A critical frame analysis of Victoria's Royal Commission into Family Violence

Author:
Yates, Sophie

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A critical frame analysis of Victoria's Royal Commission into Family Violence

Sophie Yates

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The 2015-16 Victorian Royal Commission into Family Violence was an important site for contestation over the framing of domestic and family violence (DFV). It had a powerful effect on DFV policy in Victoria; the Government accepted all 227 recommendations and has committed significant funding to implementing them. In this thesis, I employ a feminist interpretive approach, drawing on critical frame analysis to uncover the role of gender in problem framing at the Commission. In the context of fierce public and scholarly debate about the problem definition and appropriate policy prescriptions, my research considers: how did key policy actors frame the problem of DFV in their contributions to the Commission? How did the Commission frame the problem in its report and recommendations? What understanding of gender seemed to predominate? I focus on 'key themes' of alcohol and other drugs, mental illness, children, and Aboriginal and Torres Strait Islander communities, as they concern individual risk factors or particular population groups. These themes raise intersectional concerns and complicate a traditional gender power analysis of DFV.

My findings indicate that the Commission and most contributors to it framed DFV as largely a problem of male perpetrators and female victims. However, structural gender inequality framing was rare in my dataset. Further, an awareness of gender asymmetry in perpetration often occurred as part of a women-centred problem framing that did not explicitly interrogate the gendered conditions underlying DFV. I suggest that an understanding of gender as process rather than just as category could be more useful in a 'family violence' policy environment where the problem diagnosis includes violence between all family members. This is firstly because gender as process retains a gendered analysis without only signifying men and women and the power imbalances between them, and secondly because intersectionality, which is crucial to a rich understanding of the way that multiple inequalities affect the perpetration and experience of violence, requires a structural rather than a categorical understanding of gender. I conclude with a visual model of an intersectional approach to gender, power and family violence.

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Introduction

I have always been a feminist, though perhaps without always knowing it. As feminist methodology in political science requires attentiveness to how researchers are personally situated (Ackerly and True 2010), in this introduction to my thesis I will reflect on my sociopolitical location and motivation for doing this research. Raised by the equal labour of egalitarian parents in a liberal democracy, attending a girls' school focused on academic achievement where students were always told we could do anything we wanted, I grew up thinking that men and women were largely equal. I assumed the occasional sexist language I encountered was an aberration, and that society was trending in the right direction when it came to men's and women's relative status in society. I did not actively apply the word 'feminist' to myself until my early 20s when I realised that although I was privileged relative to many other women, subtle forms of discrimination did in fact apply to my own life, and overt forms to the lives of other women in Australia and around the world. I became interested in the subtle ways that women and men are stratified and differentiated based on their social assignment to one gender or the other, and the resulting (but not always obvious) power of men over women in many domains of life.[1]

When I decided to do a PhD, there was no question that it would be a feminist project. Having worked in public administration research for some years, I looked for a topic that combined my interest in public administration and public policy with my commitment to feminist goals of understanding and combating multiple forms of gender inequality in society. Domestic and family violence (DFV) falls squarely within the intersection of feminism and public policy: firstly, it is a feminist issue because feminists have long fought to bring DFV to public attention as a problem that both causes and results from gender inequality. In other words, it is directly related to the power of men over women that has so long fascinated me. Secondly, it is a public policy issue because there is increasing recognition from governments that DFV is a state and not a private responsibility, and requires a resource-intensive, multifaceted government response.

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[1] As I wrote these opening words, a clip appeared on my Twitter feed of journalist and social commentator Angela Epstein talking on British morning television about preferring male pilots to female pilots because of the emotional 'frailties' that women are prone to – an apt demonstration of the need for ongoing attention to these matters.

Due to under-reporting and inconsistency in definitions of DFV, the scale of the problem[2] is not easy to accurately measure – but it is difficult to deny the seriousness of the statistics we do have. The World Health Organization (2017) reports that worldwide, 30% of women who have been in a relationship have experienced physical or sexual violence from their partners in their lifetime. In Australia, the results of the 2016 Australian Personal Safety Survey showed that approximately one in four Australian women and one in thirteen men had experienced physical violence from a current or former intimate partner. One in four women and one in six men had experienced emotional abuse from a current or former partner. Men were more likely to be assaulted in a public place by a male stranger, and women were more likely to be assaulted by a man they knew, in their home (ABS 2017). The Domestic Violence Death Review Team (2018) found that four out of five intimate partner homicides in Australia involved a man killing his current or former female partner. Of the few female-perpetrated homicides, over half were committed by women who had been the primary abuse victim in that relationship. Data from the 2012 Australian Personal Safety Survey revealed that for over half a million women who had children in their care while they experienced violence from a current or former partner, the children heard or saw the violence (Cox 2015). In the state of Victoria (where the research site for this thesis is based), police responded to 53,695 family violence incidents in the year ending March 2018, which constituted 14.1% of all criminal incidents in the state (Crime Statistics Agency 2018).

