



ROYAL COMMISSION
INTO DOMESTIC, FAMILY
AND SEXUAL VIOLENCE

**ROYAL COMMISSION INTO DOMESTIC, FAMILY AND SEXUAL
VIOLENCE**

WEDNESDAY, 26 MARCH 2025

COMMISSIONER NATASHA STOTT DESPOJA AO, Presiding

COMMISSIONER DESPOJA AO: Good morning, everyone, and welcome to public hearings for the Royal Commission into Domestic, Family and Sexual Violence in South Australia. This is actually our final day of public hearings. I begin by acknowledging the traditional owners of the land on which we are gathering, the Kaurna people. I pay my respects to their Elders past, present and emerging, and to any Elders from other communities, who may be present or listening to today's proceedings. Our last day will focus on what makes communities thrive. How do we move towards a future without family, domestic and sexual violence in our state or, in other words, what does good look like?

10 We're going to hear from a range of witnesses today, from different sectors, to explore what the gaps are, what's missing, what do we need to do to ensure all communities thrive: men, women, children, young people, older people, Aboriginal and Torres Strait Islander people, those living with disabilities, those LGBTQIA+ communities, culturally and linguistically diverse communities, and people in regional, remote and rural South Australia - that's just to name a few. As some of you will know, over the past nine public hearings, we've inquired into many things that fall under the terms of reference. Today is another one of those days, where we intend to ask more questions about service delivery, education, awareness, and what we can do so that our communities can move to a future that is violence-free.

20 I'm particularly pleased that we will begin today's proceedings with Commissioner Micaela Cronin, who is the Commissioner for Domestic, Family and Sexual Violence. On that note, I will hand over to Counsel Assisting, Ms Orr, to begin our final day. Thank you.

MS K. ORR: Thank you, Commissioner. Today is the Royal Commission's 10th and final day of public hearings. It is entitled Helping Communities Thrive and aims to ask the question, what do communities need to thrive? As I explained yesterday, I anticipate there will be some overlap in the evidence from yesterday's hearing - excuse me - relating to family violence, and the evidence given today, particularly in relation to certain population groups. Before we commence, I will again reiterate some comments that have been made at the commencement of our previous public hearings. I once again acknowledge the domestic, family or sexual violence lived experience of anyone involved in the hearings, following on the live stream or watching the recording of this hearing at a later time.

35 The Royal Commission has not called any witnesses to give evidence on the basis of their lived experience, but we understand there have been many witnesses, called in their professional capacity, and people who have helped witnesses to prepare for these hearings, who also have that experience. On our final day of hearings, I take the opportunity to thank all of those people for their generosity in sharing their insight and wisdom with us. I would also like to thank all witnesses, experts, advocates and people who work in the sector for their time, assistance and expertise. For today's hearing, I again advise that people may find the content of the hearing distressing. I remind anyone watching or listening that if you wish to seek support or advice, a list of support services can be found on the Royal Commission's website, www.royalcommissiondfsv.sa.gov.au.

In relation to terminology, when we refer to domestic and family violence, it includes all forms of violence that can occur within relationships. This includes intimate partner violence, violence perpetrated between family members and in family-like settings, coercive and controlling behaviour, and sexual violence. Sexual violence, whether in a domestic or family setting or otherwise, includes any sexual activity without a person's consent. We will continue to use the term victim-survivor to refer to people who have experienced or who are currently experiencing domestic, family or sexual violence. And we will use the term person who uses violence when referring to an individual who uses domestic, family or sexual violence to cause harm to another.

10 The National Plan to End Violence Against Women and Children 2022-2032 is a commitment to end violence against women and children in Australia in one generation. It explains that a whole-of-society effort is needed, and to reach our goal of a country where all people live free from fear and violence, we need sustained collective action across society. The first action plan of the National Plan includes a quote from a victim-survivor who said, "The role of community members and the way they support, identify and protect their neighbours is crucial. It's community behaviour change." Similarly, the Royal Commission's terms of reference require recognition that preventing and responding to family, domestic and sexual violence is a shared responsibility across government, media, business, community organisations, communities, families and individuals. This brings us to ask the question, what do communities need to thrive?

25 What do communities in South Australia in particular need to move towards a future free from domestic, family and sexual violence? These questions will form the basis of today's public hearing. The Commission has consistently heard that despite efforts there is still a significant lack of awareness in the broader community about how to recognise and respond to domestic family and sexual violence. This is particularly so in relation to the needs of different population groups. As we heard during evidence yesterday, different population groups can experience domestic, family, and sexual violence in distinct and specific ways that are not always well-known or responded to.

30 Further, the Commission has heard that mainstream public education campaigns often fail to meet the needs of different population groups including older people, people with disabilities, culturally and linguistically diverse communities, Aboriginal communities and LGBTQIA+ communities. The Commission has heard that the unmet needs of these communities often extend beyond awareness and education to service availability and system design. A theme in submissions from representatives or members of these groups is the need for community-led, strengths-based education initiatives accompanied by appropriate service delivery, and to improve the cultural capability of mainstream service providers.

40 The Commission has also received a great deal of input advocating for more public education and information regarding all forms of domestic, family and sexual violence, especially non-physical abuse and coercive and controlling behaviour. A common theme from people with lived experience of domestic, family and sexual violence was that victim, survivors, family members, workplaces and communities were not always aware that certain non-physical behaviours constituted domestic, family and sexual violence. And that this, in turn, had impacts on help-seeking and early

intervention particularly for non-physical violence.

Today's hearing on helping communities thrive presents an opportunity to further explore these themes and to identify opportunities for South Australia to better prevent, recognise and respond to domestic, family and sexual violence in all its forms, so that our communities can be free of domestic, family and sexual violence and thrive. It also presents an opportunity to develop our understanding of the importance of including men and boys in efforts to end cycles of violence. The role of men and boys is being increasingly acknowledged with the National Plan to End Violence Against Women and Children 2022-2032 stating, "Men and boys play an important role across all parts of society as people, who will work to embed prevention approaches in all settings not just homes."

Similarly, the Royal Commission's Terms of Reference direct it "To recognise that men and positive male role models can be an important part of solutions to reduce and prevent family domestic and sexual violence." The Commission has heard that the need to better engage with men and boys has taken some time to emerge as a focus area, likely caused by a reluctance to divert attention and resources away from hard-won support for victim-survivors. However, the Commission has heard that it is increasingly evident that recognising, responding to and ultimately ending domestic, family and sexual violence will not be possible without a whole of community approach and without engaging directly with those most at risk of using violence.

Despite this growing acknowledgement, the Commission has heard that much of the language used around men and masculinity remains either high-level or deficit-based, which is unlikely to resonate with men and boys and can trigger backlash. The Commission has heard that effective strength-based public engagement efforts are essential to disrupting and ending men's use of violence. It is our intention on the last day of public hearings and moving towards the finalisation of the Royal Commission to hear evidence from all witnesses that is constructive and forward-looking. We anticipate that the witnesses giving evidence today will provide us with that perspective. This evidence commenced yesterday with Adjunct Professor Muriel Bamblett and Mr Craig Rigney, who explained what in their view Aboriginal and Torres Strait Islander people need to move towards a future without violence. The evidence from Council on the Ageing and the Adult Safeguarding Unit also touched on what they think older South Australians and people with a disability respectively need to move forward without violence.

Today first as the Commissioner said we will hear from Commissioner Micaela Cronin, who is the Federal Domestic, Family and Sexual Violence Commissioner. She will speak from a national viewpoint about what, from her perspective, is needed for Australian communities to thrive without violence. Next, Amanda Alford from Our Watch will give evidence. She is the Director of Government Relations, Policy and Evidence at Our Watch, which is the nationally funded organisation for the prevention of violence against women. Ms Alford will give evidence about Our Watch's role in primary prevention and what they think is needed in the context of primary prevention to move forward towards a future without violence.

Then we will hear from Ben Bjarnesen from the LGBTQ Domestic Violence Awareness

Foundation. The Foundation is based in Queensland but operates nationally. Mr Bjarnesen will speak about what LGBTQ communities need to thrive without domestic and family violence. Later this afternoon, Associate Professor Zac Seidler will give evidence. He is a clinical psychologist, the Global Director of Men's Health Research at
5 Movember and an Associate Professor with Orygen at the University of Melbourne. His main area of work is in men's mental health including in relation to how it intersects with domestic violence. Associate Professor Seidler will give evidence about what men and boys need to thrive and to move forward without violence. I anticipate that he will speak about, among other things, strength-based public
10 engagement efforts to which I've referred this morning.

Our final session today is a panel of witnesses from the Australian Refugee Association. Chris Chalubek, Erfan Abidi and Judy Nziu will give evidence primarily about family violence in refugee and migrant communities, which was the focus of yesterday's public hearing. And as for some witnesses yesterday, it is for logistical
15 reasons that they are giving evidence today. As I mentioned yesterday, they will explain that refugee and migrant communities can be vulnerable to family violence, can experience specific forms of violence, and can face additional barriers to seeking help. They will also give evidence about added complexities when there has been pre-migration trauma, which is common for refugees, and when cultures have different
20 attitudes towards gender roles and family dynamics.

They will also talk about community education that they do, and what migrant and refugee communities need to move forward without violence. Thank you Commissioner, I call Commissioner Micaela Cronin.

COMMISSIONER MICAELA CRONIN, AFFIRMED

25 MS ORR: Thank you. You are the Commissioner for Domestic, Family and Sexual Violence, or the Australian Commissioner for Domestic, Family and Sexual Violence. Is that correct?

MS CRONIN: Yes, it is.

MS ORR: Could you just give us a brief overview about what that involves?

30 MS CRONIN: Thank you. And can I open by acknowledging that we're meeting on Kurna land and pay my respects to Aboriginal elders and communities here. I think I was very pleased to see the evidence yesterday of Professor Bamblett and Mr Rigney. I think it's the centering of their experiences and their leadership is really important, so I'm pleased to acknowledge I'm here today. I also want to join you, Commissioner, and
35 both of you have acknowledged the wealth of experience, that lived experience, people bring to this space and to acknowledge that I am informed in my work very much by my engagement with lived experience. The Commission was established just over two years ago. So I began as the Domestic, Family and Sexual Violence Commissioner on the 1st of November 2023. You shouldn't have to remember that, 2022. So I'm just
40 over two years into the role, and I'm the first Commissioner. The Commission was established after a recommendation from the House Inquiry that recommended the establishment of a Federal Commission at the end of the last - the first National

Plan. And very much one of the drivers of the establishment of the Commission was a recognition that while a great deal of foundational work had been done in that first 10 years, there were some gaps and some things that we needed to learn.

5 And one of them was that we really was, and I will talk more about this, but
accountability and measurement. How can we ensure that we are achieving the
objectives that the National Plan and this second National Plan sets out to achieve? So
the Commission has been tasked by government with four specific things. The first of
10 those is that point around both promoting and holding governments, all governments,
accountable to the National Plan. Recognising that while the Commission is a non-
strategy executive Commonwealth agency, all governments across the country have
signed up to the National Plan and all governments need to work together to achieve its
objectives.

15 So we have a role around holding all governments accountable to the National Plan and
I will talk a bit about how we do that next. But the second aspect of the Commission's
roles and functions is around amplifying the voices and experiences of people with lived
and living experience, and to ensure that those experiences are embedded in policy
design, service design, evaluation and understandings of how we are tracking against
the National Plan. And we have established Australia's first National Lived Experience
20 Advisory Council and there are a range of other mechanisms that we have in place,
and we intend to develop to embed those experiences and voices.

The third aspect of the Commission's role and responsibility is around strategic policy
advice to government and that is a catch-all really for the work that we do around
bringing together, synthesising, meaning-making of various stakeholders' perspectives
about how are we tracking against domestic, family and sexual violence - the National
25 Plan objectives. But also importantly, part of the Commission's role around that is to
both shine a light on where gaps are. Where things are not necessarily on track and
where there are opportunities to accelerate progress. But also identify where there is
good practice and where things are going well. And it's one of the questions I get asked
everywhere I go is what's working well? Where can we look to for good practice and
30 good examples of opportunities to accelerate progress?

The fourth area of responsibility of the Commission's work is to improve coordination
and collaboration in recognition that, as you have already mentioned, this will take a
whole-of-community, whole-of-government effort to address what is an incredibly
complex and ever-changing problem. I think I was pleased to hear of the breadth of the
35 work that the Royal Commission has done in listening to evidence from diverse
communities. I think that we know that those communities need to lead the work to
understand the way they will describe and define what the problems are for them, what
the solutions are, and then building the evidence about how those things are performing
in achieving the joint objectives.

40 So part of our role is bringing that and coordinating across all of that effort, and we've
done a series of activities that are designed specifically to improve coordination,
collaboration, transparency of effort.

MS ORR: Thank you. I want to ask you just a few more, sort of, background

questions. You've mentioned the National Plan a couple of times, and so have I, in many of our openings. Can you give us a sort of general explanation of what the National Plan is?

5 MS CRONIN: The National Plan is Australia's national policy framework. So it's a very broad, high-level framework. One of the things that I would emphasise in terms of the National Plan is there was a very extensive consultation engagement process across Australia in bringing together people's perspectives about what was important to have in that plan. And it has been, the feedback from stakeholders to me in my role, has been that they felt heard in that process and that the National Plan, while there are things that
10 I think even in the two or three years since it was finalised, we have learnt. It did listen to the voices of the breadth of stakeholders. So it provides a national framework within which we then, there is significant architecture in how that will then be implemented underpinning that.

15 So you have mentioned there are two, well, there are three action plans. There is intended at the moment there are two action plans in place. One of those is the Aboriginal and Torres Strait Islander standalone action plan and the other is the five-year action plan to implement the National Plan. The Aboriginal and Torres Strait Islander plan was intentionally a shorter action plan while the standalone Aboriginal and Torres Strait Islander National Plan is being developed, which is currently underway.
20 And then as part of the broader - as part of the architecture under the National Plan, there are a range of strategies around what is it that will be measured, and what are the targets that are in place? So and in various other implementation tools that sit under that.

25 MS ORR: And is it correct that the National Plan outlines, or sorry, has a framework across the four domains? That's where we get the domains of prevention, early intervention, response and recovery and healing from.

MS CRONIN: Yes, the National Plan very clearly lays out the importance of recognising that there is those, the four domains as you've outlined, that we need to be both investing and thinking more broadly in terms of the work that is done.

30 MS ORR: And moving on, can you tell us about the Rapid Review of Prevention Approaches that was conducted?

35 MS CRONIN: So the Rapid Review was announced by the Prime Minister at a National Cabinet meeting on the 1st of May last year. It was at that - that National Cabinet was the first ever National Cabinet that was called in response specifically and solely focused on Australia's response to domestic, family and sexual violence in recognition that we need to - that the community was really calling for what more needs to be done? What more needs to be done? What more can be done? Building on all, as I've said, the incredible work that has been done over time. So the Rapid Review, as I said, was announced quite specifically to look at broadly, and it had very broad scope in
40 terms of definition of prevention. And the intention was to look at how to further unlock prevention, the potential across the system, in ways that were building on, as I said, the existing work that is underway.

So it was looking at where are there any opportunities that we could take further action to accelerate action to end domestic, family and sexual violence. And the report, I wouldn't mind reading some of the principles because I think it's really important to recognise the work that was done by the panel to look while - the other thing I want to say is that it was called Rapid Review for a reason. We were tasked within a period of 12 weeks looking at where there were opportunities to accelerate. And of course in a process like that for 12 weeks, it was actually less than that when we had to produce the final report and socialise that.

MS DESPOJA: We understand.

MS CRONIN: You would understand what that's like trying to do that in such a short period of time. The timeframe was in recognition that (a) a lot of the foundational work had already been done. It wasn't a Royal Commission. It wasn't a re-prosecuting everything. It was recognising the value of the National Plan and what is it we can do to build on that. So the principles that underpinned all of the work and the recommendations of the Rapid Review, the first of those was to explicitly prioritise the experiences and needs of Aboriginal and Torres Strait Islander people, recognising the ongoing impact of institutionalisation and systemic racism and the impact that that is having on those communities and the over-representation of domestic, family and sexual violence in those communities. The importance of adopting an intersexual approach to preventing domestic, family and sexual violence and all of what we have talked about in terms of the different and diverse impacts of race, class, disability, sexuality across people's experience. And that that's really important in the ways that it both exacerbates risk factors, and there are implications for service responses. Embedding implementation science to bridge the gap between research and practice. So what is it we need to be thinking about in terms of how we are implementing plans and ensuring that they have longevity in terms of their impact?

Collecting more data to address gaps in our understanding, and I think we are increasingly having our understanding where some of those gaps are and quite specifically. And I'll talk more about particularly around children, and young people, and men and boys I think are the two big gaps that we know exist as well as in terms of the broader population. And the fifth and final principle was around continually to inspect, understand and adapt to the emerging and changing role of technology. Because I think really all of us would recognise that the biggest and rapidest change we've seen in how domestic, family and sexual violence plays out in people's lives and the speed with which the impact of technology has become both weaponised and infiltrating into all aspects of people's lives is something we really need to be paying attention to.

MS ORR: Just finally before we moved on to the substantive part of your evidence I suppose, as part of your role I understand you prepare a yearly report to Parliament. Is that correct? Is that to report on the work that you've done in the year? Is that the - - -

MS CRONIN: Yes.

MS ORR: Sorry, go on.

MS CRONIN: So we have produced one - our first yearly report in August last year we tabled. That report was done prior to actually any of the formal reporting against the National Plan occurring. So it was based on the work that the Commission has done across its first - at that point it was just over a year's functioning in engagement and listening to stakeholders across the country, and also what data and evidence we had gathered. The next yearly report will be informed by reporting that has occurred from all of the jurisdictions in the Commonwealth on progress against the National Plan. So we will have further evidence to inform our assessment of how is government tracking on the National Plan.

10 If the five areas that we identified in our first yearly report to Parliament that I can speak to, but I'll just broadly outline for you when I can find the document. Give me one second. The first was, as I've said, around promoting the National Plan, and our role around that and what needs to be in place to do that. So what are the things that we need to have in place? The data. So some of the sorts of things that we're thinking about is what are the mechanisms around gathering data and reporting across the jurisdictions. Now, just give me one second. I just want to make sure I get the headings right. No, can't find it.

The other is, as I've said, a predominant focus of the Commission around prioritising lived experience. The experience of, and as you have both noted in your opening, around men and boys, and what we need to think more about in terms of men and boys. Systems harm. What we had heard in terms of the way, and I say systems broadly, so, yes, government systems, but also private sector systems are weaponised to cause people further harm, but it's also an opportunity for government. Those are levers that government have directly in its control to do something about. So in the yearly report we talked about a range of the priority things that have come to our attention. And what we identified in terms of priorities for this year going forward is, as I've said, children and young people and the need to really focus more attention on the way we are responding to children and young people in their own right. And there's a range of issues we can talk more about that.

30 The other, as I've said, is men and boys, and the opportunity to engage men and boys more in the work to address domestic, family and sexual violence at the same time as thinking about working with men around taking responsibility for their violence, and men supporting that work. So both men as allies in addressing the challenge but also men as using violence. And the third area of policy priority that we identified was sexual violence. Recognising that sexual violence is - there hasn't been as great a focus both either in a policy sense or an investment sense in responding to sexual violence, and there are a range of reasons for that.

40 And I note the government tasked the Australian Law Reform Commission to do a piece of work for the same reason, recognising that our justice responses are lagging very significantly around sexual violence. And the other two priorities, as I said, are the systems harm, and weaponising and ongoing around living experience. So those are the five things that we've determined to prioritise and focus on this coming year.

MS ORR: Thank you. So against that background, I now want to ask you, based on what you've seen and heard in your role, some of the key things that in your view are

needed for Australian communities to move forward without violence. I understand you've selected a few key points, and we won't take that to be an exhaustive list that you can't ever add to again, but if we could ask you to just explain some of those points that in your view are really important.

5 MS CRONIN: I'll start by talking about embedding lived experience and why I think that is so important. I think that there are a range of reasons for that. I think that people, who are directly affected by domestic, family and sexual violence can and should be centred in terms of understanding what the problems are and sharing that at the beginning of the work that we do in really understanding from their perspective how we define the problem. They are the experts in their own experience and their own
10 lives. The other reason I think, and I think we need to be really thinking about co-design from the very beginning of the discussion of the problems all the way through to our ongoing work around evaluating and looking at how are we tracking.

I think one of the things that we need to recognise that lived experience brings to us and the voices of the advocates is they will tell us whether we're on track or not much earlier
15 than the data or research will. Data is always lag. Research is always lag, and it's often two or three years. If you look at the data that are providing measurement for the targets for the National Plan, some of that data is only gathered and reported on every four years. So if we wait four years to hear how our interventions are tracking, then we
20 know that there are often unintended consequences of policy implementation and service design that you don't know about until you're implementing it with the very best of intentions.

And that's partly why I'm saying I've learned something every time I meet with our Lived Experience Advisory Council. And I often feel like I'm apologising for
25 things that we got wrong, and the need to take a humble approach to listening to people, who really know what's going on on the ground. The other lived experience advocates are often very good at coordinating and networking amongst each other, and they bring together a wealth of experience. But for me that point about the keeping us on track and really holding us to account as we implement. Which is why I think it's very important
30 for governments across all aspects of their work to be thinking about how they can embed the specific perspectives of lived experience, who will be knowledgeable about the particular policy area that they are implementing. So that's a really - I mean, I think it's the morally right thing to do, but it also provides incredibly rich evidence and insights as we track. That then needs to be triangulated with what do other perspectives
35 bring, what does the evidence tell us from the data, and what is research telling us, but the research needs to be informed by lived experience and guided as well in terms of priority areas. They also really will know, better than most of us, what are the things that would have made a difference to you? Where are the points of
40 intervention? Where are the moments that we could have done something that would have helped, and supported, and changed the trajectory for you? So lived experience, I would advocate, is one of the key areas that we should be thinking about in terms of really changing the trajectory around working towards thriving communities.

The other thing I would emphasise, and want to prioritise, is around the need to build the capacity of the workforce broadly. And when I say broadly, I mean both looking at
45 the specialist workforce and the value that the specialist workforce brings to us, partly

because they are also close to what's happening on the ground - they have both intelligence, but also deep expertise those organisations have built over time to understand. And one of the things that they really understand and bring to the table is understanding of risk, and ability to manage and hold risk, and understand how we should be managing it, better than a lot of the other bits of the system do. So those workforces, and the capacity of those workforces and organisation needs to be built but, also, I think there's a real opportunity - and the rapid review talked about this too - to unlock the potential of the broader human services workforce.

So one of the things we talked about in our first yearly report, we did some work around gathering data around the size and scale of the various workforces. There are about - and I say "about", because it was very hard to gather data about this definitively. There are about 80,000 - no - there are about 8,000 people working in the specialist domestic, family and sexual violence workforce across the country, and that's a relatively small workforce, and they have deep expertise that we need to work out how to leverage well across there. There are about 80 or 90 thousand in the police workforce, and the police workforce, as we know, are often the first responders in many communities - particularly rural and remote communities - around domestic, family and sexual violence.

There are about 900,000 in the health workforce, and the health workforce are already often - we know from research, the health workforce are often the first people; workers in that workforce are the first people, apart from friends and family, that people who are experiencing domestic, family and sexual violence will talk to, will seek help, will tell their story to. We need those workforces to recognise that domestic, family and sexual violence is core business for them, that they have enormous opportunity to intervene in ways that are protective, that help manage risk, that can point people in the right direction, so they can do the triaging. They need to know that they are often the first people, and often the only people that someone will tell their story to.

And particularly - and I know, you've got Zac Seidler talking to you this afternoon -- particularly men. We know, for example, that GPs might be the person that a man talks to when he is going through a relationship breakdown, and we know relationship breakdowns are high-risk times for increase in violence and homicide. And so we need GPs to be thinking, "If the bloke who's sitting in my rooms says that his relationship is breaking down; he's having trouble sleeping; he's feeling very stressed," well, we need them to be thinking about the extended family, and the risk to them, and what supports can be offered to around what he can do to intervene to support that man. So activating the health workforce is really critical, and ensuring that - and it's an opportunity. I met recently with AHPRA, the Australian regulator around public health services, and regulators have a real role that they could play around supporting those workforces to greater - be activated to respond to and prevent violence.

And that point, then, in leading and thinking about what the rapid review talked about in terms of prevention, and what we can do to think about prevention at every point in the cycle. I'm a social worker, so, you know, I mean, you can think about a system, and where are all of the points that we can be intervening. We know, as a community, I think, one of the great strengths of the first National Plan to End Violence was the establishment of Our Watch and ANROWS, so building Australia's focus - and

Australia's world-leading focus on prevention. Australia has done more in that regard than many other countries have done. That has been really groundbreaking work, and, in terms of ANROWS work, building the evidence.

5 I think one of the things, I think, is a challenge in the way that we have, from a policy perspective, government needed to be encouraged to think about prevention, in a way that the family, domestic, sexual violence sector had always been thinking about it in their work. Government needed to be pushed and encouraged to fund and invest in primary prevention. I think that - you know, my experience, having worked in frontline services, is that those services on the ground were thinking about it all the time - about 10 the four domains. They were thinking about, yes, they work in responding directly to experiences of domestic, family and sexual violence, but every opportunity you have to work with someone who is experiencing violence or someone who is causing violence is an opportunity to prevent the continuing cycle of violence; is an opportunity, depending on the way that you interact with that person, for healing and recovery.

