: The Colonisation of Women in Australia* (Sydney: NewSouth, 1975, [4]2016).
[34] Cf. e.g. Elaine Sciolino, *La Seduction: How the French Play the Game of Life* (New York: Times Books, 2011).

pornographic literature) partly out of natural curiosity, but partly because we were not given any credible sex education by either our parents or our schools, and it would appear that over the intervening decades, little has changed. Our children are clearly maturing sexually at an earlier age than their parents or grandparents did, and that is a factor in the earlier ages at which some children are now having sex (many in my generation did not have sex before the end of high school or at university, not even when accessing pornography, but that has clearly changed, party due to social changes). Children do not have the emotional and psychological maturity to cope responsibly with that maturing, and our society has obviously not yet found ways of supporting them or better educating them about their sexuality. (6) In focussing upon the purported problem of online pornography, we appear to be entirely ignoring all of the other ways in which girls and women (and, sometimes, men) are sexualised, and the ways in which they sexualise themselves; my Facebook feed sometimes includes posts of barely adolescent girls in lascivious poses and bikinis or underwear, for example, and at least some of those posts are presumably made by those girls. Hard-core pornography alone cannot seriously be considered to be the problem. AI generated and photoshopped sexualised images are also now ubiquitous on Facebook and elsewhere, and if we are shocked at recently reported behaviour by some Australian school boys, it seems surprising that we are overlooking this larger social media context of identical behaviour. The same larger cultural environment also applies to other behaviours, such as the non-consensual filming of sexual encounters, which has been depicted in popular films dating from at least 1990, or the grading of the physical attractions of girls and women, when precisely that, too, is a global phenomenon. I therefore suggest that a more balanced, comprehensive, and critical assessment of this problem is required, that fully recognises all of the larger ambient dimensions; better education and parenting of our children is arguably the single most effective response.

There is more than a century of important research on human sexual behaviour from multiple discipline areas and approaches, including psychology, ‘sexology’, cultural anthropology, social research, and evolutionary psychology and its forerunners. At least those elements of that research that are considered still valid and relevant should have taught us how complex and unconscious so much of our sexual behaviour in fact is, and it should be being considered in the context of unwanted sexual behaviour, in terms of why such unwanted behaviour might be occurring, and yet I have to date seen no reference to or awareness or understanding of any of that available research. Personally, I consider evolutionary psychology

of most usefulness in this context,[35] and I would have expected public discourse to have utilised such knowledge. We appear to assume that we all understand everything we need to know about human sexuality simply because we may have all had some sexual relationships, but that is clearly a false assumption.

I do appreciate that sexual violence is used in some contexts for intentionally abusive purposes, such as rape as a war crime, human trafficking and criminally organised prostitution, but I question any facile transference of that fact to the social problems that this Commission seeks to address, and I think that, as in all areas of DFSV, so specifically in relation to sexual violence, individual intention must be established before we make generalised assumptions that may be unfounded. Serial predators still should be examined for psycho-social causes of their behaviour. I also have issues with the statistics now commonly being cited about the percentage of girls and women who report any form of unwanted sexual attention, because those statistics provide no differentiated or contextualised explanation of those data or awareness of social change, or other critical analysis. Those methodological questions may be adequately included in the individual surveys and studies, but they are not being mentioned when those raw statistics are quoted, and that omission potentially leads to a misrepresentation of the facts. I am not excusing or trivialising any such unwanted behaviour, but it does not occur in a vacuum, it is not all conscious or intentional, and the perception of those involved may have changed between the occurrence and the reporting. The routine quotation of such data is, however, trivialising and ignoring the fact that women also perpetrate sexual aggression and violence,

[35] This is now an internationally established interdisciplinary academic field, and there is an enormous volume of publications in it, covering many other issues as well as sexuality, including the development of moral value systems, sociology, and why different human societies develop differently and do not always flourish. Cf. e.g. Robert Wright, *The Moral Animal: Evolutionary Psychology and Everyday Life* (London: Little, Brown & Co., 1995); David M. Buss, *Evolutionary Psychology: The New Science of the Mind* (New York: Routledge, [6]2019); Christopher Ryan and Cacilda Jethá, *Sex at Dawn: The Prehistorical 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); Rob Brooks, *Sex, Genes and Rock'n'Roll: How Evolution has Shaped the Modern World* (Sydney: NewSouth, 2011); Dorothy L. Cheney and Robert M. Seyfarth, *Baboon Metaphysics: The Evolution of the Social Mind* (Chicago: University of Chicago Press, 2007). I also think that Shere Hite, *The Hite Report on Male Sexuality* (New York: Alfred A. Knopf, 1981) remains of value and relevance, because many things she found do not seem to have changed much, along with related papers in *The Shere Hite Reader: New and Selected Writings on Sex, Globalism and Private Life* (New York: Seven Stories Press, 2011).

and that evidence should be being considered equally with that of men. This is not an exclusively male preserve, but only men are currently being portrayed as being the problem.