Since the mid-1970s, Australian governments at both state and federal levels have put policies in place to respond to DFV (Ramsay 2007), but the scale of the response and the pace of reform has fluctuated in the ensuing decades (Chappell and Costello 2011). In the past several years, the problem has again come to the forefront of the public consciousness, driven partly by several high-profile cases of men killing their partners or children, and partly by persistent work from peak bodies and feminist activists to gain media and political attention for the problem (Yates 2015).

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[2] I use the word 'problem' here in the same sense as frame theorist Carol Bacchi (2009, x-xi), who describes it as a condition in society that is seen as needing to change, and that government policies aim to address.

I understood from my reading of the DFV literature that many people considered this violence to be a 'gendered' issue,[3] perpetrated more by men than by women, and with women and children being disproportionately affected. However, through my reading and through what I observed in traditional and social media, I was also aware of a 'backlash' against the gendered lens on DFV. This was mainly from men's and fathers' rights groups, who argued that women were also violent and that men were disadvantaged in family court due to accusations of DFV. This backlash was fuelled by research from scholars who published work showing that men and women were equally violent in families. I wanted to investigate the level of gendered or feminist understanding of DFV in the policy response to the problem in Victoria, and explore whether contesting views of DFV were apparent in the policy discourse. This was important to me not just because I felt the role of gender inequality in DFV needed to be acknowledged, but because how we define problems affects the actions that we take to address them. If gender inequality is seen as an important cause of the problem, then actions to address gender inequality will form part of the solution.

1. A Royal Commission into Family Violence

During the first year of my PhD (2015), the Victorian Government conducted a Royal Commission into Family Violence.[4] This was very significant, as royal commissions are the most powerful and prestigious commission of inquiry available to governments of the former British Commonwealth (Prasser and Tracey 2014), and no government in Australia or elsewhere had ever conducted one into this issue. The purpose of this royal commission was to examine Victoria's family violence system and make practical recommendations to improve the system, with the stated aim of 'ending' family violence. Between February 2015 and April 2016, the Commission held 44 group consultation sessions with 850 people, received over 1,000 written submissions, and heard from 220 witnesses over 25 days of public hearings. Commission staff consulted with stakeholders from the police, child protection, family services, family violence victims' and perpetrators' services, the courts, Aboriginal and Torres Strait Islander communities, mental health and drug and alcohol services, and advocates

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[3] Inevitably, my understanding of what is meant by 'gendered issue' has changed in the course of writing this thesis, but I still believe this to be true.
[4] Victoria's longstanding use of the term 'family violence' in both legislation and policy documents (together with an expansive definition of the concept) sets it apart from most other Australian jurisdictions and similar countries such as New Zealand, the UK, Canada and the US. I explore this overall frame of 'family violence' further in Chapters 3 and 9.

representing various population groups and interests. They also consulted with researchers from a variety of disciplines and epistemological positions.

Royal commissions are important sites for meaning-making – they are explicitly designed to explore alternative viewpoints on issues of public importance (Orsini 2014; Prasser and Tracey 2014). This made the Commission an ideal case study site to explore how various policy actors understood the problem of DFV, and where a feminist approach to the problem fit in their understanding. Furthermore, in a radical move, the Government undertook in advance to implement all of the Commission's recommendations – whatever they might be. Thus, the Commission was of crucial importance for advocates and practitioners interested in government's response to DFV. Given these factors, it appeared that the understanding of the problem cemented in the report and recommendations of this Royal Commission would have long-lasting effects on the Victorian policy landscape; the stakes were clearly very high.

The Commission's public hearings began on 13 July 2015, and I attended many of these sessions in person, and read the relevant transcripts from those I missed. At this stage I approached the research inductively; I was not yet sure of the theoretical framework I would draw on in my work, but I wanted to understand as much as I could about how the Commission operated, and listen to how the witnesses called by the Commission talked about the problem. These witnesses came from many different professions – among others, police officers, court workers, family violence victim support workers, psychologists, public servants, drug and alcohol workers, researchers and advocates from a range of different fields and paradigms, and workers from Aboriginal community controlled organisations. I noticed that while some talked gender-neutrally about victims and perpetrators, most acknowledged women and children as the primary victims, or used language to position women as victims and men as perpetrators. However, the degree to which witnesses discussed or alluded to gender inequality or the gendered dynamics of the problem varied considerably. Some made it clear that the unequal position of men and women in society was a strong causal factor in the problem, but others implied that more proximal, individual causes such as mental ill health, alcohol use or past trauma were to blame. Different representations of the problem and its solutions reflected internal debates in communities, such as whether a 'gendered' approach was appropriate for violence in Aboriginal and Torres Strait Islander communities.