15 When a police officer arrives to a scene, yes, they are responding to an incident of domestic - or whatever the incident is they're turning up for, but if they notice the boy in the room, and they talk to him respectfully, and they think about the children's experience, they are acting in a way that is both contributing to prevention of the cycle of violence, but also healing and recovery. So while I think the four domains are very 20 important for government, in the way that government thinks about resourcing the broader spectrum, they actually can also be unhelpful, because they can silo the work, in the way that the sector doesn't, you know, often operate. I've talked to many service providers. So one of the other things I think I would point to in terms of areas for opportunity for improvement, accelerating our activity, is the way government funds 25 and conceptualises the sector, and that, actually siloing people and services into the four domains actually can be unhelpful.

Because they can often be functioning across all of those domains, and need to be, all of the time. I mean, again, speaking - I think one of the responses I've had when I've 30 talked to the police about their response is, we can no longer do some of the work that we used to do that was preventative work, because there's been such growth in demand for us in response that we're being really siloed into response. Police doing blue light discos and building relationships in communities is preventative work. So I think, while we need to respect and value the contribution that our primary prevention sector has made over a very long period of time, and continue to invest in that work, we also need 35 to see prevention more broadly. And I think one of the things that I'm very excited to see the results of the saturation model work in Ballarat.

One of the things that I know they have looked at is how to bring early intervention in. If that it's very difficult to talk about, you can't really talk about primary prevention in many contexts in a pure way. You walk into any room, and what we know from the 40 child maltreatment study is that, in Australia, we have very few contexts in which there will not already be existing experiences of harm. So you have to be thinking about primary prevention, early intervention, response, and healing and recovery all at the same time. A classic example of that is thinking about, walking into a schoolroom to do prevention work, there will be kids in that classroom, there will be teachers in that 45 school who are currently experiencing violence. There will be kids and teachers who

are recovering from violence. And we need to be thinking about what's the support that we offer into those communities, to help them move forward together, that encompasses all of the four domains. And government needs to think about how to fund communities' place-based responses. That really enables those communities to be
5 looking at what they can do together to respond to what they know is going on in their communities. And it often is integrated across all of the four domains.

MS ORR: And we have heard from various organisations about that funding issue, that is, a particular grant or a particular project, and the money is received in that way. Do I understand you to be saying that, then - and this is consistent with what we've heard,
10 that then restricts the work that they're able to do, because they're not funded to do the more broad work that they would like to be doing? Is that consistent with your experience, your observations?

MS CRONIN: Absolutely. When I was working in a sexual assault centre, we were block-funded, so we were funded to do the work that the - now, we were predominantly
15 focused on response work, but we knew we needed to do community education in school. So we were funded to do - to deliver on a particular - so we were funded to respond to sexual violence in the community. Now - and I think it's - again, it's one of the unintended consequences of a very good policy initiative. I think it's very good that we talk about the four domains, and we are building evidence and understanding the
20 importance of those. An unintended consequence of that is funding silos, and funding organisations to do - to deliver on particular outputs rather than recognising that, actually, in their communities they need to be able to - it's much more complex than that.

And I talked to an organisation not that long ago, who said they were funded to deliver
25 work under the National Plan, and when they started doing it, they realised then - so they were funded to do healing and recovery work with women, but they realised it (indistinct) to work with, and the women in the group said, "We need you to work with our men. We need you to work with the men and the boys." And so they needed to do something that wasn't indirectly, but they couldn't achieve that objective
30 without doing that work. So they cobbled together some money, and they were doing that work, but what they were - and they weren't necessarily even talking to - what they were pleading me to talk to government about was, "We can't even report to government. We can't tell them that what we're doing is this, and the value of this extra bit, because our contract requires us to report on what we were funded to do."

35 So I think we are also missing an opportunity to build our knowledge base, and to evaluate the complex work that organisations are doing on the ground, when we fund them to deliver narrowly.

MS ORR: Do you have any views about the justice and Court system?

MS CRONIN: Yes, and I didn't get down the rest of my list, because I thought I talked
40 enough. So I think that - so I've talked a bit about my engagement with police, and I would want to preface by recognising that - and I've done that because when I talk to people who are experiencing violence, they talk about both the opportunities and when they have had really good engagement with the police - the difference that makes in

their lives, and also the harm that occurs. So one of the very first things that I heard a lot from communities was around misidentification. So I think the justice system, broadly, what faces the community, and the first point, is policing. And I want to recognise the work that a lot of - that police are also struggling with recruitment and retention. They are really needing to think about, I think, how they need to pivot in terms of recognising that domestic, family and sexual violence is actually core business for the police workforce, in a way that they are not set up for it at the moment.

They are not people - you know, in terms of their workforce and in terms of their tools. The tools that they have at their disposal, both in terms of, you know, the tools when they - they are fundamentally designed as an incident response. And the complexity, and what they are dealing with in terms of community's expectations, for example, in thinking about coercive - recognising coercive control and patterns of behaviour makes it very difficult. So I want to recognise that, I think, police are really trying to pivot and respond to that, also in the tidal wave that they experience of increasing response rates and demand. But I - and I would say that my experience, talking to police commissioners around the country, is they know they need to do better; it's difficult to do that - and a very complex task based on the structures and the tools, as I said, that they have at their disposal.

The other thing I would say about - a couple of other things I would say about justice system. So sexual violence and family law, broadly, too, are the other two big things that come to our attention when I talk to people in the community. Sexual violence, we know that in terms of justice response for victims of a crime is - I mean, it's so appalling; really, there is no justice response. And I think, as I said, the government tasked the Australian Law Reform Commission, and I know that various law reform commissions around the country have done various enquiries recognising that our response to sexual violence as a crime is very, very poor. And it's very poor both in the translation from - we know that only one in nine people report sexual violence, then, even fewer, smaller proportion of those actually move on to charges, and then, even smaller number of those move on to actually any conviction.

So, again, it's really difficult to get proper data about that, but there is data to suggest that it's as small as one in five per cent of people who have experienced sexual violence, where there actually is a conviction. It's very low because, as I said, of the trajectory from reporting all the way through. The other thing that we know, and the ALRC has addressed to some extent in their report, is the very bad re-traumatising experience of people throughout that system. I have had many people say to me - one of the stories that really - and I found most distressing, was a young woman talking to me about her experience of reporting her rape, and what it was like going through the Court process, and saying to me that she was afraid to leave the house now. But what struck me, when I realised what she was saying to me was, she wasn't afraid to leave the house because she was worried about being raped again. She was worried about having to go through the justice system again, and how traumatic -

And she talked about the justice system, really, being, in her words, "more traumatic and having a greater impact than the actual rape had had". So we know that that experience is very profound for people, and that impacts on report rates. But there are people who are determined to (indistinct) I think that sexual violence is something in

terms of the justice system we need to be doing vastly better, and, I think, thinking differently and, again, listening to people with lived experience about what does justice mean for them; what is it that they want from a justice system? And it's one of the things that, in talking to you as the Federal Commissioner, that there are levers that are
5 both Commonwealth and jurisdictional that need to be pulled at the same time in order to change that, and I would be very much encouraging.

One of the problems we have is - so, for example, the Australian Law Reform Commission's report identifies things that can be done at a jurisdictional level, but that's up to the jurisdictions to choose whether or not they're going to implement that. There
10 is no compulsion for them to pick up on the recommendations of that. And it goes both ways. And we know that we have a complex system where the relationship between the Commonwealth and the powers that sit, and responsibilities that sit at a jurisdictional level, the justice system is one where it's failing our communities - that relationship. Another aspect of that is family law, and the intersection that we hear
15 about all the time between child protection - sorry - the Children's Court, the Magistrates Court and the Family Court, and the different matters that are heard in those different jurisdictions, and the different ways they're dealt with.

And the impact on people's lives when, for example, the Family Court chooses not to pay attention to a Children's Court - so a child protection matter, because it's a different
20 jurisdiction. And the way that that plays out - and particularly the impact that has - on children's safety and the protected parents, which is usually women's safety and the choices that they are forced to make, because those different jurisdictions - justice jurisdictions - are not working together as well. Again, there is some very promising practise. There is a lot of reform underway. There is a lot of reform underway that, I
25 think, is very hopeful, but, again, we need to be listening to lived experience - people's experience - as that reform is being implemented. Because I think that, while governments can - what government levers are around what the legislation and the laws actually say, what the Courts, how the Courts, what the culture is in the Courts, and the Courts, the way that individual judges interpret those laws, and lawyers in
30 those Courts interpret and act, the cultural change that is required. Because sometimes actually what - you know, when you actually really examine what's happening, for example, in the justice, we've got the laws, and we've got the procedures and the policies that we need, it's about the way they're being implemented and the culture within those systems.

35 MS ORR: You've mentioned sexual violence a few times, and sexual violence is within this Commission's terms of reference and your remit. Do you have any views about whether sexual violence should be treated together with domestic and family violence, or should it sit separately?

MS CRONIN: I think that's a really tricky - I mean, I've worked in the sector when it
40 was very much treated separately, and - I mean, part of the problem we are facing now is that those sectors grew up very differently, and they have a very different history and a very different way that they have been implemented over time. Sexual violence, predominantly funded through the health system and grew up through the health sector, domestic and family violence really came from - and really has predominantly been a
45 housing community service response; that's where the funding has come from, because

it came through, really, the women's refuge movement. So we have a historical difference in those, that needs to be addressed in terms of the way we think about it and the way they've being funded. And the workforces are very different.

5 I think that, from a policy perspective, the reasons to bring them together, that is, important is recognising that we have to respond to the experiences of victim-survivors, people with lived experience who turn up to a service, and they should be getting a response regardless. And we know, again, a police response is very different if you turn up to report sexual violence or if you turn up to report domestic family violence; it shouldn't be. If someone is coming to the attention of the service system, whether or
10 not they are coming because the primary thing they want to talk about is the sexual violence they've experienced - and we know that about 40 per cent of sexual violence that's reported is in the context of domestic and family violence, those women, children, men - whoever is turning up to seek a service - should have an integrated response.

15 So from a policy perspective, I think it's the right thing to do. Part of, again, the unintended consequence and what we've lost to some extent focus on is the 60 per cent of sexual violence that doesn't occur within the context of domestic family violence. And I think one of the reasons we need to be thinking about it, both in an integrated way but separately, is if we go back to, I think - one of the big things that we need to be thinking about differently is the perpetration. We have focused on
20 responding to, predominantly, women and children who come to the service system. Both the sexual violence and domestic violence service system was designed by women for women, responding to what their needs were. It was that they were movement-based, often came from, you know, voluntary services being established.

25 It is now, and we need to pivot and be thinking a lot more about the people who are perpetrating that harm, and we need more data and evidence. And there is a difference - there is a difference for, if you're thinking about men who are perpetrating sexual violence outside of intimate partner contexts, and we need to understand that more than we do now. We need much greater evidence and data about - if we're going to intervene well and stop domestic family and sexual violence, we need to understand perpetrators
30 of those violences; we need to understand the differences, and we need a nuanced, targeted response to what we know are high-risk perpetrators. We need to be able to identify them. We need to be able to respond to them specifically.

MS ORR: Thank you. I want to move slightly. We've been talking about - - -

MS CRONIN: Can I?

35 MS ORR: Sorry, yes.

MS CRONIN: Sorry, I realised I forgot to finish. The thing I wanted to, in terms of your question - - -

MS ORR: Yes.

40 MS CRONIN: - - - is that, I think, one of the things that we need is a framework that - a national framework that brings together a focus on sexual violence across all of those

domains - sorry. I think we do need to have a sharper focus on sexual violence, but I think it needs to stay integrated, would be my summary.

MS ORR: Thank you. I was going to ask more now about, sort of, implementation governance, which you have touched on. So what, in your view, are some of the key things that it will take to implement change?

MS CRONIN: I think that's a really tricky question. And I've spoken to a number of commissioners about the work that they have done, and what happens once you've tabled your report. And I think about it a lot in terms of the commission's role: what is it we need to do to ensure that we are achieving the outcomes that we want, without the unintended consequences that I've talked about, and that we are staying on track. I think that there are a couple of elements to that, and I've talked about the value of lived experience and the importance of that. I think another really key part of ensuring we have strong ongoing implementation of findings is to ensure we're clear about who is accountable. Who is it that is accountable for that? Who is it that - someone said to me, when I asked a question about - you know, when I was setting up the commission - was, "Who cares about your work? Who is it that cares and is paying attention to what you do?"

We need to know who will be held accountable and who will be asked to report on. Who is it within our KPIs that will report on this? And that's a real problem, again, when it's siloed, because we need education to see it as a KPI; this is something that they need to report on. We need Health to know that domestic, family and sexual violence is a priority for them. But we need somebody who cares and who holds all of that together. So I think accountability and responsibility, but also breadth of KPIs and mechanisms that bring those together. So I think, for example, National Cabinet now having domestic, family and sexual violence as an ongoing priority is more important than some people will think. And I think that we need that same kind of level of focus at a jurisdictional level. We need it to be prioritised and brought together.

So we need one chief exec who is responsible and is really keeping an eye on it, but we need all of your chief execs to see it as their responsibility as well, and mechanisms to do that. So accountability is another one. The other is better data - better data and better sharing. And there is - again, there is very good work being done about that, but we still don't have the right targets. We still don't have the right measures to ensure that we are tracking and keeping an eye on. Are we actually moving where we need to be moving? Are we seeing the changes we need to see? And partly, that's because, if you have an aspiration plan, which the National Plan is and should be, then we know.

One of the things that it really highlighted was that we're not collecting data that will help us measure some of the things that we need to be measuring, so having a data plan, having an evidence and measurement plan, having those from the get-go and really prioritising that work - how is government going to measure whether or not they're achieving what they want to be achieving, and then investment in building the evidence base, and sharing the learnings. So we don't, as a country, invest enough in evaluation; we just don't. We don't build learning into every contract. It's another thing that is an opportunity for governments to do; is to build, into every contract that they fund an organisation, "How are we going to learn from what you do?" - not just delivering on

the outputs, but learn, and learn from the failures, and reward that learning, and then reward the sharing of that learning.

5 Because that's another thing that we don't do very well; we don't have mechanisms in place to share that learning. We are definitely - the commission is definitely looking at what we can do, and ANROWS has a very important role to play in that regard, and they are very focused on thinking about that, but across - often governments get in their own way about sharing learning and data, and we need to do better in that regard as well.

10 MS ORR: You've mentioned, in the context of the courts, really, or the - excuse me - Court systems, about the Commonwealth and the states, or territories, working together. Is that something that you would say applies more broadly than the Court and justice system?

15 MS CRONIN: Yes, absolutely. I think, again, where I have heard the best outcomes for communities is where information is shared well, and that's often place-based. It's often some of the high-risk assessment teams, where they have groups from across all the parts of the system coming together and sharing information in real time about risks to women and children. And those examples, really, where they've - again, where they've worked well, in what they've told me, is where they've also got eyes on the men who cause harm. So you need all of the bits of the system coming together and sharing that. And the best - and, again, that's one of the things that I know Victoria talk about as being one of the things that worked very well out of the recommendations from the royal commission.

25 There was information sharing, and doing that in real time, and enabling that at a senior authorising level. Because, I think, lots of our systems are very wary of sharing information, where the rules actually enable them to do it, but they don't necessarily have the mechanisms to do it or the relationships to do it. So - and, again, I know there are some good examples of where that has happened in South Australia as well - that kind of - it's often where there's co-location. It's often where people build relationships with each other, and they learn to trust each other, and learn what each other's drivers and restrictions are, and learn each other's languages. So I've seen some very good examples of that happening here. Tasmania has got a really good sexual violence place-based - I think it's the ARC Centre, it's called.

35 And one of the things, when I went and met with them, was they talked about the sexual violence workers who had been advocates and were pretty adversarial with the police. They actually went. They got to know each other, and they had a shared kitchen, where they really understood that actually they were coming together to address the same problem; they just had very different restrictions that they didn't know about. So I think it's incredibly important for us to think about mechanisms that enable that to happen.

40 MS ORR: And you also mentioned Commonwealth and state levers. Is that something you can explain a bit more about for us?

MS CRONIN: So I think that there are a couple. One of the things that we've

talked, and there were recommendations in the Rapid Review and our yearly report, was, when I talked before about activating workforces, in order to activate workforces, one of the things - so Health in particular, for example - is education. And we held crisis talks on - just before National Cabinet last year, and we had a couple of speakers
5 get up and speak, one of which was Jennifer Coate, and another was a psychologist, both of whom said, when they did their training as lawyers, psychologists, police, they got an hour of training about domestic, family and sexual violence and no ongoing training or support. So that's, hence, why I talked about working with AHPRA about what they can do as regulators.

10 So I think, in terms of the different levers, what's possible at a Commonwealth level in terms of often providing policy frameworks, standards and core elements of what is important, the jurisdictions have the capacity around levers - around education is a critical one. I think education is really important to be thinking about, what needs to be mandated, what needs to be really identified as a priority training for a breadth of
15 professions. That's one of the things, I think, that is a lever that the states have. Again, the Courts, there are levers, Commonwealth has, and the state has, and the police. Police sit within jurisdictions and operate very much at a jurisdictional level, and that work and the way they can implement is something that makes a huge difference in terms of response to domestic, family and sexual violence.

20 MS ORR: The last thing I was going to ask you about, in terms of implementation, was workforce, which you've - - -

MS CRONIN: Yes.

MS ORR: - - - already touched on. Is there anything else that you would like to add in terms of, sort of, what will it take, in terms of workforce, in the sector?

25 MS CRONIN: I think that we need to recognise we're in a workforce crisis. We, kind of - nationally and globally, we are in a workforce - we don't have the - we're not going to have the people to do the job, so I think there's work to be done around - the specialist workforce needs to be supported, and resourced, and funded to do the work that they are doing, at a level that enables. And one of the things about that is, you know - and I'm
30 sure you've heard the difference between pilot funding and ongoing funding - how do you retain a workforce when they're not - they're already doing this for the love more than they are for the money, when they're on short-term contracts. So it's a lever that government can pull around supporting the workforce. So stability of workforce. How do we recruit? How do we retain them? How do we support them when we have them?

35 So there's work with the specialist workforce, but also, again, more broadly, the workforce, and how do we ensure that workforces are supported, to understand what their job is to do, and ongoing training for them. I think one of the things that we will be doing work for our next yearly report to Parliament is more work around understanding who the workforce is, and the Department of Social Services has work
40 around a survey too. We don't really still - I was surprised - and I've worked in the sector for a long time - about how hard it was to get numbers of who is in the workforce. And I know that you've done work around that as well. So we need to do better about that. And, I think, there are some - again, there are some very practical

things that need to be done, like instituting ANZSCO codes to know, to be able to ensure that.

5 The tax department is collecting data so that the tax department can identify, so that when we're looking at the big data sets, we know what the workforce is. So knowing who they are, funding them appropriately, being clear about what their job is to do, because the specialist workforce is never going to be able to grow to the size that we need to respond to the scale of the problem that we have. So we need to use them really well and activate the rest of the workforces around.

MS ORR: Thank you. Commissioner, I have no further questions.

10 CMR DESPOJA: Thank you to counsel assisting. Thank you, Commissioner, for your evidence thus far; it's been very comprehensive - really enlightening. Can I go back to some of those jurisdictional levers to which you referred, the idea of a state-based commissioner, like New South Wales, can you - obviously, a much larger, you know, state in terms of population and funding, but is that something that you recommend for
15 states and territories, generally?

MS CRONIN: I think that it's an incredibly - like, I've worked closely with Commissioner Tonkin in New South Wales, and her capacity to bring together governance groups and that point that I made about ensuring that it's everybody's - everybody cares about this, and everybody's responsibility. She has definitely done
20 some very good work in that space; what she's been able to do. I think - so, yes, I think that having that focused attention, whether it's a commissioner or what's appropriate for your jurisdiction - for the South Australian jurisdiction, having a focus that sits across government, that can be independent in the tracking of - I mean, I know there is - so Victoria put in place the Monitor's office. Queensland had a monitor function. I think,
25 over time my observation is, having a function that has specific responsibility, not just for implementing.

Because sitting in line agencies, your responsibility is implementing, sitting back a bit from that and looking at implementation and monitoring is critical.

30 CMR DESPOJA: So that is different from, when you refer to, say, a chief executive, who has - - -

MS CRONIN: Yes.

CMR DESPOJA: - - - responsibility for that, sort of, policy and implementation work.

MS CRONIN: Yes.

35 CMR DESPOJA: You'd be aware, a number of submissions have recommended that, you know, either there's a key person in a department or, you know, a state cabinet meeting, or some - there are a number of structures. I'm just wondering if there is a structure in relation to that executive or parliamentary level that you would recommend, or that you've seen best practice of in other jurisdictions.

MS CRONIN: So I think you need all of those, Commissioner. I think you need a cabinet. You need a cabinet to recognise this is a priority. And it is a - it's a priority in ways that we are still not, collectively, necessarily recognising. Ministers who are responsible are; I think the women's safety ministers absolutely do, but I wouldn't say
5 that cabinets across this country recognise, in an ongoing way, the importance of domestic, family and sexual violence. I think that your question about where the executives sit, I'm not familiar enough with the South Australian Government's structure, but I think an executive within the line agency policy focus is critically important. That brings together the pieces, because it is - brings together enough of the
10 pieces to be able to deliver on the complex work. I do think a function that sits separate to that, that has the capacity to hold government accountable and monitor, is important.

CMR DESPOJA: When you say that, maybe, cabinet doesn't realise the extent to which this affects them, is that because, economically - housing - in all spheres there is some impact?

15 MS CRONIN: Yes. I mean, I'm not saying - I don't think any more individuals do. I think that it's very hard, when you have the breadth of responsibility that any cabinet does, to stay focused on it. But one of the things, we recently held a meeting of commissioners at a federal level, and Stephanie Copus Campbell, who is the international gender ambassador, Gender Equality Ambassador, talked about, from her
20 perspective, the importance of recognising that, if we don't tackle violence against women and children, if we don't tackle domestic, family and sexual violence, we are not going to be able to be successful on a whole range of other policy agendas.

So it is both a driver - gender equality is both a driver of domestic, family and sexual violence, but we're also not going to be able to achieve gender equality unless if we are
25 tackling domestic, family violence, which the National Gender Equality Strategy also highlights. We need to be doing both, and, at the same time.

CMR DESPOJA: Yes. Her role is one with which I am familiar.

MS CRONIN: Yes.

30 CMR DESPOJA: Forgive me if I'm asking a question again around the specificity of South Australia's, sort of, arrangements, but are you aware of, and do you have a view about, the way - and you've referred to this, or alluded to it in terms of the history of the sector, that the way that funding is so intricately connected with housing and homelessness, and whether or not that is different from, marginally or otherwise, other jurisdictions and how they give money to the sector?

35 MS CRONIN: My observation would be, it is different across jurisdictions, but there are some core elements that are the same across the country, because of the way Australia has funded the domestic, family violence sector, which was through a refuge movement structure. So it has sat in housing. I think - and, as I said, I think the siloing is unhelpful, and that we do need to have mechanisms for bringing them together. In
40 terms of South Australia, specifically - - -

CMR DESPOJA: Yeah.

MS CRONIN: - - - I couldn't comment on that.

CMR DESPOJA: Fair enough. The Rapid Review showed some pretty - excuse me - some pretty alarming trends, particularly in relation to homicide and femicide. Are you able to speak to that, and if there is a reason why we've seen an increase in the number
5 of violent deaths of women?

MS CRONIN: So the first thing that I would say is that, when I speak to the researchers who are deeply knowledgeable in this space and have been doing it for a long time, they would preface any discussion about trends on the fact that we're looking at the 30 years. Trend is important, and what we have seen is, the last two years is an
10 increase.

CMR DESPOJA: Yes.

MS CRONIN: Is a trend that they are nervous to say, is to extrapolate from. Having said that, what I would say - two things I would say. First of all, we have seen very disturbing increases in the deaths of Aboriginal and Torres Strait Islander women, and that that trajectory is significantly worse than the general population in terms of
15 homicides. And we really need to understand what's happening with regard to that, so I'm really pleased that we've got researchers who are looking at what's going on, and what we can do to address that trajectory. The other thing, I would say, is that what I'm hearing from stakeholders, people on the ground, is that actually there is a trend. We
20 are seeing greater - they are worried that it's not - this is not one of the blips that you look at in a downward cycle, and that the changes that have occurred in the last couple of years, that have contributed to that, I think, there are a number of things that - the change in what's happening online.

Because one of the other things that we're seeing in the data is changes at different age
25 levels, so we are seeing greater violence, inter-partner violence, at younger people. So what worries me is, what we're seeing is some of the interventions that have occurred over time. A lot of the work has - we have seen some very good impact on some of the trends. So what's happening in terms of institutional abuse, for example, is dropping off, because some of the interventions from the Royal Commission into Institutional
30 Responses to Sexual Violence are having an impact. What we're seeing is a generation growing up, who have, increasingly and very worryingly, access to pornography, violent pornography, misogyny online. They are increasingly - this generation are increasingly isolated, not having impact with their peers - so COVID, that we are not on top of.