Sexual aggressiveness and violence are known to be caused by childhood abuse and trauma, including prior sexual abuse and emotional deprivation. If those causal factors were recognised and addressed, we might expect some incidence of such behaviours to be reduced accordingly.

Every perpetrator, both male and female, should be interviewed with the purpose of identifying every adverse life experience and circumstance from birth. These interviews would ideally be conducted by both a social worker and a clinical psychologist or psychiatrist, who should have competent education and training in ambient socio-economic determinants and of the effects of complex trauma. The purposes of these interviews would be: (1) to collect data that can be further analysed and incorporated into policy responses including appropriate service delivery, which we should already have but do not have; (2) to identify how their adverse life experiences contribute to their DFSV; (3) to identify further therapy and support that they may need; and (4) to be able to quantify as far as possible the full extent of DFSV in all of its complexity and diversity, and to establish the incidence of causes not associated with childhood abuse and trauma, adult PTSD, and mental illness. These effects may not be immediately recognisable, and the complexity notably of childhood abuse and trauma is not yet sufficiently understood by most Australian clinicians. Examining and healing them, insofar as they can be healed, requires a therapeutic process that may take years.

The partners of every perpetrator should also be interviewed for the same purposes. There is a significant pattern of victim survivors of any form of childhood abuse and trauma being attracted to one another and thus forming relationships which they sub-consciously hope will benefit them but which often end in tragedy. This observation is not a value judgement or a matter of blaming anybody, but a simple statement of fact. It would aid in our better understanding of and responses to DFSV if it were possible to quantify this pattern, which would then enable a risk factor to be considered that has not to date been sufficiently noticed.

Prevention

We should have been collecting a range of data in a national, coordinated and systematic manner, which could all be analysed, evaluated, regularly published, and which could improve our understanding of the nature and complexity of DFSV; some areas for data collection are

indicated above. The issue of DFSV within immigrant communities in Australia appears to be still poorly documented, groups within those communities appear to be left largely to themselves, and they don't have sufficient support. They will face some problems that are culturally specific. Despite the fact that DFSV and numerous other unresolved socio-economic and collective trauma problems, racism and the legacy of colonialism have been well-known in Australia as they affect the Indigenous population for many decades (even if rarely quantified or properly investigated), all of those problems seem to have been treated as if they have nothing to do with the rest of the country, were never caused by white settlers, as if we bear no responsibility for anything we have done to them and are still doing, and thus appear to have been cognitively siloed away from us. That is a flawed attitude problem on our part, even allowing for the right of those communities to exercise substantive autonomy and, as far as possible, to resolve their own problems. There is much more that our governments could be doing.

It is arguably symptomatic of poor government systems as well as the limited and problematic manner in which DFSV has been defined, that have resulted in such data not in fact being collected by every State & Territory and the Commonwealth, not least over the past 14 years when the *National Plan* envisaged that more data would be collected. Such data collection also assumes that there will be full sharing of information by all relevant departments in real time, and it probably requires a separate department or unit to be established, whose sole function would be the assembly, analysis, publishing of such data and briefing of government and other 'stakeholders'. It is disturbing that some recent studies published have not had access to up-to-date data beyond 2016, which begs the question whether there are not far more serious and fundamental problems in this respect.

A related problem that emerges is that there are many bureaucratic discrepancies, terminological, legislative differences etc. between the States & Territories and the Commonwealth, all of which need to be resolved as quickly as possible.

It is not possible to prevent every instance of DFSV. It should be possible, however, to reduce the ambient determinants that contribute to individuals perpetrating DFSV, but in order to do that, government must take a more critical attitude towards its own complicity, both in perpetration and in creating or tolerating the creation of socio-economic environments that exacerbate the risk of it.