I needed a way to understand these different ways of talking about the problem, and a way to locate gender inequality in these problem representations. Frame analysis – specifically the feminist-informed paradigm of critical frame analysis (Verloo 2005; 2007; Lombardo and Meier 2008) – provides an ideal method to compare representations of policy problems, and encompasses both explicit and unspoken or implied dimensions of policy texts. Critical frame analysis stems from a general assumption that a policy text will always contain an implicit or explicit representation of a problem (the problem 'diagnosis'), connected to an implicit or explicit solution (the 'prescription') (Verloo 2005). The methods, explored further in Chapter 2, involve applying a systematic set of questions to a set of policy texts (e.g. a speech, a policy document, a witness statement) to bring out the subtext of what is being said and create 'supertexts' that foreground the diagnosis and prescription of each text. Texts can then be compared to one another, and analysed to build a picture of what kind of framing is dominant in the dataset.

2. Research questions

Based on these methods and my desire to understand how gender and gender equality featured in problem framing at the Commission, I selected four 'topic modules' of the Commission's public hearings for detailed analysis. As I will explain further in Chapter 2, these topics represented issues that complicated a 'power and control' analysis of men's violence against female intimate partners (which has been the primary problem diagnosis in the Victorian policy response to DFV).

Accordingly, the questions I consider in this research are:

1) How was the policy problem of domestic and family violence framed by select policy actors participating in the following four topic modules of the Royal Commission into Family Violence?
   - Alcohol and drugs
   - Mental health
   - Aboriginal and Torres Strait Islander experiences and opportunities
   - Children
2) How did the Commission represent and frame domestic and family violence in the sections of its report and recommendations related to those topics, in response to the competing frames of these policy actors?

3) How was a) gender equality and b) an understanding of gender more broadly framed and incorporated by the Commission and the policy actors in the four chosen topic areas?

4) What has the study of domestic and family violence in the Victorian Royal Commission revealed about how gender is and can be framed in policymaking?

It is important to note that these questions are interrelated and cannot be answered in a strictly sequential manner.

In order to comprehensively address these research questions, it is valuable to consider the implications of a broad 'family violence' approach for the capacity to incorporate gender into the problem definition and policy response. Thus I will also consider whether anything is gained or lost by using a family violence approach when compared to a domestic violence or violence against women approach, what the risks are of this way of framing the problem, and what factors are needed to keep gender in the analysis.

In addressing these questions, I add to the literature on frame analysis and commissions of inquiry. I also contribute to the literature on gender and DFV by introducing an intersectional model of gender, power and DFV that emphasises the centrality of gender processes for understanding DFV. My argument is that while gender as category and gender as process are linked concepts, and are both important for understanding the problem, a process-based, structural understanding of gender gives us particular insight into the underlying conditions and perpetuation of DFV. This is especially so for jurisdictions that take a broad 'family violence' approach to the problem. Gender-as-process can help to link men's intimate partner violence toward women and children with forms of family violence that may not immediately seem gendered, such as adult children's abuse of elderly parents, or violence in LGBT+ relationships. Further, gender-as-process enables an intersectional analysis of how gender combines with other social processes (such as racism and homophobia) to uniquely privilege and disadvantage groups of people at the interstices of social structures. Intersecting oppressions have important implications for the perpetration and experience of DFV, as well as for individuals' ability to escape violence and access services. An intersectional gender and power approach to DFV thus points us toward policy prescriptions that address the various levers of power that underlie the

problem in the first place. I argue that both policy actors and the Commission itself showed considerable attention to women's disproportionate experience of DFV, and to the role of gender inequality in men's violence against women. However, there was little strongly structural gendered framing in the policy discourse surrounding the four key themes, and a missed opportunity to use an intersectional gender and power analysis to link together multiple forms of violence in the family.

3. Structure of the thesis

In Chapter 1 I explore the meaning of the term 'gender' and how gender and power link to DFV. This chapter functions in the thesis as a justification for my focus on gender in the problem framing of DFV, and situates gender within an intersectional framework of processes and characteristics that distribute power in society, and thus affect the prevalence and experience of DFV. In Chapter 2 I cover in more detail the methodological approach and research methods used in this thesis. The research design situates the Commission as the primary case study, with embedded units ('key themes') as described below. I introduce critical frame analysis as a research method for comparing the problem framing of policy actors, and a continuum of gendered policy frames for DFV based on the work of Krizsán and Popa (2014). Chapter 3 then explores the context and genesis of the Royal Commission, giving an overview of the way domestic and family violence is approached internationally, at the federal level in Australia, and at the state level (with a focus on Victoria as the site of the Royal Commission case study). I describe the political imperative to address violence against women that led to the Victorian Labor Party's announcement of a royal commission, and situate the Commission in comparison to other recent commissions of inquiry in Australia. In Chapter 4 I begin to introduce empirical data, drawing on interview material to gauge stakeholder reactions to this Royal Commission as a policy tool, and discuss the Commission's approach to its work.