35 What we are seeing is what's happening with that trajectory of young people, who are increasingly divided between attitudes between boys and girls in a way that, also, we haven't seen before. That's deeply worrying, what's that saying about as those young people grow up, what's happening. We've seen increases in homicides that are children killing mothers - that's the other that's occurring. So I am deeply concerned about these
40 early trends, and I think we need to be getting on top of, and it's one of the things that, I think, why the rapid reviews work around what are all the things that we need to be thinking about, in terms of prevention, is so important.

CMR DESPOJA: Obviously, one of the principles within the Rapid Review was around, as you've mentioned, the role of technology - emerging technology. We had some interesting evidence yesterday around the potential use of AI in a positive way - -

5 MS CRONIN: Yes.

CMR DESPOJA: - - - in order to address some of these issues and, obviously, have a preventative approach. Is that something that your office is working on in relation to AI and how it can be used to educate and prevent violence generally?

10 MS CRONIN: So we're not specifically working on it, but we are aware of the work that is underway, and very supportive of. I think - I mean, I think one of the - so Julie Inman Grant, the eSafety Commissioner, one of her analogies around what we need to do in terms of - that, I think, is a wonderful analogy - around technology is - so two things. One, she uses the water safety. And she said, "We've put in place - we fence pools, but we don't try and fence the ocean; we teach kids how to swim." So what is it
15 we need to do, both in terms of safety online, but also recognising its use for good? And I think both AI, but also other forms of technology, it's where kids go to find safe spaces. It's where they go to find information.

It's where women go to find information when they are looking for places to be safe. And I think - I did hear a bit of Chelsea Tobin's evidence yesterday, and the use of - and
20 I was at a forum with an organisation last week, where they talked about the way that they were using AI in their services responses, but also the need to recognise - what was really interesting, listening to the presentation; they were talking about, "We're using AI all the time, whether we know it or not." It's so embedded in our tools and systems now. We need to be thinking about how we can harness it as a tool, and I think
25 harnessing it in a tool in a way that Chelsea talked about yesterday is valuable, but also recognising how the tools that we are using at the moment use AI, and ensure that we are doing that safely.

CMR DESPOJA: Yes. We're grateful for Dr Tobin's evidence, but also we've had the benefit of Commissioner Inman Grant's input, as well, to this Royal Commission, and I
30 acknowledge her very good work. I thank you, also, for your reference to First Nations women - Aboriginal and Torres Strait Islander women being killed as well as disappeared. And I think, obviously, that is something that is an area that requires much more focus and attention. Very cognisant of your views around lived experience, but that is tricky, too, how you incorporate lived experience into - you know, you describe,
35 you know, service delivery, et cetera - delivery and design. Do you have - and I know this varies in jurisdictions, and in Victoria, they were the first to acknowledge that it was a great idea of the royal commission, but it takes a while to get it right. Are there models or ideas that you would recommend that this commission consider, or are there elements as to how to determine, say, a lived experience network that is both trauma-
40 informed and can assist with that design and delivery of policy and services?

MS CRONIN: Yes, it is tricky. And it's tricky to do it well in a way that is safe, and not only safe but adds value to the people who are sharing their insights. So we think a lot, and we're talking with our council a lot about - and we're learning, and we haven't

got it all right, and there are things that we are working with our Lived Experience Advisory Council about how we can do better, because our intention is that we be a national-best practice model. We're no way there yet, but recognising that government systems are not - I mean, even down to the detail of appropriately compensating people for their time is something that's tricky to get governments to do well. The other thing that's tricky is getting governments' mechanisms that enable governments to learn and listen well. That's probably the trickiest, actually, because government systems - excuse me - for example, mean that they often work in a way that means it is difficult to share and consult until its way down the track, in terms of development of something.

10 And then, you know, our Lived Experience Council have talked about feeling that they're being brought in too late, and that it's not very respectful, because it's not true co-design; it's consultation right at the end. So government systems, I think, are actually some of the trickiest. And one of the things that we did, at the establishment of our Lived Experience Council, that I would recommend is, we established a guiding group of people who were experienced - lived experience advocates themselves, so they had been working within those, kind of, capacities, to guide us before we set it up. So we didn't leap straight into establishing the council. We spent - I can't remember now, I think it was nearly 12 months, working with them about all of the bits.

And, again, I learnt, every single time I met with them, about what I hadn't thought about that step of the process. So setting up a group that helped us set up the group was very, very, very valuable.

CMR DESPOJA: Thank you. We look forward to your best practice model. It might be something we can refer to. And, again, we've got the advantage of Rosie Batty's membership of our advisory committee, and also, you know, Conor Pall and others, who've been involved in Victoria. Final question, if I may, you did refer to the issue of misidentification. That's something that's come up a couple of times - or many times during this inquiry, during the commission. Is that something that you found particularly race-related or just, generally, has been a problem in?

MS CRONIN: My observation would be that anybody who is experiencing violence, and vulnerable and traumatised, is at risk of being misidentified, so children, women. I was talking with a group when I was in Cairns a little while ago, and they said that what they were observing was that it had the misidentification problem, that they had been aware of and were tackling, was predominantly focused on Aboriginal and Torres Strait Islander women in their communities, but that, as they were seeing emerging refugee and migrant groups coming in, that the same thing was happening. So I think it's a more of a factor in - it's more driven by people who have the least power in the system; people who are the most traumatised and unable to express themselves are often at risk of being misidentified as the perpetrator.

CMR DESPOJA: Thank you for that. Thank you for your evidence today. I'll hand you back to Counsel Assisting.

MS ORR: Thank you, Commissioner. I'd ask the witness to be excused.

CMR DESPOJA: In which case, Commissioner, you are free to go. Wish you well

with your good work. Thank you. We will take a short break.

ADJOURNED

RESUMED

5 CMR DESPOJA: Good morning and welcome back to the last day of public hearings
for the Royal Commission into Domestic, Family and Sexual Violence in South
Australia. My name is Natasha Stott Despoja, I'm the Commissioner, and before we
proceed with the next witness, I would like to note the following disclaimer. The
second witness today is Amanda Alford, a representative of the national
10 organisation Our Watch. I want to state that I'm the former and the inaugural chair
of Our Watch and now a lifetime patron of the organisation. I'm proud to have been
involved in the establishment of this organisation, however, I have no current day-to-
day operation's involvement with Our Watch and I have no direct relationship with the
witness Amanda Alford. I do not believe that my role as an Our Watch patron and
former board member and chair is in conflict with my role as Commissioner. Having
15 said, that could I please now pass on to Council Assisting to introduce our next witness.

MS ORR: Thank you Commissioner. I call Ms Amanda Alford.

AMANDA ALFORD, AFFIRMED

MS ORR: We've heard from the Commissioner that you are from Our Watch.

MS ALFORD: Yes.

20 MS ORR: Correct. And what's your role there?

MS ALFORD: I'm one of five national directors, so I'm the Director of Government
Relations Policy and Evidence.

MS ORR: Can you give us a sort of brief overview about what Our Watch is?

25 MS ALFORD: Yes, absolutely. First of all, I'll just begin my evidence by
acknowledging the traditional custodians of the land upon which we meet today, the
Kurna people, and it's a pleasure to be on Kurna land, and acknowledge my homeland
in Yangan, Brisbane, which is the Turrbal and the Yuggera people, and extend my
thanks to the Commissioner and to the Commission for the opportunity to give evidence
today. Our Watch is a national organisation focused on primary prevention of violence
30 against women and children. It was established in 2013 in a bipartisan way by the
Commonwealth and Victorian Governments at the time. And really the role of Our
Watch is to coordinate, lead and create an environment and support an environment in
which primary prevention can thrive. We're in a unique position of being an
independent NGO and recognised as a charity, but also in having the Commonwealth
35 and State and Territory Governments as members of Our Watch, which gives us a
unique opportunity to work alongside Governments both as members, but also of
course, as the holders of many of the significant legislative policy and systems reforms

necessary to prevent violence against women.

MS ORR: Is it correct that Our Watch is nationally funded for that primary prevention purpose?

MS ALFORD: Yes, that's right, and we're a national organisation. We have a main office in Melbourne, but we now have a presence in every state and territory. As I indicated, I work from Brisbane. And we also have a board member and approximately eight or nine staff based in South Australia. And really, there is a commitment to being a truly national organisation so that we can understand the way in which domestic, family and sexual violence is occurring in each state and territory and work closely with organisations and with governments alongside. We play a really important role as part of the primary prevention puzzle in Australia, but also stand and work alongside thousands of others, of individuals, of organisations, of workplaces, of sporting organisations, and of course of governments, in working to prevent violence against women.

15 We are very committed also to working in a multi-partisan way, and that's something that's embedded in the DNA, so to speak, of Our Watch, given the way in which we're established by a labour government and a liberal government. So, regardless of which political party is in government in any particular jurisdiction, there is a deep commitment within Our Watch to working in a multi-partisan way and to making a difference, as well as, as an organisation, of course playing that national leadership role, but also working alongside others. And the way in which we do our work as an organisation, to us is as important as the work itself, and so I absolutely recognise the national contribution and perspectives we can add to the South Australian Royal Commission today, but also pay tribute to and acknowledge the incredible work happening in South Australia by South Australian based organisations.

MS ORR: What is primary prevention? Can you tell us about that?

MS ALFORD: Yeah, look, it's a great question. Look, we know that gender-based violence and domestic, family sexual violence is a significant issue, and it's a crisis, and it's a complex problem. And so to prevent it across Australia and to prevent it in South Australia, everyone has a role to play. What we also know is that this violence is preventable. And so when we talk about a primary prevention approach, what we're really talking about is an approach that aims to stop violence before it happens. So if you conceptualise a river, it's really that upstream approach, so stopping the violence before it occurs. It's really about changing the social conditions that give rise to that violence, addressing the institutions and systems that may inadvertently perpetuate that violence, and shifting those power imbalances and interactions that underpin that violence.

Importantly though, primary prevention is one part of what we need for a nationally comprehensive and effective response and prevention of domestic, family and sexual violence. And so primary prevention very much works hand in hand across what we refer to as a spectrum. So primary prevention, early intervention, response and recovery. And actually there is a need for mutually reinforcing strategies across the

entire spectrum and across what we call all the levels of the socio-ecological model. So that's essentially from the individual at the centre, out to organisations and communities, to systems and institutions and then to society as a whole. So how do we address gendered drivers of violence against women across the life course, so at every age and stage of people, across all those different levels of society, and as part of work across the spectrum. Really importantly, primary prevention is a key domain, and I heard the Commissioner's evidence earlier, a key domain of the National Plan, but it also underpins the work of thousands of organisations and individuals across Australia, and of course Our Watch plays a role there and plays an important role in that, but it is absolutely reflective of a strong, robust workforce and evidence base, and a comprehensive evidence base that's been developed over many years. At its core, crime prevention is about addressing the gender drivers of violence against women, and I can speak more in a moment in relation to that kind of key prevention frameworks.

MS ORR: Yeah. Can I just - - -

15 MS ALFORD: I just wanted to give a couple of really concrete examples if that is useful for the Commission - - -

MS ORR: Yes, please.

MS ALFORD: - - - in terms of what primary prevention looks like, because if we're talking about what is a thriving community and what do we need for a thriving community, actually we need an incredibly strong and robust evidence base. We also need really practical actions in all parts of society, and for everyone to play a role. So when we talk about primary prevention, we're absolutely talking about the legislative and policy and regulatory reform to systems, but we're also talking about the work that workplaces can do in ensuring that they're attracting and retaining women in leadership positions for example. We're talking about the work that sports clubs and associations can do in ensuring that they are safe and respectful places and can play their role. We're talking about things like respectful relationships in schools and early childhood centres.

30 We're talking about campaigns because absolutely increasing understanding and awareness of domestic family sexual violence but also work to ensure that there is a good national conversation, and we're able to change those attitudes and so running national campaigns like The Line, for example, which is our campaign focused on children and young people, is an important part. Importantly, changing attitudes and campaigns is one part of the work that Our Watch does and of a really comprehensive approach to primary prevention.

MS ORR: I just want to pick up on a couple of things that you said, and you referenced the Commissioner's evidence this morning. When you talk about primary prevention and the spectrum, we heard the Commissioner talking about the four pillars from the National Plan, and that's what you're talking about, isn't it - - -

MS ALFORD: Yes, that's correct, yes.

MS ORR: - - - those four stages. And this Commission's terms of reference are aligned with those stages.

MS ALFORD: Yes.

MS ORR: You mentioned the river and the people upstream. I understand Our Watch
5 has a graphic that describes this - - -

MS ALFORD: We do.

MS ORR: - - - and when you say the people upstream, the way that I've interpreted it is the people on the riverbank. Can you explain that a bit further to paint the picture about the people that primary prevention are targeting, I suppose?

10 MS ALFORD: Yes. So, overall primary prevention, as I said, works across those different levels but is primarily focused on actually what can we do in a whole of population sense to stop the violence before it starts? Yeah, it absolutely has to work in a complementary way and often does in a practical sense with the people who are already in the river, so that kind of early intervention, but also in that kind of crisis and
15 response sense. But it really is about addressing those gender drivers, changing the structures, systems, institutions, attitudes and behaviours so that we can avoid people falling in the river, which means all of those things need to work together both in terms of legislative and policy design but of course also in terms of investment.

MS ORR: And when we say the people in the river, we're saying that's where the
20 violence is already occurring.

MS ALFORD: That's right.

MS ORR: And then further down the river are the people where it's crisis, effectively, and the ambulance is needed in - - -

MS ALFORD: Absolutely.

25 MS ORR: - - - in accordance with the graphic. I will ask you about, you've mentioned drivers, we'll come back to that. I just want to ask you a bit more about Our Watch's work and starting with Change the Story, I think.

MS ALFORD: Yes.

MS ORR: Can you talk to us about that?

30 MS ALFORD: Yeah, absolutely. Look, as I mentioned, primary prevention work is underpinned by decades of research, of scholarship, drawing on both international and national evidence. Our Watch was established in 2013 in response to an identified need for a more clearly articulated evidence-based approach to primary prevention. And so one of the first pieces of work that Our Watch set to do was to establish an evidence
35 base which can inform primary prevention work nationally. And so we developed,

along with ANROWS and VicHealth at the time, the first edition of Change the Story in 2015, which was the result of a very significant academic and community consultation process, in terms of engaging in a wide consultation process, are view of both domestic and international literature, authored pieces, and led by an expert advisory group. It's really, at its core, a national evidence-based framework to guide primary prevention of violence against women and girls in Australia. And, as the Commissioner mentioned, it's endorsed through the National Plan. It's also the underpinnings of strategies, plans, frameworks at a Commonwealth level and in every state and territory, but also underpins the really practical work that is happening across communities in Australia. It really articulates both the drivers of violence against women, the other factors that can contribute to violence against women, because we know that there's no single cause of violence against women, and clearly articulates, taking into account all of those things, what are the essential actions that we as a community, and Our Watch is part of that, but of course not solely responsible, what are the actions that we can all take together to address the identified drivers and what we call reinforcing factors and change the story?

MS ORR: And Change the Story, when was that first published, I suppose, to start with?

MS ALFORD: So the first version was in 2015, as I mentioned, was the product of very significant, both national and international evidence reviews, community consultation, engagement with academics and experts. But because primary prevention broadly in Our Watch as an organisation is really committed to ensuring that the evidence base continues to evolve and reflects new and emerging evidence, we also then undertook a process in 2021 to release a second edition of Change the Story, which really then identifies new areas of research, where research and evidence has evolved, where there were new and emerging areas, but also then took the opportunity to identify and do additional work in a number of areas where there was feedback from community, from research, from governments and others, that there was more work to do. And so things like a perpetration of violence against women, for example, it took a strong inter-sectional focus. And so there are two versions and certainly the second version, so the 2021 version is the one that we use then to guide our work and is most recently referenced in the National Plan.

MS ORR: Does Our Watch partner with other organisations? Can you explain that to us, please?

MS ALFORD: Yes, absolutely. Look, as I mentioned, Our Watch is a national organisation and absolutely was established as part of the architecture of the first National Plan and so plays an important role in that national architecture of which Commissioner Cronin and the Commission is part, Anne Rose has been referenced and of course governments and others. But as we've said we have expertise in primary prevention and whilst we have people from a whole range of backgrounds and community groups employed at Our Watch and whilst we have people employed in a range of jurisdictions, we are not experts in particular communities like in South Australia or for Aboriginal and Torres Strait Islander people or for LGBTIQ+ people for example. So the approach we take is to partner with other organisations. So we partner in producing some of the key evidence-based frameworks, so for example sitting

alongside Change the Story is a framework in relation to violence against women with disabilities, and we partnered with Women with Disabilities Victoria, for example, to develop that framework.

5 So we partner both at that sort of macro level in terms of developing those key evidence
bases, but we also partner in more specific ways on specific projects. And so I can talk
in a moment about some of our sort of new and emerging evidence, but for example,
we're beginning work in relation to developing a national framework to prevent violence
10 against LGBTIQ+ people and communities, but of course we are not the experts in
those communities, despite many people at Our Watch being members of those
communities, so we've partnered with an LGBTI organisation, Rainbow Health, to do
that work. As I said before, actually the expertise of communities, of people with lived
experience across jurisdictions and of particular population groups is crucial, and so we
absolutely work in a partnership type approach, both with those organisations and I
15 should say with governments as well.

MS ORR: We heard evidence from Rainbow Health who mentioned that work that they were doing in the prevention space. I think you said, and I'm sorry, I was making a note at the time, that you could talk to some of the work or the projects that you were doing, if you would like to do that now, please do.

20 MS ALFORD: Yes, absolutely. So look, in addition to Change the Story, which I've
mentioned, sitting alongside that and recognising that gendered drivers will always be
part of the drivers of violence against women, but that for many women who experience
inter-sectional forms of discrimination and disadvantage, there are also additional
drivers. We also partnered, as I mentioned, with Women, Disabilities Victoria to
25 develop Changing the Landscape. There's also a key framework in relation to violence
against Aboriginal and Torres Strait Islander women called Changing the Picture, and
then an evidence base in relation to a range of other what we call settings. So evidence
base for example in relation to respect for relationships, education in schools,
workplaces and a very significant one in relation to working with men and boys. So we
30 draw on those sort of key frameworks and pieces of work to inform our work, but we
also acknowledge and are committed to ensuring that the evidence base evolves and that
as new either forms of violence or settings emerge, for example, the online environment
as a good example, that we internally have a part of the organisation dedicated to doing
that innovative primary prevention work. That of course complements the incredible
35 and innovative work happening across Australia by academics, community
organisations and others. But some of those projects, for example, are the one I
mentioned in relation to developing a new national framework to prevent violence
against LGBTIQ+ people and communities. Others, for example, are partnerships
with refugee associations, and I note the witness list later on, in terms of actually what
40 are the drivers of violence against women from refugee and migrant communities and
what are the resources and tools that enable those communities to undertake primary
prevention.

We've also done a range of work in relation to what we would call the foundations of
primary prevention. So areas like workforce monitoring and evaluation and learning,
45 some of that kind of primary infrastructure, and increasingly work in relation to the

online and digital spaces and the way in which both violence manifests in those spaces but also the way in which we can complement the work of others in those areas and continuing to ensure that primary prevention is evolving as an evidence base and is useful and relevant, which is why even for example in the way that we're structured as
5 an organisation, there is absolutely those teams that focus on continuing to build the evidence base on the policy work, on working with governments, but there are also those teams who are putting prevention in action. So actually how do we use the evidence base there to get out to work with people and communities and organisations through communities of practise and webinars and training to put it into practise so that
10 it doesn't just become a stale evidence base but actually informs practical on the ground action and work and absolutely then reflects the things we hear back from that in a continuous feedback loop as well.

MS ORR: You've talked about evolving the evidence base, and you've talked about how Change the Story was originally set up. Is that evolution of the evidence base
15 primarily in relation to specific issues like online environment, or you've mentioned particular communities? Is that how it's playing out or has there been an update to the evidence in the bigger picture of what Our Watch is doing? Does that make sense?

MS ALFORD: It does. Look, I would say broadly speaking there is a continuous feedback loop in terms of the work Our Watch itself does, but then more broadly in
20 terms of the evidence base, of course there is ongoing research in a range of new settings and areas, so online digital spaces, things like faith-based settings, you know, some of those kind of more new and emerging areas for primary prevention, but also into the ways in which we review the evaluations, what's working on the ground, and think about what's most effective. And so, for example, in relation to work with men
25 and boys, there is a strong body of evidence in relation to the evidence around, you know, how we engage with and call in men and boys and work alongside them as part of the solution. But in the last couple of years, we've also then added to that a practitioner guide or resource. So actually, how do you take that evidence base and work directly with men and boys?

30 And just last year then, a release of a whole lot of practitioner resources and videos. So it's also not only an update to the evidence itself, but also the articulation and knowledge translation of that evidence. It's also increasingly, I think, recognising and trying to make space for hierarchies of evidence and acknowledging the limitations of traditional
35 hierarchies of evidence. And we know there's absolutely a place, for example, for national frameworks and peer reviewed work. We also know the value of what's happening in community and on the ground and that practice-based knowledge. We also know the incredible value of Indigenous ways of learning and telling and Indigenous data sovereignty and some of those issues. So I suppose the ongoing work
40 of primary prevention generally and Our Watch tries to be informed by all of those things.

MS ORR: You talked about intersectionality I think earlier. We have heard a bit of that throughout public hearings, but can you explain what that is in your context?

MS ALFORD: Yes, absolutely. Look, I think if the theme of today is thriving

communities, then absolutely a key to thriving communities is ensuring that all people can be safe, respected and can thrive as part of those communities. In a primary prevention context, in this context, we know that women's experiences of violence are shaped by a whole range of intersecting factors. So it may be homophobia, classicism, sexism, racism, which can affect both their experiences of and their responses to and, systems responses to their experiences of domestic and family sexual violence. So applying an inter-sectional lens in crime prevention is incredibly important in examining how those forms of structural inequity and discrimination play out and intersect with those gender drivers of violence to exacerbate those experiences. And in a crime prevention sense, crime prevention is most effective when it takes an inter-sectional lens, both in the design of policy, legislative, regulatory reform, but also in a really kind of practice-based sense from design through to implementation. And that's why there are those complimentary frameworks, so in addition to Change the Story, as I mentioned, there's Change the Picture, Changing the Landscape, and this new work in relation to LGBTIQ+ communities. And again, an important broader national context in relation to that work, so exciting piece of work is the development of a first ever standalone plan to prevent violence against Aboriginal and Torres Strait Islander women and children.

And I know from hearing some of the evidence before the Commission, the strength and value of communities and community-led work in that space. And hearing from communities who have the solutions, what are those experiences, how can the evidence base and the work of organisations like Our Watch then support and provide an evidence base for that, but also make space and platform those voices to ensure that we're taking a truly inter-sectional approach.

MS ORR: Thank you. Now you've mentioned, and I kept saying we'll come to it, gendered drivers.

MS ALFORD: Yes.

MS ORR: So Our Watch, and you did mention this earlier, distinguishes between drivers and reinforcing factors. So can you explain the Our Watch approach to those things?

MS ALFORD: Yes. I'd first say I don't think it's confined to being an Our Watch approach. I would say it's an approach that underpins the National Plan, that underpins the work the Commonwealth and State and Territory Governments do as well. Look, a central part of the evidence base to address primary prevention is to address the gendered drivers of violence against women, as I've mentioned, and we know that there are four of those, and I don't think I actually mentioned them, so I'll just quickly list them for your benefit, which first is condoning or justifying violence against women, so things like not believing women when they report it or blaming women for the violence they experience. The second is men's control of decision-making and limits to women's independence in both public and private life, and so of course, those kind of limitations and barriers to women's, for example, participation in decision-making roles and leadership roles and men's control of decision-making.

The third is rigid gender stereotyping and dominant forms of masculinity, and that it's a particular problem because we know from studies like the Man Box that adherence to those rigid ideas of gender and dominant forms of masculinity are more likely to be associated with perpetration of violence against women. And then the final is male peer relations and cultures of masculinity that really emphasise aggression. I suppose to say actually male peer relations themselves are incredibly important. It's when then there are damaging cultures that are characterised by those attitudes which then becomes the difficulty. So that's the drivers of violence against women. However, as we know, there's no single cause for violence against women in Australia. And as I've mentioned, particularly for women from particular community groups, there can be a whole number of intersecting, both drivers of violence against women and causes.

Change the Story is really clear about we need to address the gendered drivers of violence against women, but there are also a whole lot of other factors that influence and impact and work in relation to domestic and family and sexual violence. There are a range of views about what we best call those factors. Change the Story calls them reinforcing factors. We know though that they're also called things like risk factors or determinants or sometimes kind of other causes. I think what the important point is there is regardless of what we call them and regardless of terminology, Change the Story is very clear in recognising that they are present and that they play a role and I think there is absolutely unity and consensus in recognising that more needs to be done to address what we call those reinforcing factors.

It is important to note that at a population level, some factors do have a greater influence than others, which is why Change the Story notes that. I would say that Change the Story isn't unique or alone in recognising that, and there is significant international evidence from UN Women, the World Health Organisation and others that talks about the way in which gender relations are structured and the social context of gender equality are key to understanding the underlying conditions of violence against women. The Change the Story and the kind of position there is absolutely underpinned by our assessment and the evidence base of the prevalence of those factors and the intersection of those. And so Change the Story as I mentioned it absolutely talks about addressing the gender drivers of violence against women, but also what we call those reinforcing factors. It's not an and or proposition, it's an absolutely more needs to be done in relation to all of those things, and in fact I think it's about four of the 12 essential actions identified in Change the Story are really focused on those reinforcing factors. And there are absolutely opportunities for governments, for Our Watch, for the community and others to address both gender drivers and reinforcing factors.