Prevention should mean the creation of a society in which nothing affecting anybody's life within that society would predispose them to perpetrate DFSV. This would then require ending every cause of child maltreatment immediately or as quickly as possible, including the

current exposure of an estimated 1-2+ million children nationally to any form of DFSV, ending all juvenile detention and the socio-economic causes resulting in it, all other government perpetrated or sanctioned violence, improving out-of-home child 'care' systems and services (and disability and aged care), ending all poverty, ending all unemployment and financial distress, ending the housing crisis, ending toxic workplaces, ending all disparities between earnable income or welfare assistance and actual costs of living, ending all gender inequality, and acting effectively to end all child sexual abuse and bullying. It would also require better support for families and single parents.

Prevention would also require every victim of any form of DFSV or other abuse and trauma having immediate, competent and appropriate mental health care, and in particular, recognising a causal relationship between some children's maltreatment and their becoming adolescent or adult perpetrators, specific trauma care for every single victim survivor both immediately and on a continuing basis throughout their lives, combined with other necessary supports and assistance, considering that the effects of such trauma are lifelong and complex and exacerbated by any additional adverse life experience, and that those survivors are at increased risk of precisely such further adverse life experiences.

There is currently no adequate public mental health system in Australia, which is immediately accessible and affordable or free to everybody, and which is fully staffed and resourced by clinicians and others who are appropriately educated and trained. Despite constant reference to 'trauma-informed' care, what that means in practice is often not appropriate or even informed by decades of international research. Telehealth services are not an optimal solution, and in-person services need to be available within or immediately accessible from every population centre, including regional, rural and remote Australia. See further below.

A thorough review of all mental health services is required, with permanent commitment of sufficient funding, improved education and training by our universities, better incorporation of international research, full funding or remuneration of professionals employed within Medicare and other government sponsored systems, a review of mental health coverage by health insurance, a shift away from the preference for CBT to more availability of psychoanalysis or a similar long-term therapy, and a convincing end of the 40-year national shortage of psychiatrists. Public-private partnerships have not been successful, profit-making at public expense while reducing services and under-paying professionals is not a sustainable business model in Australia, and it seems advisable that all service delivery ought to be restored to full government administration. Universities are the joint responsibility of both Commonwealth and State & Territory governments, but in the past 30 years, their academic

quality & standards have been permitted to decline quite substantively under corporate management, without adequate critical oversight by the responsible ministers, departments, and other agencies. South Australia's universities will not deliver the quality & standards of professional education and training required without radical government intervention and reform; this has not been achieved by the Universities Accord process.

Limiting the number of subsidised consultations per year is not appropriate for any survivor of abuse and trauma. Long-term psychoanalysis or a comparable therapy is, in my opinion, the optimal therapy for complex trauma, and allows, with a competent clinician, the unravelling and understanding of all of the infinite complexity of the effects of such abuse and trauma upon the personality, behaviours, secondary conditions and complications, emotions, and thinking; this may require years, and this process is itself therapeutic, even if it is not a complete cure and if other positive life experiences are also required. Australian psychiatrists – unlike their European counterparts – have a prejudice against psychoanalysis, but they are in my experience not well-informed about its current practice. I had five years of psychoanalysis in Germany, without a waiting list, fully covered by my general health insurance, with a qualified psychiatrist, which I found beneficial. CBT and other common options cannot achieve what psychoanalysis can achieve, and certainly not unless practitioners are far better trained and educated than they tend to be, and unless such individual (not group) therapy is allowed to run for as long as necessary.

Alcohol and substance abuse are often associated with DFSV. However, it needs to be noted that these are not actual causes of DFSV, that DFSV does occur in their absence – which additionally also suggests that these are not actual causes – and that alcohol and substance abuse are often a consequence of child abuse and trauma or adult acquired PTSD. They are often a negative compensatory strategy, and are called 'self-medication' for the suffering from that abuse and trauma. They have the effect of lowering inhibitions against undesirable behaviour, but the primary problem is the pre-existing disposition towards such behaviour. The tendency to focus on that abuse without considering its underlying causes and the fact that DFSV occurs without these (and also without other factors sometimes associated with it such as problem gambling and major sports events) risks distracting attention from the actual causes of DFSV. In my opinion, there is a very distorting exaggerated emphasis upon alcohol and substance abuse to the neglect of their underlying causes, also in other mental health responses.