In Chapters 5-8 I turn to my four key themes, chosen on the basis of issues that I knew from my reading were contested in the DFV field, and formed sites of struggle for feminist advocates and others interested in framing the public policy problem. The theme chapters examine alcohol and other drugs; mental health; Aboriginal and Torres Strait Islander communities; and children. Each of these chapters is structured in a similar way:

- Introduction.
- Section 1: An outline of issues from the literature relating to the intersection of that topic with DFV.
- Section 2: The framing of the key expert witnesses for the relevant topic module, i.e. the inputs to the Commission. I present this information thematically, beginning with the most gendered framing and working through the continuum to framing that contests gender equality diagnoses and prescriptions.
- Section 3: The treatment of that topic in the Commission's report and recommendations, i.e. the outputs of the Commission. This is divided into the Commission's 'diagnosis' (what the problem is and what is seen to cause it) and 'prescription' (how it describes 'the way forward' and what recommendations it makes to fix the problem).
- Section 4: A discussion that considers the overall treatment of gender in that case study, and the implications of a 'family violence' approach for the key theme.

In Chapter 9 I compare the gendered content of the four themes, combining insights from the case and key themes to answer the research questions. I return to the topic of the potential risks and benefits of a 'family violence' approach from a gender equality perspective. Here, I provide an extra dimension for analysing the work that gender is doing in actors' framing of the problem, drawing on the literature presented in Chapter 1: I consider whether gender is being approached as a category or as a process. I introduce a model for conceptualising gender's role in DFV that combines intersectional thinking with an understanding of gender as a set of processes that distribute power between groups of people. Finally in Chapter 10, I summarise my arguments, consider the contributions of this thesis to the literature, provide a critical reflection on my methods, and conclude my personal research story.

Chapter 1

Gender, power and domestic and family violence

Introduction[5]

This chapter explores the most important underlying concept of this thesis – gender – and its relationship to domestic and family violence. In Part 1, I draw on the work of key gender scholars to outline how gender as structure and process distributes power between groups of people in society. Building on this gender and power foundation, Part 2 explores some of the major debates in the DFV literature, including the way gender is understood in DFV, and arguments about 'gender symmetry' in perpetration and victimisation. I discuss the implications of gender scholarship and modern intersectional accounts of gender and power for understanding and responding to DFV. These arguments underscore why it is important to uncover the role of gender in policy actors' framing of the problem, and why an individualised, non-structural DFV policy frame misses important opportunities for addressing the problem.

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[5] Parts of this chapter have been published as: 1) Yates, S. (2018) Power, process, plumbing: Big G and small g gender in Victoria's family violence policy subsystem. *Australian Journal of Public Administration*, doi 10.1111/1467-8500.12265
2) Malbon, E., Carson, L. and Yates, S. (2018) What can policymakers learn from feminist strategies to combine contextualized evidence with advocacy? *Palgrave Communications*, 4(104), doi 10.1057/s41599-018-0160-2.

Part 1: Gender and power

In this thesis, gender is understood as a concept that does not map neatly to biological sex (which is itself far from a binary phenomenon). As Beckwith (2005, 130) argues, the sex binary owes a lot to cultural constructions and thus "is not a safe port from which gender can happily embark" (see also Ainsworth 2015; Butler 2002; Walsh 2004). The idea that bodies, sex and gender are socially constructed does not dismiss the importance of material bodies and a "felt sense" of bodily being, but it suggests that our bodies – rather than being "natural and essential" – are shaped by the social world in which we are "inescapably situated" (Salamon 2006, 581-2).

Gender, according to sociologist Raewyn Connell (2005a, 71), is a set of repeated 'processes' that are not determined by biological sex but are still linked to the body: "the everyday conduct of life is organized in relation to a reproductive arena, defined by the bodily structures and processes of human reproduction". Key to the 'gender as process' view is the proposition that gender is neither fixed nor stable, and in fact is "an identity tenuously constituted in time...through a stylized repetition of acts" (Butler 2002, 179). Although constantly referring to bodies and what bodies do, gender exists "precisely to the extent that biology does *not* determine the social" (Connell 2005a, 71; see also Gatens' (1983) critique of a simplistic sex/gender distinction where the body is seen as neutral and passive, and consciousness as socially determined).