MS ORR: You said something before that I just missed a little bit, did you say that some have a more important role?

MS ALFORD: Yes.

MS ORR: And were you talking about some reinforcing factors have a more important role or sorry I missed what you were saying with that?

MS ALFORD: I think the underpinning for the identification of the gendered drivers as being the drivers of violence against women is that the evidence indicates that at a population level those factors have a greater influence on family domestic sexual and family violence than others.

5 MS ORR: And what evidence base are you talking about for that?

MS ALFORD: So that's reflected in Change the Story, which, as I mentioned, both versions were developed following extensive reviews of both national and international evidence, community consultations driven by an academic and expert group, but also is reflected more broadly in the international evidence and is reinforced and supported by
10 UN Women, the World Health Organisation and others. I think for the purposes of absolutely being very clear on the evidence base, being very clear on the underpinnings of the National Plan and the evidence base upon which the Commission can draw, being clear about those things is important. It's also equally important to note though that actually in terms of talking about thriving communities, in terms of talking about the
15 work of the Commission and recommendations moving forward, there is absolutely consensus on more needs to be done to address all of those things.

MS ORR: And I don't think I asked you to outline what those reinforcing factors were. Did I? I don't think I did.

MS ALFORD: No, you didn't.

20 MS ORR: Could you tell us, as identified by Our Watch, what those, and as you said, you call them reinforcing factors, so what they are?

MS ALFORD: Look, there are four key, what we call, as I mentioned, reinforcing factors. They are condoning of violence in general, and that complements the kind of broader condoning of violence against women, which is the gender driver. This factor
25 number two is experience of and exposure to violence. Factor three is factors that weaken pro-social behaviour, and I know that's a bit of a mouthful, so what we really mean by pro-social behaviour there is, you know, pro-social behaviours are those who intended to help others, or society as a whole, which are characterised by concern for others, empathy and so on. So when we're talking about factors that weaken pro-social
30 behaviour, we're talking, for example, about alcohol use, gambling, those types of things. And then the fourth factor is backlash and resistance.

MS ORR: To the prevention and gender equality efforts?

MS ALFORD: That's right, yes.

MS ORR: Yeah. So moving on to the next step then is what do you say or what action
35 do you call for, I guess, to address the drivers and the reinforcing factors and if you want to separate them you can? Do you have a, this is in the context of helping communities thrive, what do we need to do?

MS ALFORD: Look, I think it's really important, and I mentioned earlier, the kind of foundations of primary prevention are actually what can we do, whole of population,

whole of society, across each of those levels, so from the individual all the way out to the broader society, and across the life course, to make a change and to ensure that everyone is safe and has equal opportunities to thrive. Each of the frameworks I've referred to, and of course there is a strong evidence base in Change the Story, in
5 Changing the Picture, in all those kind of key frameworks and documents, but the unifying piece in all of those is that they all identify a whole range of actions that need to be taken at each of those levels.

10 And so there are actions across the evidence base and across the work that Our Watch does in providing advice and support to governments and to others in terms of those kind of broad changes to policy, to legislation, to structures and systems, and we've seen very important progress both nationally and in South Australia and other places at that level, all the way through to what can - workplaces, sporting organisations, local
15 governments, media organisations and others do, and again then to the kind of individual level. And they absolutely then reflect the body of work that the primary prevention practitioners and the sector are undertaking across Australia. I suppose I'll break it into a couple of sort of parts. I think the first is the foundations, what we call the foundations of primary prevention, so that infrastructure, so actually what do you need to have in place to ensure that primary prevention can effectively work. So there
20 are things like, for example, ensuring that you have a really strong workforce. And I know the Commissioner earlier, you know, very articulately, spoke to the need for a stronger workforce. So workforce, and in particular, a primary prevention workforce with a particular nature of kind of skills and capabilities is a really important foundational piece for doing primary prevention work. There are also pieces like, of
25 course, the evidence base that I've mentioned earlier, but also things like mechanisms for governance and coordination. So actually, both at a national level and in the South Australian context, what are the mechanisms both within and across government and ensuring whole of government engagement and approaches to primary prevention, and what are those coordination mechanisms more broadly with the other parts of
30 society that are necessary to have in place?

Another really important part of the foundations is monitoring, evaluation, learning and data. And so how do we know when we are, for example, setting up a new piece of work, a new strategy in South Australia, which is one of the recommendations in our
35 submission, of being really clear about how are we going to monitor progress against that strategy or against that work, how are we going to know what's working and when, both in an output sense, but also more importantly in an outcomes sense, and what are the data and the measures that we're going to put in place to make sure that we know that those things are being effective? How we are evaluating, and I think again
40 Commissioner Cronin made important points in relation to the value and significance of evaluation and of learning in this work. So it's really about building those foundational pieces in terms of making sure that there is an environment in which primary prevention can operate and can thrive, and everyone is really clear about what the plan is, what their role is, what good looks like, and how you're going to know if you get there.

45 So that's the foundations of primary prevention. Then there is a call for action, again,

across the drivers and the reinforcing factors in relation to structural changes and in relation to settings-based work. And so a lot of the work that Our Watch and so many people across Australia are doing primary prevention work do are in what we call key settings. So in places like schools, for example. And so there's a real opportunity here
5 in South Australia to build on some of the work that has been done here and to really roll out a whole of school approach to respectful relationships, for example. Or in workplaces, or in media, or in sporting organisations. So what are the different parts of the puzzle that can in an evidence-based way and in what we call a whole of way, use the evidence base to drive change in those setting-based places as well. And then of
10 course the other part of what we call for and what is needed in addition to the foundations and that more kind of specific work is of course, sustained investment at every level.

And when we talk about that spectrum from primary prevention, early intervention
15 response and recovery, actually there's a significant need for investment in all parts of that. There's a significant need to grow the overall pie and to ensure that all parts of that system are appropriately and sustainably funded, again a point the Commissioner made earlier.

MS ORR: And those observations, do they apply across the drivers and the reinforcing
20 factors?

MS ALFORD: Yes, that's right. And I suppose if we're talking about alcohol, for example as in is a particular reinforcing factor, again, Change the Story is very clear about the role that heavy alcohol consumption can play in weakening what I've referred to as those pro-social behaviours. And we know that heavy alcohol consumption can
25 increase the likelihood or frequency or severity of men's violence against women. And we know, and the Commission has heard evidence about it featuring heavily in police call-outs and in individual experiences of violence. But there isn't evidence that suggests that alcohol consumption drives violence in and of itself. We know that not all people who drink are violent and many people who are violent do not drink alcohol.

30 That's not to say however that there isn't an important role for addressing the role of violence in domestic, family and sexual violence which is why both the first and the second editions of Change the Story made specific reference to actions that need to be taken in terms of that as a reinforcing factor, including, for example, in relation to new
35 policy and regulatory approaches to alcohol. As I said earlier, I think there's a general consensus that absolutely there is more work to do. But the examples and the actions in relation to alcohol absolutely mirror the broader actions and recommendations, which is you need foundational work, you need evidence, you need legislative policy and regulatory change, you need more tailored specific solutions, and you need more
40 individual solutions.

MS ORR: You've mentioned alcohol, thank you, because I was going to ask you about that as a particular reinforcing factor, the Commission has heard a lot about the involvement of alcohol in violence and the rapid review we heard from Commissioner Cronin this morning about that rapid review and that review among many other things

did address the influence of alcohol and other drugs on violence. So I was going to say is there any particular action that you would say should happen in relation to that issue? I think you've answered that to an extent and new policy and regulation is one of those suggestions. What about gambling? Does gambling feature in that approach?

5 MS ALFORD: It does, yes. So in the kind of section which, in Change the Story and
in the evidence base, which talks about those factors which weaken pro-social
behaviour, alcohol is absolutely one, gambling is absolutely one, as are, for example,
kind of childhood experiences and exposure of domestic and family sexual
10 violence. And so, again, Change the Story is the national framework. It provides a
framework for action. It's an overall strategy with some high-level identified actions,
the intention being essentially they then provide a hook for further action and for further
implementation by Our Watch and others. And so in a sense, it does provide, rather
than a kind of a work plan as such, it absolutely provides that kind of overarching,
15 strategic framework with identified actions. So absolutely on alcohol, on gambling
and in other work.

MS ORR: Do you have anything that you can add to that sort of specific work that
might be done? You just mentioned the high level sort of framework, but then more
specific action that might take place. Can you add anything about what might need to
happen in that space?

20 MS ALFORD: Look, I would say that alcohol is not my particular area of expertise. I
suppose the intention in Change the Story is to create that overarching recognition that
it's one of the factors that is relevant in this context. That looking at alcohol regulation
and a range of legislative policy and more specific actions is necessary. I understand
that there are organisations that do that, and we're in conversation with those
25 organisations, and we're absolutely supportive of being guided by the expertise of those
organisations in relation to what needs to be done.

MS ORR: Thank you. You mentioned children, child maltreatment which - - -

MS ALFORD: Yes.

30 MS ORR: - - - is another reinforcing factor. That was observed in the rapid review as
well about the importance of that and this Royal Commission has heard very strong
messages about prevalence of child maltreatment and the connection of that on future
use or experience of violence. I think you've probably answered my question. Well,
maybe I'll just say this, do you call for any particular action to address that issue?

35 MS ALFORD: Yes. Look, I think first and foremost to recognise the evidence that the
Commission has heard and those experiences. We know that the experiences of and
exposure to violence as a child can have profound impacts in a whole range of
ways. We also know that those experiences, there's significant correlations in terms of
later experiences of intimate partner violence in particular. So there's absolutely a
connection between child maltreatment and violence against women. But we also know
40 that that pathway is not inevitable, and so that there are opportunities for early
intervention for support and part of preventing violence against women is addressing all
of the relevant factors which includes this one and Change the Story as well as

documents like Changing the Picture and others absolutely acknowledge that and outline a whole range of specific actions.

5 I suppose we will support strategies that address childhood trauma that provide opportunities for healing to help people recover from those impacts and for early intervention work to interrupt those cycles of violence. So action 10 in Change the Story specifically calls as an action for reducing the long-term impacts of exposure to violence and preventing further exposure. So to your question, the types of sort of specific actions there are things like for example, strengthening early intervention
10 mechanisms for children and young people that really aim to address those gendered impacts of exposure to violence, healing strategies and other efforts associated that have an attempt to try and mediate the effect of that exposure for both past and ongoing occurrences of violence, working with local and state-based organisations to strengthen the promotion of things like non-violent parenting, which in turn plays a role in
15 preventing child abuse. Of course, as always, those kind of legislative, structural policy changes to prevent all other forms of violence, including child abuse, I do think there are opportunities to crystallise and focus on that issue in particular. I know, for example, we're on an advisory group for the National Centre to Prevent Child Abuse. They are thinking about, as I understand it, what other national frameworks or pieces of
20 work might be useful akin to a Change the Story, in fact, in that space. And so we're absolutely supportive of that work. So that gives you insights into some of the actions that we'd support.

MS ORR: I want to ask about high rates of violence is really what this is about, but primary prevention in that context. So the Commission's heard a lot about, and I don't
25 suppose sadly it's a surprise to anyone, but about the high rates of domestic family or family and sexual violence experienced in Australia, but particularly South Australia, and in particular the experiences of children as we've just discussed. So, the Commissioner mentioned this morning the child maltreatment study. We heard evidence from Professor Leah Bromfield previously about some of the rates of
30 maltreatment experienced by young people. For example, among young Australians 16 to 24 years, the study found that 61 per cent reported experiencing one or more forms of child abuse or neglect. So we understand that there are so many people in the community already experiencing this violence. How does primary prevention or a primary prevention approach sit with those high rates?

35 MS ALFORD: Look, I think at its core, it demonstrates the need now more than ever for a primary prevention approach to be part of what is a most effective both national and in South Australia based approach to preventing domestic family and sexual violence. And the current context more broadly I think, again, means it's more important than ever. We do know despite those overwhelming statistics and
40 experiences that violence is preventable, but we've also noted the importance of work across that spectrum and noting that relationship between primary prevention, early intervention, response and recovery. There is absolutely a clear need for an evidence base, for dedicated work, for a clear focus and investment on primary prevention, but on the ground that distinction is not always as helpful or as practical. And so many
45 organisations are doing several elements of that in their daily work. And so in any approach that we do, and I think using a practical example is probably useful, so if we're

talking about schools, for example, we absolutely are supportive of respect for relationships education.

5 I think there's a fantastic opportunity in South Australia to roll out whole of school approaches to respect for relationships education. But the most effective ways for a whole of school approach to respect for relationships to be effective is to ensure that there are appropriate mechanisms and supports in place around that work. So you don't go into a school and start to roll out a whole of school respect for relationships education without, for example, ensuring appropriate professional learning development strategies for teachers, without lining up appropriate support services, without having very clear pathways and procedures in place for disclosures and the ways in which the school will respond to those disclosures and support students who are currently experiencing or who have experienced violence. So none of these primary prevention approaches happen in isolation and any of these sort of whole of approaches there is absolutely you know an entire mix of those pieces of work.

MS ORR: And do I understand you to be talking about the early intervention, the response, the recovery?

MS ALFORD: That's right, yes. I think it's also really important in that context to note about the need for foundations of primary prevention work and investment across all the parts of the system, but also that primary prevention is a long term game, and we have heard time and time again about the national crisis and about the harrowing rates, but we also know that the type of societal level structural reform to the social conditions, to the structures, to the power dynamics takes time and so it is also important to be clear about what needs to be done in the right here and right now and that's not only response there is a right here and right now for primary prevention as well but more broadly as an approach, primary prevention takes time and there is a trajectory of change, and we are seeing you know positive changes in some indicators and measures and in some areas whilst of course, being really realistic about the national crisis we're facing. So I suppose to be clear that there is a really key role for primary prevention in that current context of high rates and high prevalence, in order to hopefully keep the people who are on the riverbank out of the river.

MS ALFORD: Absolutely, that's right.

MS ORR: But I essentially say to people, I'm going to use this analogy because it's a clear one, but the people who are already in the river need attention in other ways.

35 MS ALFORD: Absolutely. And need attention as parts of the system and as individuals and that a primary prevention approach at the broader level can't operate in isolation but that also in very kind of specific examples of primary prevention on the ground and I gave the respect relationships education one there is absolutely a need to recognise that you don't do primary prevention in isolation, that there is a role for all of those things and in many communities where there are under-resourced service providers, front-line service providers and others, in many cases they're doing a mix of those things. And in fact, when you talk about who does primary prevention across Australia, absolutely there is a small and dedicated workforce. There are absolutely

people in some of those settings-based organisations I've spoken about, like workplaces and local governments and sporting organisations. And there's probably also a huge proportion of people who may not call what they're doing primary prevention, but who are absolutely doing primary prevention.

- 5 MS ORR: Coming to my last topic or question, and it's this overarching theme of today, can you explain for us what you or what Our Watch might say are some of the key things, and within the context of primary prevention, that are important for communities to move forward towards a future without violence?

10 MS ALFORD: Yes. Look, I think in a South Australian context in particular, there's probably a couple of points in relation to the approach that is taken to primary prevention and then probably a couple of broader points. In terms of the approach to primary prevention, I have the privilege of working and travelling across Australia and working with governments across Australia. There is a genuine commitment by the South Australian Government to primary prevention, engagement by the Minister, 15 engagement by the Office for Women and other parts and the new prevention unit, but it is still relatively early in its primary prevention journey as a jurisdiction. So I think taking a phased approach is really important. I think building on the existing work, there are fantastic examples of primary prevention work, and Craig Rigney gave evidence yesterday at KKY, there are amazing examples of primary prevention work 20 already happening in South Australia.

So my suggestion would be to build on and to amplify the work that is already happening. To be really clear about everyone playing a role, and I've spoken very briefly about the role for men and boys, for example, but also of corporates and of 25 workplaces and of all of the parts of the system, being very, very clear about what that looks like. In taking an evidence-based approach and ensuring there is a strong evidence-based inter-sectional life course approach to the primary prevention work that South Australia does. I think the key recommendation and suggestion I have is the value of a standalone primary prevention strategy in South Australia. I've worked with 30 a number of state and territory governments across Australia to develop those types of strategies, and they provide a really important opportunity in a number of respects.

The first is essentially to provide a blueprint and there is an enormous opportunity for this Commission to provide a blueprint for reform for South Australia for many years to 35 come and to encapsulate that and articulate that in a primary prevention sense in a strategy that is clear about what primary prevention is, how to address it, what the priorities are of South Australia as a community in having the right governance mechanisms, investments and monitoring evaluation learning frameworks around it, I think is a really exciting and important opportunity. It also gives an opportunity for all 40 parts of government to work in a whole of government way, and we've seen that really exciting work happening most recently in New South Wales for example. I think as I mentioned there are opportunities in relation to the foundations of primary prevention in South Australia, so those workforce pieces, that coordination and governance, that evidence base, that data, but also in ensuring long-term investment in primary 45 prevention.

And of course, budgets are always about priorities and there are of course multiple demands on budgets, but ensuring appropriate long term and sustainable investment in domestic family sexual violence in all parts of the system including in prevention is really key. I think there's also a really important role, as I mentioned, to be clear about the role that everyone can play, because prevention is everyone's business, and the thing that I love about working in primary prevention actually is it's the hope piece. It is that inherent belief that something different is possible, that violence is preventable, and so providing an opportunity for the Royal Commission Report itself, for government responses and community responses to recognise absolutely and to not diminish the high prevalence rates and the experiences of people in South Australia, but to draw on the expertise and work that is happening across to provide a blueprint for reform, to identify priority areas like respectful relationships, education and others where real strides can be made and to invest in that and to put in place the right governance, accountability, transparency and investment mechanisms I think would make a real difference to ensuring that all people in South Australia can thrive and can live in a community that is represented and reflects safety, respect, equality and all the hallmarks that we would like to see in a thriving community.

MS ORR: Thank you. On that note, Commissioner, I have no further questions.

CMR DESPOJA: Thank you, Council Assisting. As much as I would love to end on that note, I've just got a couple of quick queries. What's the role of sport in primary prevention?

MS ALFORD: Look, it's a great question, and it's one of those areas which we identify in Change the Story as a particular setting, but I think it's an incredible opportunity. We know that sport has a special place in the psyche of people in Australia. We also know that huge proportions of people are involved in sport from very local club levels, so taking our kids to sport on the weekend or coaching the local team, all the way through to state and territory peaks and organisations through to those national codes. And so if we are serious about addressing violence against women, we need all parts of the system to work together, and we need that work to happen everywhere where people live, learn, work, socialise and sport plays a really key role there. Which is why absolutely we can see the significant difference that for example, we've done work with AFL nationally, so done training for every men's team, women's team and for officials in AFL.

You might have seen kind of the moments of respect in some of those pieces, but I think given the leadership role that sports people play in our community, the place that sport has in the psyche of people in Australia, and its role not only as sport but as a community hub, as a workplace, it provides those strands where actually you can bring those primary prevention approaches together really effectively.

CMR DESPOJA: I note in your recommendation you talk about a phased approach to the implementation of Respectful Relationships Education.

MS ALFORD: Yes.

5 CMR DESPOJA: Is that because of some of the comments you made around, you know, making sure that there's adequate supports, and you know, there's professional development and support? Is that the rationale? And are you talking, you know, when we talk age appropriate, what ages are you suggesting should be covered through RRE or an equivalent?

10 MS ALFORD: Yes, I think there are opportunities to do respectful relationships, education and equivalence but from early years all the way through both primary and secondary schooling. I think absolutely a phased approach to RRE for a number of factors. The first being that there is some important work that has been done in South
15 Australia around curriculum in particular and the keeping safe curriculum and that that provides an important foundation in relation in particular to child abuse and child protection. There is then the introduction of the new version 9 of the Australian Curriculum, which jurisdictions including South Australia are now working to implement, so there's opportunities to give the South Australian Government and the
20 Department of Education and schools time to implement that new curriculum, but also time to put in place the right structures and systems to roll out RRE. And we did a number of pilots, for example in Victoria and Queensland, so starting with actually how does the Department of Education think about Respectful Relationships Education?

25 What's the work it's currently doing? What's its internal expertise? What are the governance mechanisms and funding mechanisms, then going actually, in the Victorian example, to a small pool of schools with some champion schools or lead schools that can then test those approaches in a South Australian context, that can provide a peer support model for leaders in those schools, provide that resourcing, to then actually, as
30 Victoria has done mandating the roll-out of Respectful Relationships Education across all schools. There's absolutely a roll across all the different ages, and you've used the word absolutely correctly which is in an age appropriate way. So providing that scaffolding at each stage and age. So in the same way that when you teach maths you don't jump straight to algebra, you're teaching kind of basic numeracy, with Respectful Relationships Education it's the same thing. So in early childhood we're talking about actually is it okay to hug your friend, ask your friend about whether you can hug them first, and obviously it becomes more nuanced and more focused on
35 respectful relationships and consent and those things as you move through the age groups.

CMR DESPOJA: Well, I never thought that maths would serve as such a good analogy, but thank you for that. I must admit seeing that Queensland pilot rolled out was quite memorable, it's quite an extraordinary process.

MS ALFORD: Yes.

40 CMR DESPOJA: Look finally, you've talked about primary prevention is a long-term game. So we're talking generational, maybe longer. What can you show for it now? Do we have, to go to Commissioner Cronin's point, do we have evidence or evaluations that demonstrate that we are making any progress? I know we have NCAS, the National Community Attitude Survey, talking about what changes have you seen in attitudes and behaviours? I know they're not linear. Is there some good news? Not just

violence against women in this particular case being preventable, but what progress has been made?

MS ALFORD: It's a really important question, and it's one I get asked a lot as I travel across Australia, particularly by Ministers and others in terms of where we're investing, we're doing some of this work, are we seeing any progress? I suppose the long answer is yes. I think there have been improvements in a whole range of areas, but there is absolutely still more work to do. I think we have seen success or what works or improvements in some of those headline measures and indicators so absolutely in terms of understandings and awareness of domestic family sexual violence for example in some of those kind of whole of population data sets like NCAS and others.

We've also seen changes in rates of particular types of violence or in particular settings. We have also then broadly though - I have seen a shift in the conversation and in the momentum and so if we were sitting here five or 10 years ago we wouldn't be sitting in a context in which there are, both at a national and a state level, legislative policy mechanisms and regulatory reforms like positive duty and a national gender equality strategy and some of those things. We wouldn't have seen the same conversations, engagements by workplaces and workplace leaders and CEOs across Australia. We wouldn't have seen training for every AFLW and AFL Men's Club and National Moments of Silence. So I think we have seen an awareness and a change permeate through all the different places where we live, learn, work, socialise, as well as changes in some of those headline whole of population measures.

And then absolutely in a more specific sense, evaluations of particular pieces of interventions, of work, of projects, have shown success. So for example we're talking about Respectful Relationships earlier. The evaluations of those pilots, for example, did demonstrate changes in student attitudes, in relationships between students and teachers, and in kind of whole of classroom and whole of school behaviours, obviously, within that kind of pilot context. But again, those evaluations of primary prevention work, the country over, are demonstrating the impacts that it can have. So I would say it is not to diminish or dismiss the challenge that lies ahead for people in South Australia or more broadly, but there is absolutely hope and there has absolutely been progress in prevention.

CMR DESPOJA: Is there a paradox in that with that increased level of knowledge and understanding and community awareness that that may be reflected in increased reporting and increased numbers of people seeking help, which is a good thing, but it might actually make these numbers look a little intense as well?

MS ALFORD: Yes, that's certainly what the evidence would suggest. And so we have two publications in particular, so Tracking Progress in Prevention, which is the overarching framework about, okay, if you're going to do primary prevention work, what are the right indicators and measures, and how do you track that over time? And then Counting on Change, which was essentially the operationalisation of that. And what it clearly says, and there's a lovely diagram and I can provide it on notice if that's useful, but is actually over the short to medium term, we would absolutely anticipate

seeing an increase in reporting, partly in response to that increased awareness and engagement, but that over the long term, once you reach that saturation point, and there isn't clear kind of a figure or a budget figure or an amount or a year about when we hit that point - - -

5 CMR DESPOJA: Yeah.

MS ALFORD: - - - but that over time, we would absolutely then anticipate to see that drop off. And I think we are starting to see some success in those areas. Importantly though, this is a huge and significant social problem and one that's shared and absolutely there is good, strong commitment by governments and others across
10 Australia, but globally speaking, there hasn't been the level of investment commensurate with the problem and so there are absolutely opportunities both in investment and in broader senses to build on the evidence base, to build on what we know works and to continue the work so that we do get to that point where we see that drop off.

CMR DESPOJA: Thank you very much. We hope to be part of that change.
15 Counsel Assisting.

MS ORR: I have no further questions. I'd ask the witness to be excused. Thank you, Commissioner.

CMR DESPOJA: You're free to go. Thank you for your evidence.

MS ALFORD: Thank you.

20 CMR DESPOJA: And we will now adjourn for lunch.

**

ADJOURNED

25

RESUMED

CMR DESPOJA: Welcome back to day 10 of public hearings for the Royal
30 Commission into Domestic, Family and Sexual Violence. Also our last day of public hearings. So without further ado, I think I'll hand over to you, counsel assisting, to introduce our next witness.