Prevention also requires better public education about both DFSV specifically and also about relationships, consent etc. DFSV is at some point always a failure of a relationship, which both partners bear some responsibility for. The particular constellation of causal factors will

vary between relationships, but this is not a question of blaming victims: it is a basic fact that both partners are continuously and largely sub-consciously reacting to their other partner as well as to multiple extraneous influences, but that few people appear to have good relationship skills or realistic expectations of relationships. Past generations were more constrained by laws and social conventions to remain in their relationships and make them work, and it was a general expectation of young people that a serious relationship would lead to a lasting marriage, whereas that commitment no longer seems to prevail (without suggesting that past generations were in fact always happier or more successful). The question then needs to be considered: How do we learn good relationship skills, and what competent help is available when we lack them? In my experience, not everybody who offers such services is appropriate to everybody or necessarily very skilled themselves. Both in this area and in mental health and other services, the person to whom one may be referred or whom one first consults may not be the best person for you, and there must be both sufficient options to be able to test multiple therapists without cost, and sufficient therapists to be available for everybody.

Early Intervention

The immediate availability of sufficient and appropriate trauma therapy for every victim remains essential under this rubric.

Early intervention should mean that there is sufficient secure housing available for every woman, child, and man, fleeing DFSV; that must be affordable, habitable and well-maintained, and available for long-term occupation. The current chronic shortages are unacceptable, these problems are the direct responsibility of State & Territory governments, and band-aid measures such as use of motel rooms are likewise inappropriate. Everybody needs to be able to move into alternative accommodation as quickly as possible that will then become their new permanent residence, and where they can hope to begin rebuilding their lives in safety. Affordable and social housing should have no waiting lists and be available for all who need it, which under present circumstances represents a growing percentage of the population. This has clearly not been a priority of any government over the past 40 years, and no efforts have apparently been made to ever end a known homelessness problem. This has been further exacerbated by other idiosyncrasies around housing in Australia, particularly in recent decades,

which have not occurred in many comparable countries.[36] Welfare payments should fully and separately cover whatever market rent recipients are required to pay, which is normal practice in some social democracies, but not in Australia. Housing is defined as a universal human right.

It is likewise necessary that every person has immediate access to adequate welfare financial assistance and other services. It is the responsibility of the Commonwealth government to increase both a living allowance and a rent assistance subsidy that fully covers all expenses, which the present government has refused to do. The one-off $5000 payment has been exposed as being grossly inadequate, denied to many people to whom it should have been granted, and if Commonwealth governments continue to refuse to provide adequate financial assistance, then State & Territory governments must consider possible alternatives to do what the Commonwealth refuses to do. Not all partners will be able to financially support their children, and it becomes the responsibility of government to provide sufficient financial support for as long as may be necessary. There are clearly other dysfunctions in the systems responsible for administering welfare support and services.

It has long been known that financial dependence of many women forces them to remain in abusive relationships, or to return to them, but governments have clearly not yet acted in ways that would end that dependence. They may also need assistance finding new employment, changing schools for their children, and other such measures. The victim and any children should be physically safe from being located, stalked, and attacked by the perpetrator, and that may require additional expenses, including relocation and identity change. Some recent cases have illustrated how even supposed government assistance to provide security has not been immediately and effectively implemented, and women have died; their security therefore needs to be taken much more seriously and ensured where necessary by more effective means.

There is unquestionably a need for better police training in the area of DFSV, free or more affordable legal aid for all who need it (including male victims), major law reform and better education of the legal profession, improvements in the court system and in para-legal procedures, and radical improvements at every point in our carceral system, rehabilitation and social re-integration, behaviour modification programmes, and other mental health care of both victims and perpetrators. It is clear that there are significant difficulties with full monitoring and enforcement of AVOs and the serving of warrants. If the police force does not have the staff and resources to manage this workload, then the Commission should consider alternative

[36] Cf. e.g. Alan Kohler, *The Great Divide: Australia's Housing Mess and How to Fix It*, *Quarterly Essay* 92 (2023); Cameron K. Murray, *The Great Housing Hijack: The hoaxes and myths keeping prices high for renters and buyers in Australia* (Sydney: Allen & Unwin, 2024).

options to that, as every woman, child, and man should have an equal right to personal safety, and that often depends upon policing. Despite promises of improved police training, this has clearly not been implemented, and nobody can have confidence that any police officer attending a DFSV call-out will have been adequately trained. Police continue to make many mistakes, to neglect to properly record and investigate incidents, and are reported as displaying bias. Some DFSV incidents involve mental health crises, which police are also not responding to appropriately, and many people have been unjustifiably killed by police who should not have been.[37] Some police officers are reported as themselves being perpetrators in DFSV; this may on occasion be due to them developing work-related PTSD, which has its own incidence of DFSV but which is not being openly acknowledged, and it is possible to develop PTSD without being aware of it and to continue to work. Police also have a known masculinity culture that may be prejudicial. Self-investigation and self-regulation by police forces and poor independent oversight, regulation and discipline are affecting DFSV responses, and also need to be changed.