While gender does not naturally or inevitably adhere to men and women as a sex, it does define the social categories of women and men and locates them differentially in many spheres of life. Divisions between masculinity and femininity – what it means to be male and female, and the actions expected of sexed bodies on each side of the binary – are persistent features of social and cultural life, even though the 'content' of gender (i.e. the precise details of what is seen as masculine and what feminine) varies across time and space (Jackson 2006; Hooper 2001; Duerst-Lahti 2008; Lorber 2004). As I will discuss later in this chapter, scholarship on *multiple* masculinities and femininities (e.g. Connell 1987; 2005a; Connell and Messerschmidt 2005; Budgeon 2014) has argued that there are many ways to be male or female. However, people in Western countries often construct masculinity and femininity as dichotomous, with qualities such as rationality, autonomy, strength, power, and competitiveness being coded as masculine, and intuition, empathy, vulnerability, and cooperation coded as feminine (Hooper 2001, 43-44). Moreover, as philosopher Moira Gatens points out (in

Walsh 2004, 8), these categories are valued differently, with masculine qualities usually seen as neutral or positive, while feminine qualities are seen as negative or 'other'. People of the male sex may feel the need to define themselves against people of the female sex by distinguishing themselves as powerful, strong, and aggressive (Gilbert 2002).

Gender theorist Hooper (2001) further argues that gender identity is continually renegotiated as we engage with our physical embodiment, participate in social practices, and encounter networks of power relations that are specific to our time and culture. Therefore, many gender theorists do not see gender as innate or fixed – rather, as outlined by Connell (2005a) masculinity and femininity are 'configured' socially through sets of processes. I discuss these processes in more detail below.

1.1.1 A hierarchy of masculinities and femininities

There are many different ways to 'do' masculinity and femininity. Connell (2005a) famously proposed a series of 'masculinities' created by the interplay of gender, class, sexuality and ethnicity. These are not fixed or stable, but dynamic and constituted in relation to the others, as well as in relation to femininities. As neatly encapsulated by Bourdieu (2001, 53), "manliness...is a *relational* notion, constructed in front of and for other men and against femininity, in a kind of fear of the female, firstly in oneself" (emphasis in the original). One 'symbol' in the gender hierarchy can only be understood in the context of a 'connected system' of other symbols (Connell 2005a). Importantly, these masculinities and femininities are not what men and women are, but what they do; importantly in the context of this thesis, this leaves open the potential for violent masculinities to change. In addition, masculinities and femininities need not be fixed to men and women: for example, Cheng (1996) argues that women who are successful managers often attain their success by performing masculinity – a practice that according to Whitehead (1999) helps to explain why institutions remain 'masculine' even when women start moving into senior positions.

At the top of the hierarchy of masculinities is *hegemonic* masculinity, the contestable spot occupied by the hegemonic or dominant gender stance in a given pattern of gender relations (Connell 2005a). Bearers of hegemonic masculinity may not actually be the most powerful people in a society (others may be richer or otherwise have more influence), but they enact and are seen to embody the currently accepted

characteristics of dominance and authority. Popular actors, athletes, or pop culture characters are often the public standard-bearers of hegemonic masculinity (Connell 2005a; Connell and Messerschmidt 2005). In many Western cultures, including Australia, current characteristics of hegemonic masculinity include sporting prowess, whiteness (because non-whiteness is subordinated), technical/mechanical competence, physical and emotional toughness, and sexual conquest of women (i.e. vigorous heterosexuality) (Connell and Messerschmidt 2005). For instance, Galea's (2017) study of 'gendered logics of appropriateness' (Chappell 2006) in the Australian construction industry found that hegemonically masculine behaviours included being competitive, confident, decisive, ambitious, and aggressive. It is important to note that since hegemonic simply means dominant in relation to other performances of gender, it is an 'empty vessel' that human beings fill with meanings. Current versions of hegemonic masculinity are arguably oppressive for both men and women, and, as discussed below, are problematic for domestic and family violence. However, it is possible to imagine that more humane and less oppressive ways of being a man – for example, openness to equality with women – could become hegemonic (Connell and Messerschmidt 2005).

While many men aspire to the hegemonic ideal just discussed, in practice much negotiation and bargaining is required for hegemonic status (for example the 'authority' of husbands) to be maintained (Connell 1987). As noted by Connell (2005a, 79), "the number of men rigorously practising the hegemonic pattern in its entirety may be quite small". Although not many men actually *meet* norms of physical prowess, toughness and sexual conquest (or whatever other characteristics may be currently dominant), most men do benefit from the existence of these norms, because the 'patriarchal dividend' accrues to men as a group from the subordination of women as a group (Connell 1987; 2005b). Those who have a connection to (or aspire to) hegemonic masculinity but do not embody it can be seen to practice *complicit* masculinity – in other words, "they are complicit in the collective project [of hegemony] but are not its shock troops" (Connell 1987, 110). Masculinities scholar Murphy (2009) notes that the way complicit masculinity condones hegemonic masculinity (i.e. does not condemn its violence) is important for theorising other men's influence on DFV perpetrators' abuse.