MS ORR: Thank you, Commissioner. I call Ben Bjarnesen, who is appearing online.

BENJAMIN DOUGLAS BJARNESEN, AFFIRMED

MS ORR: Can you see and hear me okay?

This transcript is intended as a guide only and as an aide memoire with respect to the audio visual record, which constitutes the official record of the hearing on 26 March 2025.

MR B. D. BJARNESEN: Certainly can.

MS ORR: Okay, excellent. You are the founder and managing director of the LGBTQ Domestic Violence Awareness Foundation, is that correct?

MR BJARNESEN: Correct.

5 MS ORR: Can you – I will get you to tell us about that foundation, but before you do, is it right that you've also done some other – a lot of other work and had some recognition in the space of domestic violence awareness in the LGBTQ communities?

MR BJARNESEN: Yeah, so I've got a few different roles in the space. So I'm on the board of directors at DV Connect, which is Queensland's 24/7 crisis response
10 service. I'm on the Department of Premier and Cabinet's Domestic and Family Violence Prevention Council, the Domestic and Family Violence Death Review Advisory Board for the Coroner's Board of Queensland. I'm a Churchill Fellow, researched domestic violence in LGBTQ communities and the police responses. And outside that, I'm an operational police officer here in Queensland, and I've also got lived experience of DV
15 in a same-sex relationship.

MS ORR: You've also been honoured as a Human Rights Hero by the Australian Human Rights Commission.

MR BJARNESEN: Yeah, that's right.

MS ORR: And named one of "Australia's Outstanding 50 LGBTI+ Leaders" by
20 Deloitte and Google.

MR BJARNESEN: Yes.

MS ORR: And as you said, you have a day job as well, as an operational police officer.

MR BJARNESEN: Yep. That's right.

MS ORR: So the LGBTQ Domestic Violence Awareness Foundation. Tell us about
25 that.

MR BJARNESEN: Yeah, so the foundation was established in 2020, and it really came as a result of there just not being any awareness of domestic and family violence in our communities. We've got Domestic and Family Violence Prevention Month up here in Queensland in May, and despite our best efforts over the years prior, there was
30 never any recognition of LGBTQ plus relationships. So we basically went about establishing an awareness day in 2020 and just got this huge response from people all across the country, sort of saying, you know, "This is the first time that I've felt seen, this is the first time I've felt acknowledged and supported and heard." So we really recognised that there was such a critical need for more work in this area and more
35 awareness in this area and went about establishing the foundation as a charity.

MS ORR: And what does the Foundation do now?

MR BJARNESEN: So, aside from the annual Awareness Day campaign in May, we have educational programs online. So a See, Hear, Believe e-learning program, which is made available free for front-line workers; so police, ambulance doctors, nurses, DV support services, social workers. That's made available for free for them. We educate community, family, friends, workplaces and services about DFV in LGBTQ plus communities, how to recognise it, respond, refer people who might be experiencing it. And we advocate for LGBTQ communities in those places as well, in workplaces and to government and support services, to try and ensure that LGBTQ people can receive that safe, equal and inclusive support.

MS ORR: Um, I think you said you're a charity, is that correct?

MR BJARNESEN: Yeah, registered charity would be ACNC.

MS ORR: Do you receive funding?

MR BJARNESEN: No, no funding. We rely solely on donations from community and corporate organisations - - -

MS ORR: And I understand - - -

MR BJARNESEN: - - - through sponsorship and fund-raising initiatives like – sorry, you go.

MS ORR: No, you go, I'm sorry.

MR BJARNESEN: And our annual fund-raising gala that we have every year.

MS ORR: Is it run – or are people volunteers who work at the foundation?

MR BJARNESEN: Yeah, so we're 100 per cent volunteer-run by members of the community, a lot of who have lived experience.

MS ORR: I should, and I meant to do so earlier – the acronym in the foundation's title is LGBTQ. Is that an intentional choice?

MR BJARNESEN: Yeah, absolutely. So there's very little information for domestic and family violence and research that includes asexual people or people with intersex variations. So at the Foundation we're proud to affirm the Darlington Statement and encourage other organisations to do so as well. I guess we respect the intersex human rights movement and seek to support that movement without tokenism. And through that we are here to be an intersex ally by raising visibility of intersex community priorities, and deferring to intersex-led organisations. So we defer to them, rather than speak on their behalf.

MS ORR: Thank you. I want to ask you, sort of, a general or a background question

about LGBTQ experiences of domestic and family violence. Starting perhaps with, can you describe some of the more common forms of violence, or some forms of violence, that might be unique to LGBTQ people and communities?

5 MR BJARNESEN: Absolutely. So all of the methods of using power and control and abuse in heterosexual relationships can also be seen in LGBTQ+ relationships, but there is some added ones there that aren't seen in heterosexual relationships. So things like use of outing a person's sexuality, gender identity, or health status as a method of control; isolation from LGBTQ friends, communities, events, spas or clubs; verbal abuse related to their gender identity; controlling medications or restricting access to
10 gender-affirming care or medications; ridiculing of the person's expression of sexuality or gender. We also see the normalising the abuse as part of being in an LGBTQ relationship, or telling the person that "we grieved," that the person or support – police or support services, sorry – are homophobic or transphobic and won't believe or support them to prevent that person from reporting the abuse.

15 MS ORR: Sort of creating a fear about how the person will be treated if they go seeking help.

MR BJARNESEN: Yeah, absolutely.

MS ORR: And I think – sorry, you did say at the beginning that there are the traditional or the general forms of domestic and family violence that can be experienced
20 that people in – outside of the LGBTQ community would experience as well.

MR BJARNESEN: Yeah, that's correct.

MS ORR: Physical violence and non-physical violence, coercive control, any of those other types of violence.

MR BJARNESEN: That's right.

25 MS ORR: Some of those unique forms of violence that you've spoken about, or in fact, the violence more generally, do you see the people using that violence being intimate partners, family members, both? How does that present?

MR BJARNESEN: Yeah, absolutely. It can be both. So most of those ones I just talked about generally relate to relationships, but you know, when it comes to family
30 violence, it can be family members restricting a family member's access to that gender-affirming care or medication, ridiculing their sexuality or gender identity, controlling medications, abusing them around their gender identity. As well as, you know, there's things that we hear of, like corrective rape, you know trying to get a lesbian woman to become straight and things like – I've totally forgotten the name of it now, but therapy
35 around making a person straight. So to speak. Which has thankfully been outlawed in most states now.

MS ORR: I want to ask you about awareness, and you've mentioned that, and that's what your foundation spends a lot of time doing. The general lack of awareness both within community and also outside in the broader community. Can you talk to us about

that?

MR BJARNESEN: Yes. I guess within community, a lot of LGBTQ people just simply don't recognise that DFV can affect them and their relationships, or in their families. You know, myself, even working as a police officer, I was well aware of what
5 domestic violence was, but at the time wasn't really aware that it could affect me as a gay male or part of the LGBTQ+ community. So really raising awareness of what an abusive relationship looks like, what the traits are, what the actions are of the person using violence.

10 So both for victims and also perpetrators in that space; but also for family members, workplaces, being able to recognise that a family member is experiencing violence or a work colleague is experiencing violence. A lot of the time we see it overlooked because people just often don't think, and not intentionally or by no ill means; they just don't think about domestic violence affecting LGBTQ people. So when it comes to
15 seeing some of those abusive behaviours or unhealthy behaviours in a relationship, they might not necessarily pick up on those being domestic violence and rather blaming it on things like mental health or drug or alcohol abuse and that kind of thing.

MS ORR: The Commission's heard about people in LGBTQ communities also, sadly, having a higher tolerance for abuse and violence. Is that consistent with what you say?

MR BJARNESEN: Yeah, absolutely. So anecdotally I guess, from the community, we
20 hear about people, you know, experiencing day-to-day in their lives growing up as an LGBTQ person, experiencing that abuse and hatred, whether that be online or in the streets, in their workplace. And in this, sort of, strange way it's normalised then as, you know, "This is what it's like in the community and this is what it's like in my normal life," and then it's normalised in their relationships sometimes, and there's a greater
25 tolerance for abuse because they've built it up over the years from community experiences.

MS ORR: What about from outside, and in the broader general community? The lack of awareness?

MR BJARNESEN: Yeah, so like I was just saying, with family, friends, workplaces
30 and just the general community, there is that lack of awareness that can affect LGBTQ plus people. So they're not always looking out for the signs that that person might be experiencing violence, or if the person is perpetrating violence, they might not recognise it as domestic and family violence again. So because of that there's no interventions, there's no referrals, there's no conversations with people experiencing violence and that
35 obviously doesn't assist them, because they continue to stay in these relationships, some of the time because they're just simply not aware that it's affecting them.

MS ORR: I'm going to ask you about reporting rates and barriers to reporting in a moment, but is it safe to say that that lack of awareness, the lack of those conversations that you're talking about, can lead to reduced reporting and help seeking as well?

40 MR BJARNESEN: Yeah, absolutely. You know, a lot of the people that we speak to, the first point of call for them has been their GP, and they've gone in to their GP or to

their psychologist or counsellor. And they've gone in there thinking that they're depressed or there's something wrong with their mental health, only to go through what they've been experiencing, and for that GP or for the psychologist to turn around and go, "You're not depressed," or "You're not mentally ill, you're experiencing domestic violence and these are, you know, what you're feeling as a result of that." So often people just aren't identifying it, and it's really taking some switched-on friends, family, doctors to be able to call it out and say "You're experiencing DV."

MS ORR: And what about experiences of gender stereotypes, excuse me, and misidentification by front-line workers?

10 MR BJARNESEN: Yeah, look, in Australia it's – I'll put it this way. In the US and Canada, for example, they have mandatory arrest laws, which means if they get a domestic violence incident, there is someone going with them that's being arrested and taken away. Thankfully, we don't have that here in Australia, but it can still really affect LGBTQ people in Australia. I guess when we look at stereotypes and misidentification, DV is most often perpetrated by a man against a woman and that can make it difficult for front-line workers to identify the person most in need of protection when it comes to same-sex relationships or LGBTQ plus people. Often they might think that the bigger or the more masculine partner – they can be misidentified as the perpetrator. And then we also see, often the smaller or more feminine person being misidentified as the victim in different circumstances based off those sort of stereotypes.

MS ORR: And I suppose, not recognising the types of relationships that are in the community.

MR BJARNESEN: Yeah, absolutely.

MS ORR: Barriers to reporting. So we understand, we've already spoken about that a little bit, but we understand that there are more barriers to reporting in the LGBTQ community, or that people in that community are more vulnerable to those barriers. Can you explain that to us?

MR BJARNESEN: Definitely. So there's a fear of isolation, homophobia, or transphobia in the wider community that can contribute to a survivor staying with the person perpetrating violence against them. The victim-survivor, like I said earlier, might not recognise that certain experiences or behaviours constitute domestic and family violence. The perpetrator might use homophobia or transphobia to control or isolate the victim-survivor. When we look at policing and, you know, there's quite negative historical and contemporary events involving police in LGBTQ communities, so that can stop people from reporting to police.

Poor recognition of domestic and family violence within LGBTQ+ relationships by support services, front-line workers, police departments. There can be a fear that their sexuality or gender identity would be exposed to their family, friends, workplace, if they were to report and that's particularly relevant for regional areas. A belief that they won't be believed or taken seriously, and some other stereotypes can sort of feed into that too, where there's a belief that men can protect themselves or women can't be violent, and therefore they can't be DV in those relationships.

Not wanting to come out about their gender identity or sexuality to police, or support services or whoever they're reporting to. The shame and embarrassment around reporting of abuse. And one thing I've heard often is, you know, when the marriage plebiscite happened, LGBTQ+ people fought so hard for recognition of our relationships to be seen as equal and loving. So there can be that real shame of, you know, by reporting abuse or by disclosing abuse, am I giving sort of ammo to these anti-LGBTQ+ groups to, sort of, say "Your relationships aren't equal, they're not loving."

So that can, sort of, tie into why people are ashamed or embarrassed around the abuse. Fear of homophobia or transphobia from front-line services. And also one of the other ones is the gendered nature of support services; so the way they're funded and who they can support through that funding, crisis accommodation, court safe rooms, perpetrator behavioural change programs. They were all designed to protect heterosexual women, and as a result, LGBTQ people just miss out on the support they need and remain at a great risk of abuse and harm.

MS ORR: That was going to be my next question, so I'll ask you a bit more about that, but are you also saying that the lack of those services can lead to reduced reporting as well? Reduced help-seeking?

MR BJARNESEN: Yeah. So when, you know, a lot of the time – I can speak for Queensland anyway. The services are funded to support cisgender heterosexual women. So when an LGBTQ person might attend some of these services or might contact these services, they simply can't, through their funding agreements, support them; because it's against the agreement, basically. When we look at support services – so my experience for example.

I went onto a national website for support for men in DV and I went onto that website, and it was all for men wanting to change their behaviour and stop using violence against women, and there wasn't one mention of experiencing violence as an LGBTQ person, or just as a male itself. So it's really quite difficult for a lot of people, when they do go searching for support services online, there's very rarely indications that services will support LGBTQ+ people. So when they look at that, they think, you know, "If I contact this place, I'm not going to be supported," or "They can't support me," so they simply don't contact them and try and get through things on their own, or seek other methods of support through family or friends.

MS ORR: So you've already explained, there is an absence of services and resources for LGBTQ experiences in domestic and family violence?

MR BJARNESEN: Yeah, that's correct.

MS ORR: And I think you said earlier then, the consequence of that is, if they're not getting the support they need, then there is a higher risk of abuse and harm and a higher risk of increased violence. Is that right?

MR BJARNESEN: Yeah, absolutely. Because we're not having those interventions to take them to safety. So obviously more needs to be done in that space.

MS ORR: And is that the case in relation to, sort of, specialist services but also access to mainstream services?

MR BJARNESEN: Yes. I guess, when we look at communities and their desires and needs when it comes to reporting, often some people won't want to go to an

5 LGBTQ+ service. They'll just want to go to a mainstream service, but know that going to that service they're going to be treated appropriately, respectfully, and they're not going to receive any sort of bad service, which unfortunately happens quite a bit. And at the same time, there'll be people who want to go to an LGBTQ+ run service, knowing that they will be accepted.

10 It reduces that fear of having to come out about your sexuality or gender identity to that service. There's less fear of judgement, less fear of homophobia and transphobia. So really, obviously difficult too for regional areas. Generally it's metropolitan areas that have got those specialist LGBTQ+ services. So it's really important, particularly in the regions, that general services, mainstream services, are up-skilled to be able to support
15 LGBTQ+ people.

MS ORR: You mentioned earlier the training resource or the education resource that you have developed, the online resource for front-line workers. You don't have to give us the entire content of that program obviously, but what are the sorts of things that you're touching on in that kind of education?

20 MR BJARNESEN: Yeah, so it's really – the training is a bunch of lived experience victim-survivors, along with advocates and professionals from the DFV space or from the LGBTQ space. They talk about the barriers to reporting; how as an individual practitioner or nurse or police officer, the things that you can do to make the person that you're talking to feel safe and supported to be able to disclose the abuse and what's
25 happening. Gives them examples of things to look out for in LGBTQ+ relationships to identify abuse; those unique characteristics or methods of abuse that we spoke about earlier. And how to refer people on safely and how to make them feel really supported and safe and welcome, I guess, when they are reporting abuse.

MS ORR: Thank you. So that brings me to the theme of our hearings today, which is,
30 what do LGBTQ communities need to move forward without violence, in your opinion? Are there some key things that you can outline for us?

MR BJARNESEN: Yeah, I think, you know, as goes with the name of the foundation, awareness is such a huge part of, you know, ensuring the experiences of
35 LGBTQ+ people are more positive. You know, I've spoken at events all across the country and internationally, and often, so often, I should say, I have people come up to me at the end, and they just say, "You know, I've never actually considered that domestic violence can affect LGBTQ people."

And these are the people who are working in the sector, whether it be support services, whether it be judges – one of those was – judges and magistrates I've had to speak to,
40 and they just hadn't considered the abuse and the different methods of abuse or violence that can affect our community. So really awareness, I think, is a huge part and that's, like we've already spoken about, I guess, there's a few different parts there. Awareness

within the LGBTQ+ community of what violence looks like, that it can affect us, how it might present, where you can go for support.

5 Then we look at families, friends and workplaces; sort of looking at how they can identify abuse in their loved ones' relationships and where they can go to support that person, how they support that person. And then also, like we were just talking about again, the front-line workers; so the police, doctors, nurses, just being aware that it can happen in LGBTQ+ relationships and families, and again those unique methods of abuse, where to refer people, how to support them, how to make them feel safe and supported, and give them that equal support that they need.

10 MS ORR: More services?

MR BJARNESEN: Yeah, absolutely. At the moment there's a real lack of services that can actually support LGBTQ+ people and like I was saying, a lot of the time that comes down to funding specifications and who they're funded to support. So a real need there for more services or up-skilled mainstream services that are actually resourced and
15 funded to support LGBTQ+ people. You know, around the country at the moment, there's only one perpetrator behavioural change program for LGBTQ people – sorry two groups, there's a new one. One run out of Victoria online, one run out of New South Wales, and that's it for the whole country. And when you look at the high rates of abuse that LGBTQ+ people experience, we obviously need a lot more than just two programs
20 for our entire country.

MS ORR: I have no further questions, so unless you have anything else to add into that sort of big picture question, that wish list, I'll hand over to the Commissioner.

MR BJARNESEN: Yeah, I guess the other thing is, you know, I've touched on it briefly, but up-skilling the front-line workers. You know, often we see organisations
25 will say, "Oh, yeah, no, we did training in 2020, so we'll be accepting of LGBTQ+ people," when in reality, they might have had a 50 per cent plus turnover of staff in their organisation; so they actually aren't necessarily going to be LGBTQ+ aware or accepting.

30 So it's really about, you know, consistently and regularly looking at what service they're delivering, what their intake forms are like, whether they're inclusive, how they're addressing people on the phone, use of pronouns and things like that; and doing ongoing training every year, rather than – making every new person do training to make sure that they are aware of LGBTQ+ communities and what they can do to support them, rather than just sort of that one tick of the box, "We did training five years ago, and now we're
35 fine," it's that ongoing training and education for those mainstream services.

MS ORR: Thank you. I have no further questions, Commissioner.

CMR DESPOJA: Thank you, counsel assisting. Just a couple from me, if I may. You've got a pretty impressive list of directors, ambassadors. I must admit I've had the privilege of spending time with Commissioner Allen and Sue Webeck, and
40 some pretty impressive names there. But I do note that when it comes to your state coordinators, I'm not sure if this is still the case, no one's from South Australia. Is there

a reason that it's a vacant position?

MR BJARNESEN: We did have one up until only probably a few weeks ago. So we're just in the process of identifying someone at the moment. So there should be another one in South Australia in coming weeks.

5 CMR DESPOJA: Good, good to see. Thank you for that. You've addressed counsel assisting's questions around service provision and the types of services provided, but can I just clarify: apart from talking about provision of programs and awareness and up-
10 skilling workers, we've heard repeatedly that there is a need for specific LGBTQ+ accommodation, as well as support services that are run and designed by the community. Do you have any best examples, best case – best practise examples of where that might be happening?

MR BJARNESEN: Unfortunately, not a huge amount of places. The main one would be Galop, it's called, in London in the UK. Galop and Stonewall Housing in the
15 UK. They're probably the main ones and the original, sort of, ones that have been about for quite a while. Outside of that, there's maybe one or two shelters in the US based out of – I know one's out of LA, I can't remember where the other one is. But there's just – yeah, there's really not much internationally for LGBTQ people, particularly around the housing space. It's quite concerning.

In Australia, for example, we've had some pretty horrific stories, not only from
20 LGBTQ+ people, but also – you know, we have women who, you know, heterosexual women, who they might have two kids. They might have a girl and a boy, for example, and the refugees ask them questions like, how old is the boy? Has he reached puberty yet? Is his voice broken? And if they deem it not acceptable, then they'll say, you know, "Can the boy go and stay with another family member or someone else, and you
25 and the girl can go into refuge, but we can't have boys here." In the LGBTQ sort of space, we have reports of trans people, trans women trying to have refuge accommodation and being asked questions around, when did you affirm your gender, determining things around, you know, how deep is your voice, how masculine do you present, and determining whether or not that person deserves to, or is allowed to, go into
30 their refuge based on those characteristics. So really, I guess that's probably where the real need for an LGBTQ plus specific refuge, crisis accommodation housing, is necessary, because at the moment that's the sort of barriers that people are coming up against when they do try and get into refuge.

So a lot of the time, here in particular, we can say, you know, you might be able to get
35 some emergency accommodation for a few days, but outside of that, it's relying on your friends, your family members, your networks for support. And for a lot of people, they might not have those. So it means that they end up getting referred to homeless services, getting told to sleep in their cars, and how to be safe sleeping homeless. So it's really quite difficult for LGBTQ people in that space.

40 CMR DESPOJA: Thank you for those, well, albeit shocking, examples. My final question relates to the issue of accreditation. And as you may have heard before, we've talked about the Rainbow Tick, and other ideas in order to ensure that services are appropriate and informed. Do you have a view around a system or an accreditation

process that might be fit for purpose in terms of these issues such as services or accommodation, if it was to be created? Generally or in terms of South Australia specifically?

MR BJARNESEN: Yeah, I'm aware of the Rainbow Ticket Accreditation. From what
5 I understand, it can be quite a lengthy process for organisations to go through. I guess
when it comes to support services and any other service delivery for LGBTQ people, it's
really necessary to make sure that we're going through and looking at each part of the
process and looking at whether that's safe and inclusive and equal for LGBTQ people to
be able to access, and what some of the barriers are there that they might face and what
10 individual organisations can do to remove those barriers.

I know, you know, for quite a long time one of the big things was let's put a rainbow
sticker on our website, or let's put a raiment on the front door of the organisation. And
while that's fantastic, the experience of LGBTQ people then going into that service,
they'll see that flag as a visual sort of identifier of, this place is inclusive, only to go in
15 and find that their intake forms are gendered, or they only support women, or things like
this. So they're going in thinking it's going to be inclusive at the end of the day. It's not
all the person in there, like I was saying earlier, mightn't have undergone any sort of
LGBTQ-specific training, so it can be quite tricky.

There's been questions asked around people's gender identity, their sexuality, that are
20 quite inappropriate. So it's, sort of, sometimes victim-survivors can go in and they're,
sort of, expected to then educate that service provider about their identity and their
relationship and what's happening for that person to then to be able to provide support to
them. So it can be pretty tricky.

CMR DESPOJA: That certainly accords with a lot of the evidence that we've had
25 through our consultations and listening sessions, and I think everything you've said
today, the Rainbow Alliance and my discussions with them, you're absolutely
reinforcing. But thank you for your good work, and I appreciate you providing
evidence to the Commission today. Counsel assisting, is there anything further for you?

MS ORR: No, thank you, Commissioner. I'd ask the witness to be excused.

30 CMR DESPOJA: Then you are free to go. Thank you so much for your evidence
today. We will take a short break.

ADJOURNED

RESUMED

CMR DESPOJA: And we recommence today's public hearing, day number 10. In fact,
35 our last day of public hearings for the Royal Commission into Domestic, Family, and
Sexual Violence. I ask counsel assisting to introduce the next witness, please.

MS ORR: Thank you Commissioner. I call Associate Professor Zac Seidler.

ZAC SEIDLER, AFFIRMED

MS ORR: Thank you. You're an associate professor, I heard?

PROF SEIDLER: I am.

MS ORR: You're a clinical psychologist, is that right?

5 PROF SEIDLER: Yep.

MS ORR: Where are you based?

PROF SEIDLER: I'm based at Orygen at the University of Melbourne, and Movember, the Men's Health Foundation.

MS ORR: What's the main area of focus of your research and work?

10 PROF SEIDLER: So I specialise in men's mental health and suicide prevention, and more recently have started to focus my attention on domestic, sexual, and family violence with a clear focus on men and boys. I spent most of my career looking at the ways in which men experience and express distress and how to go about better understanding and responding to that distress. I think it's pretty clear across the country and the globe – I'm very lucky to have team members across our six major markets that Movember works in. And the data is clear across all of them, whether it be around suicide rates, male suicide rates, or the manifestation of depression and anxiety amongst men in all of these countries, including Australia.

20 It manifests in a certain way and that is not picked up very well by current services, whether it be psychologists, GPs. Domestic, sexual, and family violence services. You know, primary care more broadly. Teachers, you know, the list goes on. And that is that – because of the ways in which men are socialised, the ways in which they are taught to emote, the ways in which they are taught not to emote, there are really clear boundaries around what is condoned and what is not and that means that often you end up with internalising symptoms of sadness, hopelessness, worthlessness – all of the stuff that we know depression to look like – being suppressed over time, being pushed further down because it's not something that is, you know, socially appropriate for many men to show.

30 And that is changing, that is changing; but largely it means that many men actually start to experience externalising symptoms because the internalising starts to come out because it has to seep out one way or another and that looks like irritability, frustration, anger, aggression, substance misuse. That then gets very quickly boxed into the men behaving badly realm, and so when it is early symptomatology, especially if we're talking about young men, they don't tend to get picked up or treated kindly, empathically, or respectfully. And that doesn't end very well for them, because it leads to this calcification of the symptoms, and it also leads to a belief in many ways that no one is there to listen or care for them.