The Commission should consider mandating that every police response to a DFSV (and/or mental health) incident should be accompanied by a qualified mental health nurse or clinician and/or frontline DFSV worker, and that in the absence of any immediate risk of violence, that that other person assume joint or primary responsibility for managing the incident. Police also need better training in de-escalating tense and threatening incidents, and more accurately assessing actual threats to themselves, instead of resorting to unnecessary

[37] I am aware of an incident in which a now ex-girlfriend returned home at 2300 one weekday evening in 2023 and announced without prior warning or discussion to her now ex-boyfriend that he should leave her house immediately, and who called the police and accused him of trespass and DFSV. There was no history of any DFSV perpetrated by him in their relationship, and he had resided with her at her invitation for the previous 7 months, and consequently, there was no justification for those allegations. The attending police apparently did not treat the incident as a DFSV case, they did not interview him or caution him. Three months later, he attended her house to collect a parcel that had been inadvertently sent to him at that address, whereupon the woman again called the police, who again did not interview him or investigate the matter further, but arrived with 5 officers and three cars and treated that incident as an "escalation". He was issued with a 24-month ADVO, and due to delays caused by the police, the court system, and difficulties in obtaining affordable legal representation that did not assume that he was guilty and a liar, the hearing for the ADVO will only occur 12 months after the second incident. The woman has still not been formally interviewed by the police and there is no substantive evidence to justify this ADVO. On the other hand, it could be argued that under current definitions of coercive and controlling behaviour, the woman has behaved in such a manner, including during their relationship, but that matter will not be addressed. During this time, he has experienced significant mental health issues for which he has sought repeated appointments, and at times acute suicidal ideation. This entire case has, in my opinion, been very inadequately handled primarily by the police, but he has also experienced prejudice from lawyers and mental health workers and within his social circle. This illustrates the extreme prejudice to which men can be subjected without cause, and the extreme toxicity of current public discourse and attitudes. I do not consider this acceptable, and one wonders just how common such cases are. The community, evidently including lawyers and police, should be better educated about its own disposition to deny a presumption of innocence and to instead assume guilt, even where no such guilt has been legally established.

violence themselves. Every individual involved in every DFSV incident, not only the alleged perpetrator but also the partner and any other family members present, should be carefully interviewed. The police do not have the time or the training to do this, which is essential for any further action, for attempting to support and resolve the problems, and also for better data collection. This would then involve a significant adjunct workforce accompanying police officers at all such incidents.

This Commission should consider the proposal for one-stop women's only police stations based upon Latin American models that have been studied by Kerry Carrington (QUT).[38]

Every convicted and incarcerated perpetrator should have full access in prison to funded behaviour modification programmes and any other mental health care that they may need. They should be fully rehabilitated and prepared for re-integration back into the community upon release, and that should involve government ensuring that they have suitable employment upon release, housing and other assistance. Other aspects of our prison system must also become less punitive, and respect the human rights of prisoners, while the staffing of facilities obviously leaves something to be desired. Convicted perpetrators should not be released as long as they are assessed to pose any threat to former partners. Partners and former partners and anybody else affected by the crimes for which they were convicted should be informed of a perpetrator's pending release *before* that release, and not be placed at any risk due to lack of their being informed and, as necessary, having other protections in place. This should be a matter of course, but has not always been done, with sometimes fatal consequences.

The conviction rate for sexual crimes has remained infamously poor, and many victims see no usefulness in even reporting crimes because of multiple unresolved problems in the system. This includes re-traumatising legal practices, and the common strategy of seeking to discredit and blame the victim, of accusing them of lying and of having nefarious motives of their own, and these are areas in which major law reform is long overdue. Conceivably other support services or first points of contact following such an incident and requiring collection of evidence, could also be improved. It should be possible to ensure a fair trial and to maintain a presumption of innocence without attacking the victim. It is also concerning that probable perpetrators continue to be found not guilty on legal technicalities and may not be re-tried. The reported behaviour of many barristers in Australia today is despicable. At the same time, however, the Law itself contributes to many of these problems.