Subordinated masculinities are constructed in opposition to hegemonic masculinities and form the bottom of the masculine hierarchy. In contemporary Western societies,

the most prominent of these is homosexuality, which from the point of view of hegemonic masculinity is very much associated with femininity (and thus devalued) (Connell 2005a, 78). Notably, homosexuality is subordinated by the state in its privileging of heterosexual coupling and partnerships, with the implication that family units are based on the sexual bond between a woman and a man (Htun 2005) (though this is changing in many countries, e.g. Australia's 2017 legalisation of same sex marriage). But other types of masculinity are also subordinated, including those subscribing to 'geek/nerd' culture characterised by intellectual rather than physical prowess. Heterosexual men are also subordinated if they practice effeminate masculinities (Murphy 2009).

Finally, many men do not have access to full participation in the practice of hegemonic masculinity because of intersecting factors such as race, ethnicity, disability, and socioeconomic status. These men perform *marginalised* masculinities, the marginalisation of which is relative to the authorisation that hegemonic masculinities receive (Connell 2005a). It is clear that despite the privileges attached to being male, the politics of these marginalising differences interfere with or at times even 'trump' male privilege, as discussed at length by the African American and Jewish scholars Jackson and Moshin (2013). For example, high unemployment, urban poverty and institutionalised racism have a powerful shaping effect on black masculinity (Connell 2005a). Table 1.1 summarises these masculinities.

Table 1.1: Masculinities (derived from Connell 2005a)

Hegemonic	The dominant form of masculinity expected in a society
Complicit	Aspires to/condones hegemonic masculinity but does not fully conform; gains benefit through association
Subordinated	Embodies qualities that are in opposition to hegemonic masculinity (e.g. effeminate or homosexual men)
Marginalised	Does not have access to full participation in hegemonic masculinity due to intersecting structures such as race or socioeconomic status

Gender scholars Gill and Scharff (2011) critique the scholarly focus on masculinities and the relative lack of interest in femininities, arguing that femininities have been under-theorised compared to hegemonic masculinity and its counterparts. Connell's (1987) original formulation of gender relations argued that the prevailing form of

femininity could not be seen as 'hegemonic', because femininities are formed in the context of the overall dominance of men over women and cannot marginalise and regulate both masculinities and femininities in the way that hegemonic masculinity does. Instead, she preferred the term *emphasized* femininity to describe the pattern currently given most cultural and ideological support. She described it as an adaptation to men's power, featuring compliance, nurturing, empathy, and an accommodation to men's interests and desires. In 2005, Connell argued that the compliance of emphasized femininity to patriarchy was still very relevant (Connell and Messerschmidt 2005, 848). However, sociologist Shelley Budgeon (2014) suggests that more recent scholarship on 'new femininities' has revealed the emergence of an 'empowered', professionally successful, confident, glamorous femininity that combines both traditional feminine and masculine attributes. Beautification, fashion, and domesticity on the one hand, and self-reliance and individual freedom on the other, make up a new kind of empowered femininity that does not upset or destabilise hegemonic masculinity because it is still presented as "reassuringly feminine" (Budgeon 2014, 317). She argues:

> Modernization is not about women becoming masculine but about becoming individuals as constituted by discourses associated with modern individualism in which masculine attributes are conflated with individuality (Budgeon 2014, 325).

This accords with the above discussion about the masculine being seen as normal or neutral, and the feminine as 'other'. In this new order of femininities, performances of traditional, weak, dependent femininity may now be seen as 'pariah' femininities (Budgeon 2014).

The nature of masculinities and femininities as constituted through actions rather than forming the basis of stable characters means that on any given day, a person may practice multiple masculinities or femininities. For example, a blue-collar worker who practices marginalised masculinity at work but privately dresses in drag at home (subordinated masculinity); or a mainly non-violent family man (complicit) who occasionally goes out with a group of male friends and harasses women on the street (hegemonic).

1.1.2 Masculinities' power over femininity

As I have outlined, there is not simply a difference in the gender attached to male and female bodies; gender differences lead to a *sustained and pervasive power differential*. Certain patterns of practicing masculinity – those that comprise 'hegemonic' masculinity, or "the most honored way of being a man" – form the peak of the gender hierarchy (Connell and Messerschmidt 2005). Other patterns of masculine behaviours accrue less power, but overall there is still a tendency for gender processes to confer power to masculinity at the expense of femininity in what Connell refers to as the 'patriarchal dividend' (Connell 2005b). This can be difficult to perceive, because while particular transactions involving the assertion of power by one person over another are easily observable, the structures (i.e. the sets of regularised social relations) that underlie individual acts of force or oppression are less visible (Connell 1987). Burns (2005, 139) refers to this as the 'morselization' of experience – the subtleties of gender hierarchies that make it possible to explain any particular instance of inequality as "the product of individual and idiosyncratic circumstance". Overt violence is not usually necessary to assert dominance; violence appears as part of a 'complex' of gendered power relations that involves public institutions and the way they are organised (Connell 1987), and techniques of psychological intimidation, coercion, and acquiescence (Burns 2005). These gendered institutions (such as laws on marriage, property, parenting and inheritance; the recognition of heterosexual coupling; and the male-dominated military) are not just analytical constructs – they are "concrete parts of our daily lives" that "position human subjects in unequal and hierarchical relations of power and meaning" (Htun 2005).