MS ORR: And with that background, I want to ask you more about men's mental health and the interaction with violence. But I did – before we go on, your work to date has been in, I understand, research, clinical work and more recently in the advocacy space as well. Is that correct?

5 PROF SEIDLER: Yeah, so I still see some clients when time allows, just to make sure that I keep my toe in it, because it's very easy to become a talking head and lose sight of reality. My research, because I have a number of research assistants, senior research
10 fellows, research fellows at Movember across Australia and the globe, has really focused – it began – my PhD was really focused on up-skilling the workforce to respond to men's distress as I just explained there. We now have a program which is called Men
in Mind, which is a Movember funded program, which is up-skilling the workforce to know what to look for and how to respond.

15 That exists within the health, you know, practitioner realm and more so recently, I've been very focused on the online realm and, you know, what is termed colloquially the Manosphere, which I'm sure we can talk about in depth. I'm very focused on masculinities and how they are shifting over time, you know, worsening when it comes to adherence to traditional norms, in certain ways and becoming more flexible in
20 others. And then you can look at certain cohorts. I focused on veterans, I focused on fathers quite a bit as well, which I think is very pertinent to our discussion today. And, you know, trying to really take a very broad view rather than a homogeneous "men are all the same." I try to really make clear that there are so many groups and opportunities to connect.

MS ORR: So I want to ask about a bit more context and background before asking about violence itself. What are you hearing in today's times about, or learning about the
25 mental health of men and boys? How are they travelling on the ground?

PROF SEIDLER: I think just in the nature of the question, the fact that you said "We'll come to violence," I think is an exemplar of the way in which to do this, which is that coming via all of these different avenues to access violence, to talk about violence, whether it be through a men's mental health lens, whether it be through a connection,
30 social connection lens, I think is really important. So just to point that out, I think that that's a – really key, that it doesn't need to be the entry point.

What we are hearing is a very loud media cacophony that I'm sure everyone is hearing as well around the fact that the boys are not all right, really, is what it gets summed up as. You know, recently, especially last week with the release of this TV show,
35 Adolescence, there has been an influx of opinion around what is taking place with young men. But the Andrew Tate phenomenon and others over the past year or two, in the wake of the Me Too movement, really, has led to a very, very fraught discussion, which is focused heavily on alarmism, fundamentally. That is what we are hearing.

40 It has led to the rise of terminology like toxic masculinity, which is deemed a controversial term in many places, and we can talk about why I think that is later on. But really what that whole movement has led to, for young men and older men, I don't think, you know – there are differences that we'll mention in a bit, but there is an overarching narrative here whereby men are feeling disillusioned, disenfranchised,

disempowered, and I say that with very clear awareness of the disempowerment of women and girls in this sphere, specifically.

5 And you know, there's a really key quote, which I always fall back on, by a researcher called Michael Kimmel, where he talks about male privilege. And he says, "You can go, and you can talk to a white farmer, you know, about male privilege, who has had drought for three years, and really when comes down to it, male privilege is true, but it is not real for all of these men." So the facts are clear, whether it be gender pay gap, whatever it might be, but when you try and connect with a young guy and talk to him about male privilege, when he is struggling at school, when he has no money at home, 10 when his dad is being violent, when his mental health is down the drain, there are so many factors that we overlook with simplistic terminology.

15 And so this does not mean that we need to overlook predatory behaviour, bad behaviour, power discrepancies and dynamics that take place between men and women. But what we fundamentally need to understand is that men and boys on almost all metrics of mental health and well-being – when you look at suicide rates in this country, they are stagnant if not rising. We are losing seven men a day to suicide, and I know that suicide is often weaponised in – and there is an overlap between suicide and domestic and family and sexual violence.

20 But we need to take these cries for help seriously because, whether it be alcohol and other drugs, depression, anxiety, they are conditions and experiences that are overlooked and misunderstood amongst men and as a result we're ending up with this wave of emotionality that goes unheard and that goes unspoken. And you end up with a seriously frustrated, angry, and confused male demographic. And I think confusion is really key here, because it comes up especially when you're talking about sexual 25 violence and preventing it.

30 Something that I hear a lot of amongst young men, specifically – I call it the door handle phenomenon, is the fact that we are in a world where we have contemporary ideas of what men should and can be, and we also have traditional ideals, and they are – we're at a reckoning now, where these two are clashing with one another, because we're trying to make changes, we want paternity leave, we want men to, you know, they don't need to be the breadwinner. They need to, you know, go and show emotion. They need to do all of these things that they haven't, and their fathers didn't, or their grandfathers didn't. But we also, kind of, want them to fit into this box, because we can't do away with all of it just yet. As a result, the door handle phenomenon is something that young 35 men continuously tell me, and they tell us in our research. They say, "I held the door open for a woman two times in a row. One time, she said, 'Thank you,' the other time, she slapped me." It's confusing.

40 And I think we do ourselves a disservice by not just mentioning that, by not respecting that it can be confusing, and it's not undermining our goal of gender equality by admitting that we are in an inflexion point. And that that is going to have dire consequences on young men's mental health, and men's mental health more broadly, when they are feeling like they don't necessarily know how to walk through some of this stuff. And that's where the likes of these online influences show up and provide a sense of purpose, and meaning, and clarity, fundamentally. Because that's what, you know,

mental health issues, kind of, sow within these guys; is a feeling of uncertainty; is a feeling that there is no hope for me; that there is nothing out there for me.

5 The lack of optimism amongst 12 to 25 year old men - you know, if you sit down with a 14 year old girl, you are going to hear girl power ridden through her narrative. The idea that you've got posters in schools that say the future is female, everywhere, it's incredible, and it's led to this belief amongst women and girls, you know, of where we can go and what is possible. I think we are going to struggle if we don't realise that all boats need to rise.

10 MS ORR: So with that being said, how do we engage men in the conversation about violence, and how do we message to men and boys?

15 PROF SEIDLER: I'm going to try and not focus on what not to do, because there's a bit of that going around, but I will - you know, I have, thankfully, my incredible organisation that I didn't start by any means - Movember, which is a perfect example of what to do, in many ways. And it's very hard, in this space, to - it's a hard pill to swallow that some of the things that are required are extremely pragmatic and aren't necessarily ideologically, you know, comfortable. Which is, for instance, not going head-on and talking about violence when you're talking about violence. We talk about the Trojan horse. The moustache, as you can see on my lapel, is a really good conversation starter. It's very hard to get millions of men to do something that's no drinking, gambling, going to the footy, and we had been able to get them to talk about their health and wellbeing, with a practical joke.

25 Again, this is a different space, but suicide is no, you know, laughing matter by any means either, and banter, and humour, and connection is fundamentally what these men are seeking. And so, we should find ways to provide that to them. The messaging that exists at the moment in this space for men and boys is reductive; it is homogenising; it is fundamentally deficit-focused. That is my main concern. And the one thing that we can turn around here is by focusing on the strengths that exist within men and boys. The fact that the desire to be a protector and a provider can be very healthy. The fact that altruism and service are fundamental, healthy, leverageable elements of modern-day masculinity, that should not be overseen and thrown out with the bathwater. And I think that what we are witnessing in the way in which we run public campaigns on this topic is a backlash response.

35 You know, plenty of scholars have spoken about this before. I think that it's very easy for this to be taken personally, when it shouldn't be. The backlash response is in line with a, you know, patriarchal misogynistic ideology that, I think, is really problematic and needs to be considered, but it's also in line with the fact that we are just not doing best practice campaigning here, which is that we do health by stealth at Movember. We'll come up with ways in which to offer a message that is going to be palatable, that is going to be resonant - you know, resonating with them. And so, what we see in the backlash response - and this is what's - you know, it's called the boomerang effect; Jess Hill just wrote about it in her recent essay. That idea that if you do a broad brushstroke primary prevention whereby you talk about something as esoteric as respect, for instance, in a really broad way to everybody, and you often take a deficit-based approach, which is, let's call people out - not call them in; let's find ways to use, you

know, messaging, like, "coward" or "monster" or other shame-inducing responses. All that does, is push away the very population you are trying to pull in.

5 And what we need to be doing - and that's why they end up in dark recesses of the internet, because that's the places that actually make them feel seen and heard, whereas what we're aiming to do is say, "Join our movement to safeguard women and children, and we're just going to tell you all of the things that you have or will do wrong. And now, join us." It just doesn't make any sense, whereas, I think that we can create a sense of community, of belonging, of connection amongst men and boys whereby they are told that they are not the problem, they are the solution. If we are going to create
10 change in men's behaviour, this is about men, and this should be - and I totally understand the criticism that I and other men's groups get, "This is men's work," but you need to find a way to hand that work over and allow men and boys to take up that mantle and show what they're capable of, fundamentally.

MS ORR: Without the deficit approach.

15 PROF SEIDLER: The deficit approach is, kind of, inbuilt into our schooling system, and that's why I'm really, you know - I think it's very problematic to over-index on school-based programs showing up in that environment, where there is already a belief, in some ways - you know, you just need to look at suspension data; boys are not showing up in school in the way that we would hope that they would. So now, going in
20 and having a geography teacher who was not trained to respond to consent education, you know, questions, in a way, with these boys, who are really just there, taking the piss. And I don't know why we have an expectation that a 13 year old is going to walk into an environment where they have not been told, "Join us in this conversation"; rather, it's, "We have a lesson for you."

25 The idea of lecturing, the idea of policing is fundamental in masculinity, and is really dangerous. We should not be perpetuating that in the way in which we are teaching young men about this stuff. Strength-based means, it's like any good teacher: they see you; they see what you're capable of; they go, "All right, he's not doing well at maths. Let's build up his, you know, his drumming, because that's what he wants to do." It's
30 going to where guys are with what they're good at and allowing them to show you that they are willing and able. And that's also about showing them - and we can talk about this in a second, that the vast majority of young men that I see, that talk to me, they just want a girlfriend. They just want to know how to date. They have no idea what's going on at the moment.

35 Their media diet is saturating them with information that is, you know, highly problematic, and the Venn diagram that used to be overlapping between young women and young men is no longer. They have totally different views of the world. They are consuming totally different content. And so, if their need is to be in a relationship, to have intimacy, to feel connected, then respond to that. Reach out to them with solutions
40 that are going to be useful to them, because that's what's going to connect; that's why they're going to come in, you know. If you open up a lesson about what to do on the first date, I can assure you, you're going to have hundreds of young guys lining up.

MS ORR: And that positive connection that you're talking about - I think you touched on this before, are you saying that should extend to the kind of campaign messaging that is, you know, not just schools' education, but more broadly, in community?

5 PROF SEIDLER: I think that - this might be a controversial opinion - there is endless data about it, by standard, programs do not work. They don't work - and they don't work for a number of reasons, but they don't work because of what I just said, which is that anything that is shame-inducing, that is going to lead to further male ostracism, which is really the greatest concern of many of these guys, which is, "I don't want to rock the boat, because I want to maintain the status quo and feel like I'm a part of
10 something." Because social connection is so fraught, so tenuous amongst men, that feeling of being shamed, and ostracised, and left out is so frightening to them that they won't do it; they won't do this calling out situation, and often that bystander call out doesn't get us to the end point of interest. I think that, you know, we need better evaluation around these campaigns, if we are going to fund something nationally or
15 within any state, that clarifies the messaging should be about what someone can and should do or be. It shouldn't be about, "Don't do this. Don't do that," because that is the mode of operation for our discussion around masculinity at the moment.

When I talk about deficit, I mean, "This is bad. Don't be this," but there is no alternative. It's not spoken about. It might, thankfully, be showing up with a dad or
20 grandpa in the house; they might be willing to discuss this stuff, but there is no contemporary widespread narrative about what healthy masculinity looks like. And so, we really need to understand that there is serious opportunity to move beyond attitudes, for instance, towards behaviour, towards helping men think and feel this stuff in a way that's going to actually benefit them as well.

25 MS ORR: Can I move now to, sort of, the comparison, I guess, between young men and boys and the situation they are in, compared with the older men who may well be the ones using violence at the moment, and just - are they in a different position?

PROF SEIDLER: They're in a different world, fundamentally. I would say, if you look at the sexual violence data, you know, young men are not in a good way - and I
30 think that there are a number of reasons for that, but we can talk to the nature of the online space at the moment, which has led to this splintering of influence of role modelling and, fundamentally, comes from that space, amongst young guys, of feeling out at sea. And so, I think it is a misstep - and I've written extensively about this, to believe that these men - these young men - come in to TikTok, to Twitter, to Reddit -
35 whatever it is - with these fundamentally strong misogynistic ideals. I'm yet to meet a 12 or 13 year old that I'm in treatment with that has immovable sexist ideology, but they leave with it.

They leave these really complex online spaces and, I think, something that's really important again, is this broad brushstroke, you know, something like the manosphere.
40 We've done enough research now into millions of TikTok videos to know that this is not all radicalising, horrible, misogynistic content. It starts out extremely innocuous. It starts out with gym talk. It starts out with how to get ripped, how to - you know, some pretty, you know, tame stuff around going on dates, but the more of that you watch, within minutes you will end up in a pretty dark space. And these young guys do not

have the critical insight, understandably, to know what their own values are. So I think that what we really need to do is do values-based work. We need to do emotional regulation work. We need to help these young men kind of be more discerning, but there is only so much that they will be able to do when they are up against something
5 like these algorithms.

And heaping more individual responsibility onto young men is a really sure-fire way to disconnect from the conversation. And so, I think that the one thread that I haven't mentioned, that follows through young men and older men, is the health system. You know, I wrote to this as one of the members on the Rapid Review last year. There is
10 serious untapped potential in the health system. As a psychologist, whether it's a GP, whether it's a nurse, young men are, you know, at some point in time going to come into contact with the health system. Men who are violent are far more likely to come into contact with the health system. They are unwell. They are mentally unwell. They are physically unwell. That is just the stats.

15 And so, when that is the likelihood that they are going to show up, why, then, can we - and they are often willing and able to discuss their use of violence in that setting, but the healthcare system is not attuned to it. There's no trust. There's no safety. There are all of these issues that go on there. But that means that if the health system is something that can be untapped, so can health messaging, which is that, if we know that men who
20 are using violence are unhealthy, then talking about their health and wellbeing - and often the health and wellbeing of their family, which is, at times, important to some of them, is an inroad to connection and intervention as well.

And I think that, especially when it comes to older guys, when it comes to, you know, men in their middle years, fatherhood is something that we, you know, yes, we get a
25 massive uptick in violence when a woman is pregnant and then having a child. There are also hundreds of intervention points that take place there, and there's so much data that nurses, doctors, no-body will look the man in the eye in these situations. He can keep coming back, and you can take him to a separate father checkroom to go and have discussions with him that aren't about violence, but that are about what's going on in his
30 life, and whether it's AOD, gambling, childhood trauma - which we're going to talk about in a second, I'm sure - and broader mental health issues, those should all be red flags that, then, open up a new conversation. But we are just completely missing a trick by not having any of those conversations with those guys.

MS ORR: I want to pick up on something you said earlier about how males are
35 socialised, what's condoned - excuse me - what's not condoned, and externalising symptoms.

PROF SEIDLER: Yep.

MS ORR: Can you just talk through that a bit more, please.

PROF SEIDLER: This isn't rocket science for anyone, I'm sure, but I also think that
40 there are, like, stereotypes abound here around the fact that, you know, boys don't cry. There's all of these really strong and rigid ideas that are believed to permeate our society. I think that what we're witnessing now is this pick-and-choosing because of

this clash between contemporary and traditional what we are in. We have this belief - and so many parents have this belief now - that, because I'm a progressive parent who understands what's happening, there's no way I'm going to respond to my boy in a different way to my girl. Yes, consistently, in any observational study that you see, you
5 will find that the boy's emotions will be shut down much faster than the girl's, regardless of what is going on with the parent, what their history is; it's just something that is pretty well baked into our social fabric now.

And so what happens as boys age, I think it's really important - lots of people lean into biology and are, like, "Oh, you know, boys don't have the same emotional range as girls
10 do." Absolutely not true; anyone who has a toddler will, you know, attest to that. But over time, through that socialisation process, when they go into preschool, they go into primary school, you start to watch the emotional range get cut off, whereby they lose not only sadness and the ability to, kind of, speak about and express that, but also joy. They lose this end of the spectrum as well, and you end up with this weird frustration-
15 anger nugget in the middle that's, kind of, allowed; this grunting teenager that shows up is allowed to be expressed. Now, lots of people blame parents. Lots of people blame families.

This is a really strong peer-to-peer relationship, because of the way in which masculinity shows up and the fact that it is a very - it's a power hierarchy,
20 fundamentally, therefore, if you want to survive - and we haven't spoken about this, but male-to-male violence is rife in this country; if we are to do anything to stop violence against women and girls, we're going to have to get rid of male-to-male violence as well, because you can't get rid of one without the other. And men are dying at, you know, incredible numbers when you look at - you know, at the hands of another man, as
25 well. So they lose this emotional regulation, which is, kind of, baked into all of us, but can be trained out of you. And what is replaced is this over-indexing on externalising symptoms, which are that anger, irritability, frustration.

And when they have those internalising symptoms, what tends to show up is shame, is fear, is this internal disappointment and self-hatred, in many ways, because it's going to
30 be very dangerous for them to have that. So I think that shame is fundamental in this whole conversation. Male shame, if anything, when it comes to the way in which we speak to young men or older men, the way in which messaging from government, from non-profits, it is all leaning into a shame narrative with the intention of changing behaviour. That is the direct opposite of what will happen, and that's what exactly is
35 happening now.

If you don't bring them along for the journey of empowerment - and, again, this doesn't mean condoning or excusing bad behaviour, there are ways in which you can talk about a group of people who may well be doing horrible, predatory, dangerous, illegal things, but still maintain a skerrick of empathy and compassion for how they got there. And
40 that's something that we are overlooking.

MS ORR: You touched on this, I think, with the health system and the untapped potential of the health system, but do you have any views about how we find people veering towards violence before they start using it?

PROF SEIDLER: Yeah. So there's obviously making sure that, when men and boys are entering the health system, that we have an up-skilled workforce who is actually attuned to what is taking place, but that is one of many, many different systems and structures who could catch this stuff. So it would be remiss of me not to talk about the
5 three elephants in the room, one of them being alcohol abuse, the second being gambling addiction, and the third being child maltreatment and trauma. There has been a long-fought and very difficult discussion in this country about the role of alcohol, gambling, trauma. There seems to be ideological camps that have been set up, and I understand that there has been a lot of hard-thought turf that has been gained around the
10 idea that we need to talk about misogyny; we need to talk about gender equality; we need to talk about respect. I do not think that that should be at the cost of looking at things that are taking place in men's lives and are fundamental risk factors for violence.

We must be able to hold two truths at the same time, and the fact is that misogyny, in many ways, is actually going to be strengthened and become more of a problem in men
15 and boys who have a trauma history. And, therefore, if we do this broad brushstroke, "Let's just go after and talk to everybody," with the same messaging, and see men and boys as one, singular, homogeneous entity, they respond with #NotAllMen; that is, literally, where that movement came from, because there is a shame backlash, which says, "Don't you dare put me in. You've called them cowards and monsters. I don't
20 want to be that. I'm not that guy." And so, what we need is really clear messaging that goes, okay, the way in which to access these guys and understand their trajectory towards violence is by understanding their lived experience; is by getting in on the ground with them in places and spaces where they show up, pre-emptively.

And talking to a 12 or 13 year old boy who has dealt with horrible sexual abuse, and the
25 fact that he does not have access to a refuge, the fact that he does not have access to a counsellor that he can afford, and - you know, there are so many forces at play that he is trying to keep under control to not be violent himself. But the likelihood of that working with, you know, what he has to deal with is, you know, overwhelming, in the same way we see psychosis; the amount of situational stresses that any person deals
30 with, you're going to crack. And so we need to make sure that that boy is given all of the resources possible, not all of the punitive measures possible, because that's what happens at the moment. And so, when we talk about alcohol, for instance, as a very clear predictive measure towards increased severity, and likelihood, and frequency of violence, that doesn't mean that it is the only causal pathway; it means that you should
35 regulate alcohol.

It means that you should understand that this is having a severe impact on their ability to regulate their emotions, on their ability to make wise decisions, fundamentally. The same can be said for gambling. You know, economic insecurity is at the core of this. There's also going to be financial abuse that takes place there. And the likelihood of
40 someone having a gambling addiction and then being violent at home is three, fourfold.

So we need to start to understand that, if you look at everything through a violence lens, you are going to miss out on all of the other points where we can speak to these guys in a way that makes sense to them. Because, I can assure you, these guys do not want to be drinking excessively. They don't want to be gambling excessively. And, yes, they
45 do not want to talk about their sexual trauma; it will take them, on average, 21 years to

disclose. That is our job, to make those disclosures easier, to make it happen in their teen years, in their early twenties, before things get even worse. And we have the ability to do that if we actually invest care, and time, and money into it.

5 MS ORR: And that dealing with male trauma is not something that has historically or traditionally been done; is that correct?

10 PROF SEIDLER: Oh, no. Like, we just published a systematic review. It's out today. It's in the conversation as well. And it's focused on the barriers and facilitators to disclosure. The key barrier is that there are no services; there is nowhere for them to go. And even if there are, the likelihood that they are going to get a psychologist who responds appropriately - the horror stories that you listen to, where people are just really traumatised. And the same thing happens with women and girls; it's not a unique thing. But there are lots of complicating factors when it comes to male trauma. Because of the way in which masculinity interacts here with the shame dialogue, which means that, if it is sexual trauma, or emotional trauma, or physical trauma, they have
15 failed as a man. That's the narrative that exists for many of them. And to admit that is so difficult -- so difficult.

And so, if they know that there are ways in which this can be openly discussed, we are so focused on making more and more and more services; yeah? But we need to make sure that we are looking at what is happening - what is happening on the other side.
20 What does it look like? Are these people trained? Are they responding effectively? Is it working? That is what we really need to be ensuring here. And we need - you know, I really believe that if you are going to create campaigns, you should be creating campaigns about how to respond when boys and men are experiencing this stuff, you know, on the fact that they will be heard; they will be cared for; they will be
25 understood; they will be offered services. Because the rage that comes from these experiences, again, cannot be excused, but it can be extinguished if we deal with it early enough.

And, you know, I can speak to it. Mike Salter - Professor Michael Salter - has done plenty of work on this, but you just need to look at - and this is not up for debate; you
30 just need to look at enough grey matter in the brain of a boy who has been traumatised. His limbic system is overdeveloped. His belief that everyone is out to get him, the constant fear of harassment, of abuse that even in extremely caring environments will still show up, there are so many risk factors that, kind of, exist with their body - which are written within their body, that we are going to have to take a lot of time to undo.
35 And they look really, really different in boys. The way in which trauma is metabolised in boys is far more severe than in girls, in many ways.

Girls are often able to bounce back in ways that boys are not, and there are various biological determinants that suggest that. But because the frontal lobe becomes underdeveloped, you end up with decision-making becoming really, really difficult for
40 these guys, and then they go, and they look for control of their environment. And so, you've got a 13 - and I'm sure everyone has seen this; you've got a 13, 14, 15 year old boy who has experienced extensive trauma and, sadly, misogyny is a really good way to extinguish shame, because it gives you sense of control, dominance and power over a life that is careening and out of control. So what we need to do is, if you go in, and you

talk to that boy, for instance, about respect, it's just not – that is not the message. That is not the language. We need to make him feel safe. We need to make him feel cared for. And that's very hard to do as a society when – especially when we're talking about Indigenous boys, when they are behaving in a certain way that is not deemed
5 appropriate by school, by police, by whoever it might be. That is a really quick-fire way to end up with a long-term person who uses violence.

MS ORR: So that brings me then to when someone is using violence, and you've – I'm not sure if it's your term, so forgive me if I have stolen it from someone else, but the concept of compassionate accountability. Could you explain that?

10 PROF SEIDLER: So that – it's definitely not my term. I've used it enough that people might think it is, but I will credit Matt and Sarah Brown from She Is Not Your Rehab. And I would say, if we're talking about what works, they are a very, very
15 unique outfit out of New Zealand who have done incredible work focused on men and boys pain. The fact that this is not culturally comfortable doesn't mean it's not the right thing to do.

And compassionate accountability is based on the idea that the suffering and trauma that you experienced is not your fault, but your behaviour today is your responsibility. That is where you end up leveraging masculinity to your advantage. Now we might want to move into a deconstructionist world where we throw out masculinity and femininity and
20 I just don't think that's going to happen for the next decade or so. And so with that in mind, we need to reconstruct.

We need to find ways to utilise really useful elements of traditional masculinity to our advantage. One of those is responsibility and service. Another is risk-taking. I say this all the time to my male clients, because they're like, "Oh, there's too much stigma, I
25 don't want to be here, this is horrible." And I say, you know – one of my clients is a cliff jumper, and I'm like, okay, you love risk, you love adrenaline, I can turn this into an adrenaline, you're an adrenaline junkie? I will turn this session into one of those. Like, therapy is a very risky thing to do. We just need to sell it better.

And so, I really think that when it comes to compassionate accountability, that means
30 that you start from a place of understanding. You start from seeking to get on their level and understand what their lived experience is where it comes from, where their pain points may be, and what they think they need. We do a lot of talking at boys and men. We do very little talking with; and I'm very proud to work for an organisation that talks with boys and men, not at them. We get in on the ground, we seek to create safety
35 in community, and we say, "What do you need from us?" We don't say, "This is what you need because this is what you've done wrong."