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[38] Carrington, Kerry, Sozzo, Maximo, & Ryan, Vanessa (2020) *What Australia Can Learn from Women's Police Stations to Better Respond to and Prevent Gender Violence: Report of Community and Workforce Surveys, Research Report Series 2/2020.* QUT Centre for Justice, https://research.qut.edu.au/pgv/publications/

Legal aid remains grossly inadequate, and appropriate management of these cases should not depend upon people with limited financial means or unemployed or welfare dependent being able to pay substantial legal fees. The court system is clearly also seriously overburdened, causing excessive delays to cases, which in turn impose further undesirable challenges upon those affected. There is considerable opportunity for improving how our court system manages all DFSV cases, until such time as the incidence can be sufficiently reduced by other measures.

I am not an expert on our legal and policing systems, and have had almost do direct contact with them, so that these comments are largely based only upon secondary reports.

Every individual who comes to the attention of any services or other family member, friend or work colleague as experiencing any form or degree of DFSV should immediately be treated as being at risk of their murder. Existing risk assessment practices are not effective, and action plans for victims in the event of an incident do not protect them – women with such plans have been killed, so they are not effective. The risk of escalation by a perpetrator is not predictable, and therefore, *everybody* experiencing any form of DFSV should automatically be regarded as being at maximum risk. The vast majority of perpetrators do not kill their victims, but some do, and that can occur without any prior history of physical violence. This would in my opinion mean that every such individual should be enabled to immediately leave their partners, and that appropriate interventions are implemented with those partners. Such intervention should not be simply punitive, but should also include a full evaluation of their life histories and the provision of all necessary care and assistance that they may need. Given that such intervention should occur as early as possible, and potentially well before a relationship has collapsed beyond repair, it is possible that an outcome of such early intervention could be its maintenance and continuation, once these issues have been resolved and effective supports put in place.

This response would also require, nonetheless, that the policing and court systems were capable of immediately responding to every such case. If there were more such effective interventions at the first point of contact, then the incidence of DFSV would conceivably be reduced, and fewer women killed. It also requires that women fully understand the nature of their risk and are prepared to separate from their abusive partners in the interests of their own safety and, potentially, that of any children. It appears that this is often a difficult choice for women to make, which is not necessarily motivated by financial dependence.

One dimension of DFSV that does not appear to be attracting sufficient consideration is that these couples all entered into their relationships with positive mutual attraction, that they love(d) each other, or should be presumed to have done so. I do not accept the misinterpretation

that perpetrators perpetrate elaborate charades of deception that can be sustained for years without any suspicion or incidence of DFSV, or that are intentional in order to lure their victims, before their behaviour then changes – in such cases, their positive behaviour towards their partners should be assumed to have been genuine and sincere, and factors outside that relationship should then be sought to explain any behavioural change. If such deception does occur, I assume that it is exceptional and occasional, not common, and it should be proven, not inferred from later events. There is, then what we culturally assume to be the strongest emotional bond between partners, that bond is complex, not simple, and involves depths of human psychology and emotions that are not being appreciated; our simplistic black & white paradigm about DFSV and the click bait shock value newspaper selling ways in which incidents are now routinely being reported, prevent us from sufficiently comprehending these complexities and nuances. This is also arguably one aspect of the problem why partners do not leave. The longer and more significant the relationship, the more difficult it can be for either partner to decide to end it and to leave. Victims will experience deep and conflicted emotions that make purposeful decisions difficult. That bond can then also persist in the course of DFSV, and needs to be sensitively handled by those attempting to assist a victim.

Unfortunately, neither general policy documents nor current public discourse nor available services are capable of providing every at-risk person with a case-specific evaluation of the nature of their relationship problems, solutions to socio-economic adversity, adequate mental health care, and anything else that they may need. Yet precisely such individualised and comprehensive evaluations and service delivery are what is needed, and it ought to be what every government works to achieve. This also requires the kind of whole-of-government integration of systems and services that governments talk about but don't deliver. Governments have depended far too much upon chronically under-funded and under-resourced front line charity and private services without committing on a permanent basis to assuming primary responsibility.