1.1.3 Gender and economic inequality

One structural manifestation of masculine power over the feminine is the economic inequality between men and women and the gendered division of labour. In the words of Connell (2005a, 74), there is a "dividend accruing to men from unequal shares of the products of social labour". This is strongly shaped by gendered norms about the work women and men should do, and the way women and men should engage in the workforce (Workplace Gender Equality Agency 2016). As a result of this dividend, women are much more likely than men to be financially dependent on their partners (Anderson 2005).

Even if women are engaged in paid work, there is still a substantial pay gap between the sexes. In the Australian context, the base salary of men working full-time is 16.2% more than that of women working full-time (Workplace Gender Equality Agency 2018b), and the pay gap has hovered between 15-19% for the past two decades (Workplace Gender Equality Agency 2018a). Women also undertake much more unpaid caring and domestic work than men; worldwide, women do approximately 2.5 times as much of this work as men, and in Australia 1.8 times as much as men (UN Women 2015, 84 and 269).

The pay gap is explained by factors such as the segregation of women and men into different industries combined with the devaluing of work performed in 'feminised' occupations such as nursing, childcare and social work (Huppatz and Goodwin 2013). Precarious connection to the workforce, difference in work experience, and difference in seniority (often due to careers shaped or interrupted by childcare responsibilities) also contribute to the pay gap. Finally, conscious and unconscious discrimination play a part (Workplace Gender Equality Agency 2016). Recent research derived from employment data in Denmark, where the pay gap is similar to Australia, concluded that nearly all of the difference in men's and women's earnings (reflected in hours worked, employer choice and promotion opportunities) can be traced to the 'child penalty'. Women without children and men both with and without children all experienced similar earning trajectories throughout their careers (Kleven et al. 2018). Therefore, the Danish research suggests that gender processes related to childrearing have a strong influence on the entrenched economic disparity – and thus the power differential – between men and women.

1.1.4 Understanding gender as process at multiple levels

In this chapter I argue that seeing gender as a set of processes that distribute power is useful for analysing and responding to DFV. I will now discuss the work of theorists who posit what some of these processes might actually be, focusing on sociologist Barbara Risman's multi-level framework of gender as social structure. I employ Risman's (2004; 2017) discussion of gender processes occurring at the individual/personality, interactional/cultural, and institutional levels, as it helps to show how processes in different arenas and at different levels of abstraction from the individual combine to create gender as a social structure. Risman's recent update to gender as a social structure incorporates discussion of the material aspects of each

level (e.g. bodies, the distribution of resources, physical representation and segregation) (Risman 2017). Risman (2004, 433) proposes that gender "differentiates opportunities and constraints based on sex category" at these three levels, and in complicated ways. In other words, gender processes lead to power differentials between men and women, which, as I argue below, is the fundamental basis of women's greater vulnerability to DFV. In the following discussion, I discuss examples of gender processes that operate at each level and summarise Risman's argument that change is required in processes at all three levels in order to effectively continue the "stalled gender revolution" (Risman 2004, 436).

1.1.4.1 The individual/personality level

In Risman's framework, our gendered selves develop are understood to develop on the individual level. Here we can examine identity-constructing processes such as *explicit socialisation* (i.e. direct or indirect behavioural instructions) and *modelling* (i.e. watching and copying the behaviour of others) to explain why people seem not only constrained to perform gender in certain ways, but also appear to *choose* to do so (Risman 2004; see also Hooper 2001 and Fine 2011 on the differential treatment of boys and girls from birth). Sociologist Paula England (2016) sheds light on the connections between the gendered self and other levels of gender. She argues that inequality affects outcomes in two ways – firstly in the more obvious sense that macro-level constraints directly affect outcomes (e.g. gendered economic inequality leaves more women in poverty than men), and secondly in the sense that constraints affect the development of personal characteristics (at Risman's 'individual' level), which then affect outcomes and add to or reinforce social structures.

Risman's (2017) re-conceptualisation of gendered processes at the individual level includes attention to the *materiality* of gendered selves – in other words, gendered bodies – and the recursive ways in which social gender processes affect bodies (for instance, by teaching girls and boys to walk and throw differently), which then affect social processes, and so on.