And again, it's a strength-based rather than deficit-focused approach. Accountability is essential to masculinity. If you have stuffed up, if you have hurt somebody that you love, you need to be held accountable. That has to be written throughout the entire
40 proceedings of what I've just said. There is no way that I am going to condone or minimise any of the behaviour that is taking place on our streets and in our homes. But I really believe that if you are going to expunge it, you are going to have to understand where it comes from. And it doesn't only come from a misogynistic ideology. It comes

from pain, suffering, you know, genetic mental health issues. It comes from so many different places and spaces that need to be opened up in the same way that we're willing to open up some of these other chats.

MS ORR: And that brings me to my last topic, which is the big one. What do – in
5 your view, can you give us some key highlights? What do men and boys need to thrive without violence?

PROF SEIDLER: Men and boys need to feel safe, to feel heard, to feel understood, to feel respected; and that means that we have a foundational shift in the way in which we're approaching and talking about men and boys in this sector specifically. That is
10 going to take some teething, because the way in which we do this, such that it doesn't, as I said, minimise some of the behaviour that's happening, is really key. But what they need to thrive is that sense of purpose and meaning, and they need it offline. Online communities – there's something that is really interesting in our data that we're
15 witnessing, which is this contradiction where young guys are telling us that they're going on, they're watching all of this content, and it's giving them a sense of optimism and hope.

It's making them feel like they are a part of something greater than themselves. And then you ask them about their mental health and well-being, and it's on the floor. And they don't match these things up because it's giving them something in a void, but
20 they're not seeing that it's actually taking away from them. It's ripping them, you know, ridding them of this actual real-life connective tissue that they require. And so, you know, Mens' Sheds in this state are an incredible force, but we don't seem to understand that young men, you know – they're not going to go to an old mate and do some carpentry necessarily, but there are ways in which you can provide those spaces for
25 them to show up.

You know, dads' groups are like, few and far between. Why do we have council mandated mums' groups, and we've got no dads' groups? There's a discussion about the fact that male only spaces are dangerous and have a problematic history. That doesn't mean we can't rewrite that narrative. And so if we do it purposefully, and if women and
30 girls are there in the creation of these things and create a safe space, I see no reason that male-to-male bonding shouldn't be central so that we can make sure that men have enough contact with each other, to know who they are, to know what their suffering is, and to do the work to share that burden with one another as well.

We need better models and measurement of what masculinities look like. We need to
35 move towards this positive and healthy approach and start messaging around that accordingly. We need to get to boys in schools without having this stringent curricula that they will, across the board, tell you that they despise. Like it's just the reality of it. We hear it in so many different jurisdictions and – this is the thing. It's like, "Yeah, oh, they told us, but we know, we know that it's best practise, it's evidence-based." It just
40 doesn't matter.

When you're in the real-life setting, you need to create and co-develop tools with the very people that you are trying to reach and so that means – you know, there's a really good example in New South Wales. Annabelle Daniel, who I, you know, really respect

her work. She had a program, her organisation had a program where they matched up a young boy with a refugee. And it would be like volunteerism. And they had this drive to like, "Oh no, I'm the upstanding guy." It's like, lean into these things. If you're the guy, show up. You know, show up, go and do the work.

- 5 It's literally a very similar, you know, thing to the armed services, which provides this really great community and sense of belonging. We can have a whole army of men who are willing to do this work if you make them feel like they are part of it, and not just the ones using violence, you know? I also think we're at a crossroads, and I'm sure this has been mentioned a few times. We're going to have to find a way to talk about male
10 victims of violence, and not only young boys, because we only have compassion and empathy for them, but this happens.

- It happens in many places, it doesn't happen as often as men using violence, but it happens, and if we continue to overlook that male victim-survivors, you know – it just becomes a really, really fraught conversation. It's really hard as a mental health
15 practitioner when I can't – we can't do anything for them at the moment, and we need to make sure that we can as well.

MS ORR: Thank you. I have no further questions. Commissioner?

CMR DESPOJA: Thank you. I think that means you are free to go. Thank you.

MS ORR: Can we release the witness?

- 20 CMR DESPOJA: We can. The witness can be excused. Thank you.

PROF SEIDLER: Thank you.

MS ORR: Thank you.

CMR DESPOJA: Thanks for your time. We will take a break, and we won't be back before 3.30 at least.

- 25 **ADJOURNED**

RESUMED

- CMR DESPOJA: We're back on day 10 of public hearings for the Royal Commission into Domestic, Family, and Sexual Violence. This session marks our last set of witnesses for these public hearings for the Royal Commission. So I hand over to
30 counsel assisting to introduce the witnesses for this final part of these public hearings.

MS ORR: Thank you Commissioner. I call Chris Chalubek, Judy Nziu and – Nziu, sorry – and Erfan Abidi.

CHRIS CHALUBEK, AFFIRMED

JUDITH NZIU, SWORN

ERFANULLAH ABIDI, SWORN

MS ORR: Thank you, all of you. You join us from the Australian Refugee Association, South Australia. Is that correct?

5 MR C. CHALUBEK: Correct.

MS ORR: I might just get you to introduce – excuse me – yourselves and your roles, if that's okay, starting with you, Mr Chalubek.

MR CHALUBEK: So Christopher Chalubek, and I'm the CEO of the Australian Refugee Association.

10 MS ORR: And you?

MS J. NZIU: I'm Judy Nziu. I'm the team leader of the Family Safety programs in ARA.

MR E. ABIDI: Erfan Abidi. I'm a community engagement coordinator with Family Safety Team, working with ARA.

15 MS ORR: I'm going to start your evidence with, sort of, a brief overview about what – excuse me – the Refugee Association does, if you could help us with that.

MR CHALUBEK: Yeah, well thank you for the opportunity to share a little bit about ARA's work. So ARA is South Australia's longest serving settlement agency. Actually, this year marks our 50th anniversary, and over that 50 years we've worked closely and
20 positively with individuals and communities that are newly arriving to South Australia to build a new life. Typically, on an annual basis, we'll support more than 5000 people across 28 programs, and the areas that we focus our work are in migration, settlement, education, employment, youth leadership and support, financial well-being, and we
25 have a really strong focus on community education and capacity building. And our work in this area is really driven by our vision to support courageous people to reach their full potential and we see that – the achievement of that full potential through valued social roles and economic and social participation.

MS ORR: Is it right that you deal with refugees, but also other migrants who arrive in Australia?

30 MR CHALUBEK: Correct, yes.

MS ORR: Can you tell us about the work or the interaction with domestic, family, and sexual violence that ARA has?

MR CHALUBEK: Yeah, so we've been working in this space for more than a decade, and we currently deliver five programs in this area from case management to training,

and to community engagement, and through this work our bi-cultural caseworkers have really developed a specialist knowledge and understanding of the cultural differences and the pressures that influence how domestic family and sexual violence is experienced within the communities and families that we work with.

5 And over our time we've had the – we've grown our services to meet increasing needs, which has been a significant positive for the communities that we serve, and as well as helping individuals escape abusive and violent relationships. ARA had a really significant focus and a really important focus on community education and promote –
10 in the world and the best services and supports in the world, but if people aren't aware of them, and in particular for the communities that we serve, if there's a lack of trust and a lack of understanding around those, that system becomes redundant.

15 So we're really, really focused through that work is to, kind of, open the doors to access those particular services. A couple of other things I think to mention too, in this area, is that whilst there's been a positive increase in the general understanding of domestic and family and sexual violence across the broader Australian population, there are still many barriers and authorities and systems that do create barriers for the people that we work with. And as a consequence of that we do find that our case managers do spend a lot of
20 time navigating, educating and working through those systems with the people that we support.

So looking at those five programs that we work, in a little bit more detail. So firstly there's our EASE program, which is early access to support engagement, and this is a program that blends community engagement with case management with a focus around the development of positive relationships, and through the work that we do that –
25 through that community education work, it does provide clear pathways to case management for the people that we serve. And to date this year we've supported more than 90 people through that particular program. There's our Expand Family Safety services. These are our core case management services. So we're working individually, typically with women and children to access the services and supports that they need.
30 There's our Stronger Men, Stronger Families program. And this has a significant focus on promoting healthy behaviour in men. And we achieve this through positive and practical education sessions. And last year we reached 116 men through that particular program. We're also contracted by Lifeline Australia to provide cross-cultural training through DV-alert.

35 And then finally, we have our Communities for Change program which is an awareness raising and community engagement and community prevention program. And this is a really unique program where we work with community members who would like to take on a role as a community educator, and they're trained to recognise and respond to domestic, family, and sexual violence, and then go out and work with community in that
40 area. This program has a really, really broad reach. Last year we had community educators from 13 countries, and we reached 360 participants through that particular program.

MS ORR: I'm going to ask you more about that particular program a bit later, but thank you for that overview. Is it right that ARA doesn't provide a crisis service, as

such, and makes referrals where - - -

MR CHALUBEK: Correct.

MS ORR: - - - needed, but does, as you've explained, provide the case management and education? So I want to ask you today predominantly about family violence in
5 refugee and migrant communities, and then I'll ask towards the end about what's been the focus of most of today's evidence: what communities need to thrive. But starting with family violence in refugee and migrant communities, can you give us some context and background information about culture and family dynamic, and how that plays out in a family violence situation?

10 MR CHALUBEK: I might just start, and I think - - -

MS ORR: Yes.

MR CHALUBEK: - - - Judy and Erfan might add some more detail to that. So before we go any further, I would really like to emphasise that we're not representing any one particular community group or any one particular culture. What we're speaking to are
15 the themes and trends that we've – that we work with, and we've observed over the 50 years that we've worked with refugee and migrant communities and more than a decade's work in the domestic, sexual, and family violence space. So we just really wanted to make that clear, but over that work there's sort of these three clear contextual themes that emerge.

20 So there's collectivism, cultural influence and disruption, and the refugee and migrant experience. So for many of the families that we work with, there is a really strong emphasis and focus on collectivism. So this is about prioritising the needs of the broader family, where there's a strong interdependence of those broader family roles beyond the nuclear family. So you have extended family, grandparents, uncles, aunts,
25 cousins, even in-laws playing a significant role in the day-to-day goings-on within families, as well as significant role in decision-making within families.

There's positive elements to that. So there is a broader support network, supports the preservation of cultural heritage, promotes a sense of belonging and cultural identity. But on the flip side of that, that means that those extended family members
30 can have a significant influence on the exertion of power and control within families, which increases risk factors for the families and the communities that we work with. Looking at cultural influence and disruption, if you look at the different perspectives and practises related to things like elder care, child care and particularly the roles within families, they're obviously driven by traditional cultural backgrounds and norms.

35 But these have become blended with contemporary influences, and for refugee and migrant communities those contemporary influences are Western and Australian cultural norms and expectations. So, there's positive elements to that, but that can create additional pressures and stresses that impact the dynamics and interactions within families. And then you have the refugee or migrant experience, and this is associated
40 with complications and concerns around visas, language barriers and being in a high state of stress and alert for an extended period of time, and they can also become

significant stressors. So they're, sort of, the important contextual components.

MS ORR: I want to ask you a bit more about that cultural influence, and collectivism probably plays into that as well. Is that something that, I'm not sure who wants to go first, but if either of you?

5 MR ABIDI: Oh, I can do it.

MS ORR: Yeah.

MR ABIDI: Thank you, counsel assisting. To be clear, we are not representing any community or any cultural background or any specific group or cohort. We are talking about what ARA is doing based on our experience and observations as we work with
10 different communities. Working with different communities, specifically men that I work with them through their engagement in community education sessions, they are sharing some of their insight and their experience, how they lived there back home, and what has been changed for them, and what's the different approach that they are doing now. So people with different backgrounds, especially refugees and migrants who came
15 here, they have some practise traditionally.

They typically assign responsibility to the family members. Based on the experience and observation that I worked with men through ARA's community engagement sessions, they are always saying that men are usually responsible for protection of the family. So they are responsible as a protector of the family for everything. So they
20 have the responsibility to look after the family, protect the financial stability of the family, the health and well-being of the family, the culture, the belief, the religious practise. The social activity of everything that they practise day to day in their life, men are usually responsible for that responsibility.

And they are using all of their efforts, and they are doing their best to maintain this
25 because this is something that they grew up with, and they raised, and this is – they have a strong connection to that practise here, coming to Australia. But coming to Australia, adopting a new society and a new way of life, some of these responsibilities face the challenges. Again, I want to be clear that we are not justifying the violence again. We are just sharing the experience. So some men to protect these responsibilities, to keep
30 and maintain such responsibilities with their fail, they may approach some unhealthy mechanism and unhealthy approach in their relationship, which can lead to domestic violence as well with these families.

MS NZIU: Just to represent those women that we've supported during case management, they've given us their insights around the roles of women. They have
35 shared back home some of the roles they are given is to maintain the reputation of the family. This has a big pressure whereby, for example, if they are going through challenges in the marital status, they are not allowed to go out and discuss with community members. Women are given this huge role of being respectful to their husbands, but not only their husbands, but also to his family members who are living in
40 the same household.

This can have some impacts whereby, for example, the women want to bring up their

family in certain ways of their children. This can be – they can have some influences around the family members staying in the family. Women are also given this huge role of staying at home. They're not allowed to work. They're not allowed to go out and study. Their main role is to look after the children and perform the home
5 duties. Looking on the other side, when these women have come to Australia, their roles have had huge challenges.

One of the challenges is social isolation, whereby they're not allowed to go out to access services, they're not allowed to go out and learn English classes, so this can have a lot of, you know, a big impact on them knowing the services within Australia or even their
10 rights. Another big challenge is the parenting pressures. When the families move in Australia, they move with also the extended family members. So when they're living in the same household, there can be some pressures around parenting.

Mainly learning the new ways of raising children in Australia can be impacted by also the family members. For example, if the children are within a certain age, they need to
15 go to school. But the family members do not agree with that, this can lead to involvement of the Department of Child Protection. Another big challenge is whereby, when women move in Australia, they get to learn about the opportunities they have in the new land. They get to know that they can be able to access family tax benefit, they can be able to go out and work. But this poses a big threat to men whereby it can lead
20 to the intimate partner domestic violence.

MS ORR: You talked about often the women are responsible for the reputation of the family. Is that something that can present a challenge on coming to Australia?

MS NZIU: Yes, and we've seen this mainly when women are going through domestic violence at home, or family violence. They tend not to come out to seek support
25 because of the pressures within the family. They don't want to destroy their reputation or bring shame to the family. And also, if they go out and seek support, then there's some, you know, some implications whereby they might get threats from the community, from the religious members, or from even within the family members in the household.

30 MS ORR: And what about, you touched on it before, Mr Chalubek, but the additional stress and – stress, excuse me, and pressure of migrant families, but in particular refugee families, how does that contribute to the changes that happen on arriving in Australia?

MR ABIDI: Do you want me to jump in? Good. Based on some observation that we have, most of the refugees that came here and worked with them, they are in survival
35 mode. The pressures that they have been through or the pressures that they are facing here in the new adopted country and new society, sometimes it impacts the way that they are living. Like for example, as I mentioned, the men are responsible for protection of their family, and Judy, my colleague, was mentioned about women like keeping the honour of the family, and they have that responsibility.

40 Coming here, bringing lots of pressure that they have been through, the traumatic life that they have been through, and coming here facing new challenges, it might impact those responsibilities that they used to shape their families and how the family structure

worked with them. And now keeping and maintaining such responsibilities while having doubled their stress from back home that they got here and facing new pressures here, so this impacts the responsibility of everyone in the family that they have in relationship.

- 5 Men lost that sense of feeling that they cannot control the family, and they cannot protect the family from everything, and women, while the expectation is that the other family member expect from women to keep that honour and reputation of the family by doing everything at any cost, while they are already faced to lots of stress and pressures, it may not happen based on the expectation of the other family members.
- 10 Like our CEO mentioned, that not only intimate partner contribute to the domestic violence of refugee and migrant communities. While it's a good support network, while auntie, uncles, brothers, father-in-law, mother-in-law, grandfather, they support the family members, but it works all the way, all around us. But sometimes these family members contribute and bring more pressure on the family members to keep on doing
- 15 what they were doing back home here, which sometimes the face challenges, and they may not be able to continue that responsibility.

MS ORR: And so the violence can affect the whole family and all of those relationships.

MR ABIDI: Correct. Impacts everyone in the relationship.

- 20 MS ORR: I want to ask you now about, sort of, particularly prevalent types of violence, or unique types of violence that you see with migrant and refugee communities. I can ask anyone who would like to start by giving us maybe some examples or some descriptions of the types of violence that are common.

- MS NZIU: I'm happy to start. I think before we go to speak about the unique types of abuse we've seen, mainly in our case management work, it's good to understand where these types of abuse are coming from. We've seen not only the behaviours or the abuse coming from the men who use violence, but we can see it also coming from family violence, whereby the family member is living in the same household. One of the unique types we've seen as a form of abuse is the forced arranged marriage. We've seen
- 25 this happening mainly on women who are between the age of 17 and 20.
- 30

- They normally go to this age mostly once they have finished high school. So it's seen as a rite of passage, or it's around connecting someone to get married for visa status, or to bring wealth into the family. Another unique type we have seen is the female genital mutilation. This is seen as a rite of passage and is also seen as a way of suppressing
- 35 women's sexuality. Another third unique type of abuse we've seen is coercive control. This is a major type of abuse that we see almost in every client coming to get support. A good example is mainly men when they come to Australia, and they are attending appointments with their wives. Men are used to speaking on behalf of the women in appointments. And women might see this as an okay behaviour because men
- 40 are, you know, they are in charge in the family. But at the end of it all, we educate them, and we teach them that this kind of – can also be seen as a coercive control.

MR ABIDI: I would like to add a few unique types that we noticed during our work, following Judy's discussion. The other unique type is that mostly men are stopping women from practising their freedom, when they arrive here in Australia. When we have discussions with different groups, they always say that "We used with this life,"
5 and coming here, they have to change, and they're changing. And this is triggering the other family members that they are not happy with such practise.

So, they were sharing the experience saying that this was okay back home, because of the society, it was made or shaped or because of the war and conflict, or how the society was structured. It was working very well based on their point of view or based on their
10 responsibility allocation to the family members. Where mostly women were doing domestic things, not going out or not being active in social participation. So they are avoiding women from practising that freedom and avoiding them to participate actively in social participation in the community.

Sometimes it triggers others that they have the rights, while when they see that they are
15 living in a society where it values their individualism, why they have been stopped by not doing those practises. So mostly men are stopping women from practising this freedom. It triggers the others, that they have the rights and any reaction, as I said, again, like what Chris mentioned, any reaction of the females to advocate for their rights, can lead to domestic violence, and other family members, not dependent,
20 extended family members contribute to the violence.

MR CHALUBEK: We've had cases where the concerns aren't coming from the intimate partner, they're coming from other extended family members and that's where the pressure and the concerns are coming from, and that's not an uncommon pattern in the work that we see. And I think another unique element around coercive control or
25 restriction of freedom is using visa status, and access to visas, is a common theme that is used, and maybe Judy and Erfan can speak to some of the details about that. But that is that, sort of, something that we see quite often. The concern around if you, or the threat being made, if you go and seek help or do this, that's going to put your visa under threat.

MS NZIU: And I would like just to add one unique type that we also see, but we get to
30 see it emerging later on during case management. Most clients, at the end of support, will not disclose sexual abuse. Because this is seen as, once there is marriage, it's seen like, that's their duty as women, to please their husband. But later on in case management, most clients have disclosed sexual abuse. And this is where, when we do DV education with them, we provide them with education, that's when they disclose this
35 has actually been happening.

MR ABIDI: Another common type is that we notice is economic abuse. Mostly men, that they support the family financially, and women in some communities that they are not yet ready to adopt the financial support of the family. Men who are supporting the family and providing all the funds needed for the family, they use this as a tool to
40 control others in the family, which triggers others and sometimes the reactions end up to the domestic violence.

MS ORR: Are you, Mr Chalubek, able to help us with some – sort of stepping back a bit – more general observations about why this violence is happening in refugee and

migrant communities?

MR CHALUBEK: Yeah, I think probably a really important point to make is – so the domestic, family, and sexual violence, I think we need to understand that it's universal root cause is in the misuse of power and control. It doesn't matter, it comes from the same place no matter where you're born, what language you speak and what's your cultural background. You know, I think that's really, really important to understand. So whilst the underlying causes are universal, really what we've been trying to emphasise and articulate is, in particular for refugee and migrant communities is that the risk factors, and how domestic, sexual, and family violence is manifested in the families and the communities that we work with, is very, very different because of those things that we've been articulating. We need to kind of understand that and not lose sight of that.

So it is things like gender roles – sorry, defined gender roles, cultural influence, experience, the refugee and migrant experience, adds pressure in a very, very different way for the communities that we work with, and then therefore that has a really significant role influencing how that – how things are experienced but in particular, importantly, how it's addressed. So it's really crucial that we take this opportunity to understand the nuances and those critical cultural elements, so we can develop the most appropriate prevention and support services, I think, for the communities that we work with.

MS ORR: And what about barriers to help-seeking and reporting? What do you see in the people that you work with in that regard?

MS NZIU: I think one of the barriers we see, and most women that we work with have shared that one of the barriers is the systemic barriers. Some of them they have provided examples, for example, when they contact emergency services seeking support and these women have gone through family violence, not intimate partner violence, these services have turned them away. So majority of the services, they don't have those skills or training to provide support for those clients who have gone through family violence.

And in addition to that, majority of the women have also provided examples in the set-up of the emergency accommodations. The emergency accommodations, as much as they provide that temporary or respite support for clients, they do not have cooking facilities. They do not have prayer rooms. These women are put in locations they don't even – they're not familiar with, so they feel very isolated. Another barrier that women have shared is the fear of, you know, being deported back to their countries.

The perpetrators have made threats to them. If you leave me, I'm going to cancel your visa. You're going to be returned to your country. And this has brought that huge fear to women to come out and seek support. And another factor is the hope for change. This brings us back to the, you know, the roles of women. They have to maintain the reputation of the family. So before they come out to seek support, they're holding strongly onto that hope that things are going to change back home. So they – that takes a while for them, coming out to seek support, and also lack of awareness of the services we have out here.

A majority of the clients they have shared, they didn't even know they can access the escaping violence grant or access the Red Cross grant. But once they know, actually you can get these \$5000 to help you, you know, set up another home, buy furniture, that motivates them to coming out and seeking support. One of the biggest barriers we have had as feedback from women is the language barrier. Again, women, when they move to Australia, their role is to stay at home, look after children, so they don't go out to, you know, seek support, learn their language. So when, for example, things are not okay at home, they are not able to contact emergency services because they are not able to express themselves. I would like to invite Chris and Erfan to give more examples around the language barrier.

MR CHALUBEK: Erfan, did you want to share one of your examples?

MR ABIDI: Yeah. The language barrier is the main thing heard – we experience working with different communities. We always hear the concerns that they cannot express the issues, and they cannot explain the issues in an appropriate way. And this is one issue. And the other issue is culture barrier as well. So we have cases, and we have discussions with different groups of people.

To give an example, they shared some concerns regarding changing the meaning of words into English from different languages. It lost a meaning, and it actually removed the understanding of how important, or how serious was the case. A community – we work with different communities, some of them share different examples. One example was rape. So, in a particular language, rape, to translate that in English, doesn't have any meaning. We have cases that someone was trying to sexually assault someone by sending such messages. The attempt was to rape, but changing that to English lose the meaning. So they were concerned about the front-line workers, if they see such things are translated that in English they won't take it seriously, and they won't believe it because it lost the meaning, and it has no meaning at all. So this is one issue. The other thing that we noticed is that they have limited awareness about their legal rights.

Any time that we approach different communities, and we have our education sessions and workshops within, we realise and we notice that there are many people living here for a couple of years, still they are unaware how to contact triple zero just in case of an emergency. So we have cases that the clients were kept isolated, unaware of their legal rights and unaware of how the society works, or what support and services legally are there for them if they need help. But because of that awareness, lack of awareness, they are unable to access it.

We have many cases that the clients cannot contact triple zero. Imagine if something imminently happened in their lives and are in danger, how they can access support. This is another issue that we face. And also, financial pressure is another thing that most of the clients, if you work with them, and people use violence and financial control, this is a big issue as well. Many clients, that they were victims of DV, they stay in relationship because they are financially reliant on the person who is using the violence.

MR CHALUBEK: And so I think probably just another example of the importance of translation and the loss of meaning. It can be something as simple as an approach to

someone within particular cultures can have, and the way that's expressed, has significant concern and raises the level of threat and concern quite highly, but when translated it has a very benign meaning. So when approaching safeholds, there's a disconnect there. So I think it speaks to an opportunity for that,
5 developing understanding around the cultural nuance and translation.

And when we're translating, we're translating meaning, not just words. I think another barrier too, in particular from a family context, is where there's a unified voice, there is – that increases isolation for help-seeking. So when there is a unified voice around a particular person, there is no one within that family system which would typically –
10 which could be supportive for them to reach out to and seek support.

MS ORR: I think you spoke earlier about, it's the extended family who makes decisions. Is that part of that as well?

MR CHALUBEK: That's correct.

MS ORR: People are not making, especially the females, are not making decisions on
15 their own.

That's correct.

MS ORR: I want to, sort of, move on to the education that you're doing in community, but as part of this bigger question, which is: what is needed for newly arrived multicultural families and communities? You mentioned, at the beginning of your
20 evidence, some of the programs, the formal programs being offered by ARA, but I understand that you also do a lot of informal, constant education throughout your settlement programs and other activity, I suppose, with your clients. Is that correct?