Responses

I believe that the principal requirements for appropriate, adequate, and effective responses have been mentioned in the foregoing.

Recovery and Healing

The needs of adult and child victim survivors of DFSV are not identical. Without wishing in any way to under-estimate the lasting effects of DFSV upon adult women and men who experience it, by virtue of children's greater vulnerability and the lifelong formative effects of such abuse and trauma, their needs if they are to recover and heal as fully as possible require that they receive immediate appropriate trauma therapy and have immediate access to such mental health care as they may need at any subsequent time throughout their lives; that every effort including through effective government policy be made to eliminate adverse life experiences such as unemployment and incarceration, and that every subsequent adverse life experience that they may have is met with appropriate support. Some continuity could be maintained in periodic contact with them or in any contact they may seek. This would require very substantive investment on a permanent continuing basis by governments, a variety and level of services and other assistance that are currently not available, for every one of the several million child survivors nationally, including those in SA, and it would require radical changes in government attitudes and decision making as those affect every sector of our society and economy.

The causes of DFSV (and any other form of abuse and trauma, or maltreatment) and its effects on individuals' lives are the fault of other individuals, of our society generally, and of governments. They are *not* the fault of those individuals, and as such, it seems entirely reasonable that they should not have to bear the financial burden of any of the consequences of that abuse and trauma, but that those costs should be borne by government, in the first instance, and in the name of our society. They should never be treated by government in any discriminatory manner as if any of this were their fault.

Women and men who have experienced any form of DFSV should have free or affordable access to all such assistance and mental health care as they may require, for as long as or when they require it. The effects of DFSV upon them are primarily emotional and psychological, and material, and each of these areas requires due consideration as to how best these can be ameliorated or compensated. One issue would be that they eventually feel emotionally and psychologically confident to attempt a new intimate relationship with a partner who will not pose any such DFSV risk to them, that they are sufficiently equipped to avoid any such risk, and that they have access to any therapy they may require as they enter into any future relationship. As paradoxical as it may appear, many of us will enter into risky relationships repeatedly. Child victim survivors will also have difficulties in adult intimate relationships, and whether or not they themselves become perpetrators, they will often have developed the potential behaviours to do so under stress.

Within our present mental health system, even if survivors can access therapy, it is unlikely that it will be adequate and appropriate. Current government approaches to mental health are cost-conscious, and seek to keep the cost of services as low as possible, as they also do with medical health, the NDIS and other areas. This does not result in the best treatment options. We now have major national mental health issues due to multiple factors and affecting multiple population groups, none of which are being adequately provided for, including all abused and traumatised children or survivors of DFSV. We have had a national shortage of psychiatrists for 40 years that has never been addressed, we now need more than twice as many psychiatrists as we currently have, and we need them working across regional, rural and outback Australia, not just in capital cities. We do not have sufficient numbers of clinical psychologists, and many who are currently working as therapists should not be. There should be no waiting times. Every patient ought to be able to try multiple therapists until they find somebody with whom they can establish an effective therapeutic relationship. All clinicians working within the public health system and Medicare need to be fully remunerated by government at the same rates that those clinicians can earn in private practice; at the same time, however, some professional fees appear excessive and should perhaps be better regulated. All mental health professionals need to be better educated and trained within our university system than they currently are and in any subsequent clinical training, and all therapists need to be better regulated and assessed before being accredited. Medication and short-term therapy, predominantly CBT, tend to be the preferred options for mental health problems, but these are not the most effective or appropriate for complex trauma, and what is understood by the moniker ‘trauma’ in Australia is not what complex trauma resulting from things like DFSV, especially in children (or other maltreatment), actually is. Every survivor will not receive appropriate ‘trauma-informed care’ as envisaged in DFSV policy documents until this entire system is overhauled – from the ground up. If our clinicians are not being educated and trained by our universities in 30 years of international research, then they are not going to be offering appropriate ‘trauma-informed care’ at all. The term ‘trauma’ is now so widely and inappropriately abused in this country that it has become redundant.