MR CHALUBEK: That's correct, yeah.

MS ORR: Everyone's nodding, yes. But the particular program I wanted to talk to you
25 about was the Communities for Change. What it is, and what you're doing. Who would like to?

MR CHALUBEK: Erfan's going to, yeah, speak to that.

MR ABIDI: Yes, Community for Change is a unique approach that we practise. So it's a community engagement session, community engagement workshops that we run, and
30 we deliver. It's about early – it's about general awareness around DV, and also it's a prevention program. The unique things with this program is that we recruit, and we identify volunteers and those people that are active in their communities.

We identify names, recruit them as volunteers, and they receive the proper training around DV and how to deal with DV cases, how to address violence issues within
35 communities and seek help and support, and how to deal with the condition and situation that they face in their community. So they receive the proper training around DV and other required trainings that we think that it should – they should receive such

trainings within this program. Currently, we recruited 14 people from different communities. They all receive trainings, and most of them have conducted sessions while we monitor them, and we mentor them. And we run these workshops in a way that it works for the community after we have a consultation with them, and they chat
5 with the community, and they think what things are required to add as a topic in this discussion, in these education sessions. And we invite relevant speakers from SAPOL, from legal organisations to address from a legal perspective, or from justice approach to many cases.

10 So after a series of consultation meeting and discussions that we have with them, and they have with their community members, we run these sessions. And in the sessions, we open the discussion or the training or the day workshops by talking about the topics such as, what are healthy relationships and what are unhealthy relationships, and what are the roots of DV in your community and what things can lead to domestic violence or what things can make a relationship unhealthy.

15 Then it gives an opportunity to the participants to discuss and contribute to the workshop by saying what are the signs of a healthy relationship from their practise or from their perspective or from their experience and how they live together in a relationship by sharing signs such as equality or responsibility, partnerships,
20 collaboration, kindness, freedom, safety. These things, they are mentioning in their relationships which are quite important to maintain a relationship in a healthy way. And then we show them the resources that we have and how it works from an accredited sources, how relationships can work based on practising these ones.

And then, again, we are talking about what are the signs of unhealthy relationships. Then, again, the participants contribute and talk about what are the
25 unhealthy signs which could lead to domestic violence that could destroy or could end a relationship or can make a relationship an abusive relationship. Then they talk about opposite signs of the healthy relationship that they just talked about. They will talk about not being kind, someone is getting ignored in relationships, not being heard, not allowed to practise their belief, their religion, their culture.

30 Avoid someone from participating in the community or social isolation, not giving someone values or not respecting someone, discrimination. These are the things that they are discussing on the day and then again we compare what we have in our presentations or that speakers can compare what they are presenting to them. This is
35 how the discussions start, and then everyone shares their stories. Then when they open discussions, they tell their stories to us. That's the time that we collect and generate our data from.

So to give how this program works very well, to give you a good answer to this, this is – we train the community members to train their community. So it means the community is speaking back to the community. We have quotes that participants are sharing and
40 saying that they really love the session and the workshops because they realise that someone from their own community, that they can speak their own language, and they know their culture, how to address issues in their community. They're speaking to them, someone among them, so it helps them to share their experience and if they need help, they can approach them.

Sometimes, based on our work and our experience, we notice that community members are not comfortable sharing and talking about their experience of being a victim or someone who used violence against someone in a relationship. By having community educators in their community, they feel very comfortable to sit and talk with the person, and seek assistance if they need it. So to give a data or a rough number of how many sessions we conducted with Community for Change, we conducted nine workshops since January, here.

Since January 2025, we conducted nine sessions with four different community members, and our community educators conducted these sessions. We had speakers from SAPOL, we had speakers from other legal organisations, which was very, very interesting, and the community were very engaged in the sessions. For example, when we had SAPOL officers coming in and addressing how they handle the cases and how they approach to do the reports. It gives a very open sights to the participating. The first thing is, it could be an answer of barriers. I go back to that question. That the community members, some of them have a fear from SEPOL, because back home, we're not talking about what they have practised or what they experienced back home, but coming here, still they have that fear. By bringing speakers, inviting speakers from justice system, from legal services, or from other organisations, it helped the community to openly discuss in a very open-oriented discussion. We conducted nine sessions since January 2025. We covered 310 people from different communities. 171 of them were men attending to these sessions, and 139 of them were women attending to these sessions. Yep. This was Community for Change.

MR CHALUBEK: Did you have a couple of quotes to share, on certain - - -

MR ABIDI: Yes, I have some quotes I wrote down here just to not mix it with anything. So I have one here. One of the community educators saying, "Being the community educator has given me the opportunity to serve my community through a culturally appropriate approach, building trust and creating a safe space for open conversation. This trust allows me to refer community members to available support services when needed, ensuring they receive the help they need and deserve."

This was one of the community educators, and one of the participants said, "Seeing someone from our own community openly talk about domestic violence, a topic that's still constantly the taboo, gives us the courage to break the silence. It's empowering to witness someone who understands our culture addressing the sensitive issues, encouraging victims to speak up and seek support without fear of judgement." This was a quote from the community engagement.

At the end of the sessions, in each session and workshop that we do, we ask the participants to join us giving some feedback and survey to help us to shape the program based on the need of the community. So we have two questions that is in our feedback form saying that "I know where to go for support." Then we have very sure, unsure. The mark is from 1 to 5. We received 82.1 per cent of the participants out of 182 people attended. They said they are very sure, and they got 5. 13.1 per cent, they say they are very sure, and they give 4 as a mark. We have 2.4, they give for 3. Still very sure, still very sure 2.4, 2 per cent; and we have 0 for unsure.

MS ORR: I don't need to ask you how you measure success when you are getting those kind of feedback responses. It's probably been apparent from what you're saying about how it works, but are you able to – and I don't know if other witnesses have anything to add – but what do you think are the keys to that education that are working?

5 MS NZIU: I think mostly, like, Community for Change focuses on prevention. But it has also created our referral pathways to our DV programs, whereby, for example, men and women attend the Community for Change sessions. And then they go back home and reflect. And they say, "Actually, we have a problem at home, I think we should, you know, go out and seek support." So Efran has been able to send referrals to us. I
10 think from last year, we've been able to get referrals from him, up to 20 referrals. We've been able to support these clients through the EASE program, just the early intervention whereby we focus together with men and women, focus on their problems at home, to refer them with support so that we can prevent their relationship escalating to domestic violence.

15 MS ORR: Is that their EASE program, did you say?

MS NZIU: Yes.

MS ORR: And you mentioned that at the outset, didn't you? So that's a healthy families education?

MR CHALUBEK: Healthy relationships, yeah.

20 MS ORR: Sorry, healthy relationships.

MR CHALUBEK: No, that's fine. And I think, so the other – I think the key component for the success is it's creating those supportive and culturally appropriate environments where we can address that cultural gap. I think that's part of the success. And it's about empowerment, so it's doing with, and not for, communities; and, you
25 know, Efran said it really well. It's community speaking to community, and that's the key – I think, the key drivers of success for that particular, for that particular program.

MS ORR: Did you mention also at the beginning the Strong men – stronger men, strong family?

MR CHALUBEK: Strong Men, Stronger Families, yeah.

30 MS ORR: Do you want to give any more brief information about how that, or what that program is?

MR CHALUBEK: Yeah, I think I'm probably going to throw that to Efran if I can. He works within that program.

MR ABIDI: Strong Men Stronger Families program is designed to promote healthy
35 behaviours with men in the community. We promote healthy behaviours with men and we are, again, it's education sessions. We invite men from the community, sometimes

women, as well in the community to – in the sessions to participate. And then we start discussions, how we can promote healthy behaviours. Like for example, we gave some examples, if it's a healthy relationship, what things you are doing to keep your relationship healthier?

- 5 Then they say "We are contributing to each other, I respect my wife, I do these things," or "I have done these things to maintain the relationship in a healthy way." And then, from other sides, we ask them questions like, if your wife is saying, or if someone, a female in your relationship is saying that they want to participate in some social activities, are you willing to help and contribute then? Most of the time, we don't have a
10 yes answer immediately. But sometimes they give the answer indirectly, which means no. Then again we are talking about, do you think that your relationship is healthy relationship? You are avoiding someone from practising their freedom.

- And we, when go to different communities, sometimes we try to bring one of their local leaders or someone that is a respected person in the community to speak about the
15 culture, or if there are religious groups, we bring someone from the same religions to talk about equality and right of everyone from their religious perspective or from their cultural perspective. So we are promoting healthy behaviour, equality in their relationships, by encouraging them to participate in a meaningful relationship.

- MR CHALUBEK: And I think that program allows us to work across generations as
20 well. So you know, one week I'll see Erfan with a group of middle-aged men, gentlemen from Afghanistan, and then a couple of weeks, he's at our Hangout program engaging with a group of young men around these type of sessions and information, so that's also an important component of the Strong Men, Stronger Families program.

- MR ABIDI: This is the only program that we have working with men, directly,
25 specifically with men; and this is the only opportunity for them to participate and discuss and address the challenges that they face in the community and in their relationship.

MS ORR: And I suppose, give them a space to talk about what they're dealing with.

MR CHALUBEK: Exactly.

- 30 MS ORR: That brings me to my last question, which is a big one, which is: what do refugee and migrant communities need to thrive or to move forward without violence?

- MR CHALUBEK: I might just start. Particularly for the communities that we work with, it's services and opportunities that support social and economic participation. They significantly reduce the pressures and the risk factors, but they also
35 support recovery as well. So, you know, so we need to ensure that there's access to services that support employment, access to education, and enable positive social relationships and social participation, because that leads to financial independence and social stability. And a couple of complementary programs within ARA that really work towards this are our literacy programs and our volunteer driving program.

- 40 And again, both these programs have a preventative focus and support recovery,

This transcript is intended as a guide only and as an aide memoire with respect to the audio visual record, which constitutes the official record of the hearing on 26 March 2025.

particularly around social and economic participation. So for our driving program, 67 per cent of people – this is a volunteer-led driving program – 67 per cent of people that will get their Ps will go on to get a job, which is significant for enabling mobility economically. And for people in recovery, I think just this year, Judy was sharing with me that 37 people from our Family Safety services, our Case Management services, have been referred in to our volunteer driving program. I think Judy has an example to share of the impact of access to that service. And it's really – and I think the access to that – to a licence is something that we more broadly take for granted, but the access to that is really, really significant. So I'll hand over to Judy.

10 S4: I think mostly for those clients that we work with from our Family Safety programs, we've been able to refer them to our ARA Drive program whereby they have been able to go through their driving test and they have been able to come out to their community. They have been able to go to work, which was a barrier before where they could not access public transport because they have children. They have to drop them in child care. But now they have been able to drive. They have been able also to have access to their community a bit more. Some of the clients we've been working with, they have shared they've been able to focus on their passion. A majority of them, they have said they have been able to even focus on traditional dances, which they could not access because of the distance from their homes.

20 MR ABIDI: One thing that I would like to mention is that, to help refugees and migrants to thrive in their community and live a new life, there are lots of things required. One thing that I would like to mention is economic and social participation of them in the community is very important. To support them economically and also to help them to engage in social participation. It reduced the pressure on the family members. We are working with them, but still there is a requirement and need in the community. Also, we don't have enough support available for mainly the community.

We have cases that remain with victims, and we were trying to connect them to the available services and supports. Unfortunately, there was a long wait for them to get that support. Most of them quit asking us to seek support any more. Mostly when we run sessions and engage with the community, they always share their concerns, saying that there is no support available for me in the community. And if there is a support available, it's very hard to get that support urgently or in a short period of time. And also, we don't have programs that enable us to work like a family-oriented program.

30 Like what our colleagues mentioned, that domestic violence happening in the refugee and migrant communities, is always not from intimate partners or among couples. In decisions making, the other family members, they contribute a lot, and they have a high significant role on the relationship of their siblings, their relatives in their community. Even sometimes the community influences in the relationship of these refugee and migrant communities.

40 Currently, we only have EASE that we work with couples, if they want to stay in the relationships, and they want to continue and change some of their behaviours to a healthy mechanism. We work with them together, but we don't have such a program to collective – we don't have a collective culture approach program to work with all of these family members, to enable them to contribute to healthy relationships

and reduce the pressure on, reduce their violence on community.

MS NZIU: And I would like also to add training, mainly for the services on understanding of the collectiveness and the individualism, to be able to understand the roles of women and men in CALD communities, to be able to get ready and have that curiosity to work with them. Also to remove the financial barriers that women face, mostly when they're escaping domestic violence. We know mainly women will not have access to Centrelink. Majority of them will not even know what Centrelink is, and when they access emergency accommodation, one of the main requirements is that women are meant to be self-funding once a fortnight, and they don't have that income.

10 And this can be a barrier to them meeting the emergency accommodation criteria. Another point I would like to add is the expansion of the early intervention programs. Because the way they work currently, like our EASE program, it works really well. We tend to get engaged with clients very early on to prevent, you know, that abuse continuing. We've also been able to get engaged quickly to remove the women and children who are in – at risk. We've been able to put them in emergency accommodation and help them to thrive and live a life free from abuse.

MR CHALUBEK: And probably one final and potentially aspirational consideration I think is exploring cultural co-responder programs. These have been really invaluable in the mental health space where peer workers, people with lived experience will attend visits alongside police and ambulance services and this results in a positive, safe and appropriate intervention at a time of crisis; and I think learnings from that would benefit the domestic, family, and sexual violence services. So by leveraging – by having a cultural co-responder, there's the ability to leverage their cultural knowledge and understanding alongside the expertise of police to provide that safe, appropriate, appropriate response at a time of crisis. That's going to support help-seeking for individuals, it's going to reduce concerns regarding authority, and build a sense of trust. So by incorporating these two elements, we're going to – there's going to be the ability to have more appropriate supports and greater access in taking up of the services where both parties are going be able to respond to the cultural and social nuances that are at play in there, so I think that's something for consideration.

MR ABIDI: I would like to add a point to what Chris mentioned. Having someone's, the information – having someone to have information of culturally appropriate and culturally informed when working as a front-line or support provider or service provider. We had a discussion with different communities. They were sharing concerns regarding the assessments of some service providers by saying, there's a question in some service providers. We are not criticising someone, but we are emphasising on cultural understanding and cultural-informed sessions for those of you who are working as a front-line worker or service providers.

40 There were discussions in some of our community engagement sessions, and one of the assessment questions is, "have you been sexually abused," when you are assessing a victim. Mostly with refugees and migrant communities, first, we are not talking about the sexual relationship or sexual connection or sexual activities. And also, the consent, most communities or refugees background people, they think that when they got married, so consent is already given, so there's no discussions around that. So the

question is, if you are sexually abused or not, definitely the answer is not.

But when we discuss about the people, and when we explain it from a cultural appropriate, like, "Was there any time that the couple or the partner wanted to have sex with you, and you didn't want, did you accept that because you're in a relationship, and you really didn't want that?" They said "Yes, if we don't agree with that, they use the violence against us, because we already gave them the consent when we got married," or "when we got engaged," or something like that. This is a unique change, or a small change use of the question and of the systems or the approach will take lots of information.

10 MS ORR: Thank you. I have no further questions, Commissioner.

CMR DESPOJA: Thank you, assisting counsel. I just have a couple of quick ones. I'm mindful of time. In your submissions, you do refer to the role of religious leaders. Is that something that you'd like to comment on? And I'm very conscious that it's quite a heterogeneous group of, you know, our wonderful multicultural community, refugees, asylum seekers, migrants, very broad. But is there a specific role that religious or faith leaders can play?

MR CHALUBEK: Yeah, I think so, through – Erfan, I think, touched upon it, is the role that they can play in our community education programs and speaking, having a strong positive voice in the work that we're doing. So we're going to do that in the work that we do, but there's a significant role that they can play and bringing trusted voices from within community which is really, really important.

MR ABIDI: Thank you, Commissioner. I would like to add some things following to what Chris said. Role of religious leaders and respected people in the community are quite important and significant to train the community and to reduce the pressure and to reduce domestic violence in the community. In EASE program that, when we run community sessions, sometimes we face such questions that sometimes people share their insight by saying that, this is not based on my religions, or what you are practising and what you are aiming for, but we already have that things equipped.

We already have that information that we can challenge them with their own religions by having someone from the religion as a guest speaker. But someone who have enough information and knowledge, we bring them as the guest speakers. And also, for the EASE program, we use the Gottman Institute, which is a verified and accredited resource for addressing these issues from different religious perspectives. So we have some communities, and they are Muslim communities.

We are trying to bring someone respected, or one of their community leaders or religious leaders is to present to them about the woman's rights or the equal right in their religions, or the right of men in their religions or the relationships from the religious perspective. It's all about peace and contributions and collaborations. But sometimes the society shape that understandings that people practise some things that could be against religions, but we have the tools. Especially if we have sessions with different religious backgrounds, like the Christians, and they follow the Bible. We have the Gottman Institute resources that we brought up as a topic in our conversations, and we

showed them from the religious perspective as well on the day.

CMR DESPOJA: Do you sometimes need to train some of those faith leaders as well in some of the issues with which you're dealing?

5 MR ABIDI: Well, when we invite them, we already tell them that we are talking about this topic, which might trigger some people that they are not happy with the way that we are delivering, so you have to present from the reality of the religions that they are following, or you have to convince the people that they are attending, if they are doing something based on their religious practise, or they are adopting the society practise.

10 CMR DESPOJA: I'm just wondering, in terms of the opportunity to thrive and all of those ideas that you put forward, I'm wondering if you've got any specific references to changes to visa systems that would enable empowering women in particular and families. Would you consider recommendations around changes to either spousal visas to remove elements of power and – or TPVs, Temporary Protection Visas? Is that something that is problematic for people in vulnerable circumstances?

15 MS NZIU: I think that would be a good opportunity because I think the barrier here is that lack of education of the visas. A majority of women who have come to Australia, they've come through partner visa. They don't know how to transition from there. They don't know they can get protection visa, and they can get their own independent visas. And that's where a majority of them – they live through the fear of, if they come
20 out seeking support, they're going to be removed from the partner visa, and they're going to be deported back to their countries. So I think having that early intervention and early education when they move to Australia, these are the visas you can get. You don't have to stay silent going through domestic violence, you're able to transition to something we call a protection visa.

25 CMR DESPOJA: Thank you for that, and I am conscious that that is Commonwealth legislation, but awareness campaigns for example is something that could be done. And finally, and forgive me if you've detailed this, but I just want to clarify what funding you get from state-based sources, and from the Commonwealth, in relation to the programs that you run on the issue of sexual violence and/or domestic and family violence, if
30 that's something you can provide us with.

MR CHALUBEK: So the majority of our funding is through state-based funding through Office for Women, and some of our family and domestic violence or Expands program through the Case Management is attached to our Commonwealth Settlement Engagement and Transition funding. That's a very small
35 component that we've contributed to that, so it's mostly state-funded.

CMR DESPOJA: Okay. Thank you very much.

MS ORR: I've got no further questions, Commissioner. I'd ask the witnesses be released.

40 CMR DESPOJA: You are free to go, but we might just ask you to sit for a few minutes as we close proceedings. Thank you for your evidence today.

Well that brings us to the end of the public hearings for this Royal Commission into Domestic, Family and Sexual Violence. I want to thank all witnesses from today once again, including our final witnesses from the Australian Refugee Association for their valuable evidence. It was an important aspect of this Royal Commission to hear how
5 family, domestic, and sexual violence impacts migrants and refugee communities and what has been done or is being done in this space to break that cycle. This actually concludes our final public hearing for this Commission.

It's been constructive, and I hope it's been forward-looking in many ways. During our 10 days of public hearings, we've heard from a total of 64 witnesses. That's since
10 November 20 last year when our public hearings began. I want to thank all our witnesses who've provided valuable evidence and insights, and helped expand our knowledge, our understanding of the sector in South Australia, including identifying gaps and problems in services and supports, highlighting resource issues, and providing examples, too, of innovation, collaboration and best practise. I'm really pleased that the
15 Royal Commission has connected with a broad range of South Australians, a cross-section of the community, as part of our efforts to listen and learn, to hear and understand, more about the scourge that is domestic, family, and sexual violence. We've heard from front-line workers, academics, leaders in the field; from women, men, children, boys and girls, non-binary Australians, young and older South
20 Australians. We've heard from Aboriginal and Torres Strait Islander people, people living with a disability, people within the LGBTIQ+ communities, and today I acknowledge Ben's evidence reminding us of the dearth of services for that particular cohort.

We've heard, as you've just heard, from culturally and linguistically diverse
25 communities; people living in regional, remote, rural South Australia; experts from interstate and overseas who have experience in service delivery, response, intervention and recovery. Because yes, the terms of reference of this public Royal Commission are broad-ranging, and they are comprehensive. To date, we have held more than a hundred listening sessions across the state, each providing real and relevant insights, and each
30 helping me to build a comprehensive understanding of the issues faced by those impacted by domestic, family, and sexual violence.

And of course this evidence will guide and assist us in drafting our recommendations. It's been particularly important to me to ensure that young people and children had a voice. That they've been a central part of the work that we are
35 doing. We want them to be recognised as victim-survivors or as people deserving of services in their own right. Something our counsel assisting has worked incredibly hard to ensure has happened. And we wanted to highlight young people's voices in different ways.

I think for me the highlight was the student symposium, where we saw young people
40 from a range of backgrounds and schools come together to talk about what constitutes safety for them, what they understand about safer societies and communities. I thank the Commissioner for Children and Young People, Helen Connolly, for her work in that process, but also in facilitating a postcard campaign, enabling us to get direct comments and feedback from young people and children. I also want to acknowledge that I've
45 benefited greatly from the work of April Lawrie, the Aboriginal Children and Young

People's Commissioner.

With the public hearings now complete, aside from two regional visits ahead of us, APY Lands and then Ceduna, public consultation has now closed. Submissions to our website closed back in September last year, and we had more than 360 responses. Our
5 Share With Us survey closed in December last year with more than 800 responses, and I want to thank all of those people, each and every person, who took the time to respond and to share their experiences with us. I acknowledge that for many people that was not an easy thing to do.

10 To the many victim-survivors I have met with, I also want to thank you for your resilience, your bravery and your determination to make things better; to bring about generational change. And on that note, I've met with people who use violence in different settings, including met with male prisoners and others. Thank you for sharing, in a candid and honest way, some of the issues that you face. The Royal Commission is acutely mindful of the need for an intersectional lens, an intersectional approach to these
15 complex issues, especially given the disproportionate rates of violence against women with disabilities, women from culturally and linguistically diverse communities and First Nations women.

I want to thank the Aboriginal and Torres Strait Islander Partnership Group that's co-chaired led by Scott Wilson from SAACCON and myself. Thank you for your insights
20 and your hard work so far, but it hasn't finished yet. That partnership group will ensure that any recommendations that we put forward about Aboriginal and Torres Strait Islander people will be led by, or co-designed by, that group. So, many are the next steps, and there are many other issues to which I haven't referred; but if you've been listening to our hearings, you will have heard the comprehensive discussions and
25 analyses that have taken place. Next steps, we have a report that is due in July, so there's a lot of work to do. My team will continue its work in reviewing transcripts of these hearings. Thank you, team, because that is a big job. Examining submissions, data, and other evidence that we have collated over the past eight months; looking at what is working in other states, in other jurisdictions, including in Australia and around
30 the world; and what else it is that we need to understand about the current systems and understand the changes that are needed as directed under our Terms of Reference.

In addition to the witnesses and agencies that we have called to give evidence, I really want to thank the team behind the scenes. We have an extraordinary secretariat who are working extremely hard. Not only behind the scenes, there are a few here today, and I
35 acknowledge you. The technical staff who have made the public hearings live-streaming go so smoothly, thank you. This would be the point at which we'd have a glitch wouldn't it? No. And the Commission Secretariat generally who have run these sessions with utmost professionalism and a laser focus.

In particular of course our council assisting, our Special Counsel Ms Katie-Jane
40 Orr. You have been diligent, professional, calm and considered during the 10 days of hearings. I cannot thank you enough for the way in which you have presented the evidence to me in order to assist me in drafting recommendations and a report that will hopefully address this scourge of domestic, family, and sexual violence in South Australia. It's an issue that I am confronted with every day, now. I'm conscious of,

This transcript is intended as a guide only and as an aide memoire with respect to the audio visual record, which constitutes the official record of the hearing on 26 March 2025.

every day; whether it's in South Australia, Australia, or globally; and it is haunting.

I'm really hopeful that we will make recommendations that will address our terms of reference and bring about change. I want to end by referencing a comment by one of today's witnesses, paraphrasing her maybe, that this kind of violence is
5 preventable. And I want to respond to an 11-year-old child, quoted also by Special Counsel, counsel assisting, who when asked about domestic family violence as part of this postcard campaign said, "I don't think they can prevent it." Well I can assure you that it is my privilege and duty and intention to try.

This brings our public hearings to a close. Once again, I do acknowledge that some of
10 the evidence presented has been traumatic, and confronting for many people. If you need support as a consequence of anything that you have heard or witnessed during these hearings, I urge you to visit our website for some advice and services: www.royalcommissiondfsv.sa.gov.au. Thank you everyone, and I officially bring these public hearings to a close.

15 **MATTER ADJOURNED ACCORDINGLY**