Psychoanalysis or a similar long-term form of psychotherapy is, in my experience and opinion, the most appropriate therapy option for many DFSV survivors, and they may require such therapy over a period of years or recurring, and either multiple times or once weekly for

the duration.[39] It requires time to establish a functional therapeutic relationship, especially in those who have been conditioned by adverse experiences not to trust people; to recall repressed experiences that have often never been spoken of before; to unravel the extremely intricate, continuously compounded and self-perpetuating effects and instinctive survival and compensatory strategies that one develops when growing up in a DFSV environment and/or other maltreatment; and to then begin to find means of countering those effects with more positive life experiences, which tend to be very challenging. These things cannot be done by just anybody, and they can take years. Australian psychiatrists have a bias against psychoanalysis, but that bias is not well-informed about current international practice, where psychiatrists continue to be properly trained in it and qualified to offer it, and do so as self-evident, unlike in Australia. That bias is conceivably also influenced by multiple other cultural factors, including a deficient understanding of our humanity, and a mechanistic and behaviourist and materialist philosophy of mind, it is certainly in part a result of a major shift in Anglo-American psychiatry that occurred in the 1980s (although evolving from some decades earlier), but not equally in Continental psychiatry, by the current overdependence upon pharmaceutical management, and psychiatrists are no doubt aware that they alone cannot resolve their patients' problems – least of all employment and other socio-economic problems. As a survivor of more than a decade of DFSV in childhood, I have had [redacted] years of psychoanalysis in Germany, where it was fully covered under my general health insurance, I required no waiting period, and which I have to date found by far the best therapy I have ever received for the effects of that abuse and trauma. I suggest that this Commission critically review available mental health care for all survivors of DFSV, including the education and training of all clinicians, and consider ways in which they are all able to access the care they may require throughout their lives, as, when, and where they may need it. Existing options are shockingly inadequate.

Our universities will not improve their education of clinical psychologists, mental health nurses, psychiatrists, and others until they are sufficiently well-funded (without dependence upon foreign student fees but by our own governments) to employ the numbers of full-time continuing academics required to deliver a better education; until TEQSA is required to define in consultation exactly what course content is required for all such professional qualifications,

[39] Cf. e.g. Darian Leader, *Freud's Footnotes* (London: faber and faber, 2000); Stephen A. Mitchell and Margaret J. Black, *Freud and Beyond: A History of Modern Psychoanalytic Thought* (New York: Basic Books, [2]2016).

which ought to be comprehensive and systematic, which it must then also be empowered to enforce; until effective control over all matters academic is restored directly to academics and removed from any managerial interference or influence (including use of funding); and until we can be confident that every graduate is appropriately and fully educated in what they should know in order to exercise their professions competently. Clinical training in psychotherapy requires years of supervised experience and there is no short-cut. Bachelor degrees in Psychology include little or no education in any area of mental health, and those graduates therefore should not be being employed in therapeutic roles. These issues also apply to all other therapists, and those offering any kind of programme for DFSV perpetrators, such as behaviour modification, must be better trained and regulated; it should not be possible for anybody to market themselves as a therapist or to be referred to by any mental health services without appropriate qualifications and transparent explanation of what those qualifications consist in. The new amalgamated 'Deloitte university' in Adelaide will not deliver better education unless forced to do so by government. Medical students and most GPs are also not adequately educated in relevant areas of mental health, despite GPs being the front line of care, and governments have still not adequately confronted the problems affecting GP practices, which in turn are worsening public access to care. This is yet another example of how long-term government neglect, deregulation, lack of effective regulation and oversight, chronic under-funding and previous ill-advised policy choices, have now all combined to create a perfect storm for which we lack the resources. That storm has been gathering in its various constitutive elements since the 1980s.

This submission is made primarily from the perspective of a child victim survivor of more than a decade of DFSV, and from that of an academic who has in recent years been involved in lived experience advice and advocacy around mental health, men's suicide, and DFSV. I have reviewed many of the previous inquiries and policy documents, among other literature. I identify as a white Anglo-European heterosexual male.

I am not a resident of South Australia, although I lived and studied in Adelaide between [redacted] I request that this submission be considered by the Commission on the grounds that as with other state inquiries, strategies, and legislation, so its report and recommendations will also be considered beyond its respective state jurisdiction as including material useful on the national plane, and can be expected to have some relationship with continuing federal government responses. The final report of this inquiry will have national importance, and as such, its submissions should also be national. Domestic violence is fundamentally the same,

wherever and by whomsoever it occurs. I also believe it is imperative that issues considered in this submission be seriously considered in ways that they have until now not been. The Terms of Reference of this Commission do not limit submissions to those from residents of South Australia.

Date: 7th August 2024

[redacted]