1.1.4.2 The interactional level

On the interactional level of analysis, men and women face different cultural expectations even when they fill identical structural positions (e.g. senior management roles). *Status expectations* associated with gender (and race) categories have been shown to be cross-situational - that is, they recreate inequality even in new settings where male privilege would not be expected to emerge. People tend to assume that women and people of colour (in Anglo societies at least) have less to contribute to task performance than white men, unless they have another externally validated source of prestige, such as wealth (Risman 2004; 2017). Relatedly, Campbell (2015) has shown, by comparing teacher assessments with standardised tests, that primary school teachers tend to assess boys as being 'below average' at reading even when they score the same as girls. In addition, girls in her study who scored the same as boys in a maths cognitive test were less likely to be judged 'above average' at maths. Campbell (2015) suggests that teachers' expectations based on cultural narratives about boys being better at maths and girls being better at reading clouds their professional judgement.

Othering occurs when 'superordinate' groups behave in ways that define 'subordinate' groups as different, creating "devalued statuses and expectations for them" (Risman 2004, 438). As a gender process, this has led to men and masculinity being assumed as default, while women and femininity are marked as 'other' - for example, the US' National Basketball Association versus the Women's National Basketball Association. Feminist international relations scholar Laura Sjoberg (2015, 10) notes that in media coverage of the recent Libyan conflict, the sex of violent people was only salient if it was 'women's violence'; this is part of a larger discourse where women in the coverage of international conflict are framed as "women politicians, women soldiers, women insurgents", and so on.

Subordinate adaptation describes the strategies that people use to gain individual advantages in order to cope with subordinate status. For example, women may "trade power for patronage" by accepting practices that demean or disempower them in exchange for protection or better status relative to other women (Schwalbe et al. 2000), such as when younger women form relationships with older, more powerful men. The process of trading power for patronage has been formalised with the rise of websites such as Seeking Arrangement, a dating website advertising itself as

somewhere for 'sugar daddies' ("successful men") to meet 'sugar babies' ("attractive people looking for the finer things in life"). These arrangements in practice overwhelmingly comprise older men paying to see younger women (Selinger-Morris 2016). These processes may produce financial or status benefits for individuals but work to sustain and reproduce power differentials between groups of people.

According to Risman (2017), the material aspect of the interactional level manifests in gender-segregated spaces such as locker rooms and bathrooms, and same-sex networks that advantage those groups in power and disadvantage others – for example, the male homosocial networks often observed by political scientists studying barriers to women's representation in politics (Bjarnegård 2013; Verge and de la Fuente 2014).

These processes on the interactional level help to explain why the "add women and stir" approach (the notion that 'adding' women automatically leads to equality for both women and femininity) has not led to equal treatment and representation in traditionally masculine institutions such as the military, which in the US now comprises one third women (Sjoberg 2015, 11). Inequalities are imported into situations and organisations along with the people who reproduce them, through processes such as those discussed above (Mastracci and Bowman 2015).

1.1.4.3 The institutional/macro level

Finally, the institutional level concerns formal and informal rules such as *laws*, *regulations* and *organisational practices* (Risman 2004), as well as *hegemonic cultural beliefs* and *institutional logics* (Risman 2017). Some institutions distinguish by sex category (Risman 2004), such as restrictions on women serving in frontline combat roles in the military. Legal structures that presume different roles and responsibilities of men and women form the material dimension of the institutional/macro level, along with the material resource allocation and organisational power that still rest predominantly, in all societies, with elite men (Risman 2017).

However, many institutions have differential effects upon women and men despite their apparent gender-neutrality (Beckwith 2005; Risman 2017). Gains and Lowndes (2014) distinguish 'rules about gender' from 'rules with gendered effects', whose impacts are largely due to their interaction with institutions outside the political domain.

For example, formal rules about the timing of meetings can have gendered effects when combined with norms about women as primary caregivers, and the limited availability of state-subsidised childcare (Chappell and Waylen 2013). Organisations embed gendered meanings in their rules for success – they often assume that staff members are available year-round, for many years without interruption (Risman 2017). As Htun (2005, 161) observes, "the requirements for career success were not designed with caregiving in mind". If unpaid childcare must be performed, gendered cultural expectations on both the macro and the interactional level dictate that women are the ones to do this work, thus contributing to their economic disenfranchisement and their dependence on men. In fact, as noted by Connell (1987, 106), childcare as the basis of the sexual division of labour has been argued to form the "structural basis of feminism".

The interrelationship between various levels of gender processes makes it difficult to change these processes and their outcomes. The formal institutional level is often the easiest at which to effect change – for example by passing new legislation – but even when formal institutions are improved, there is still insufficient improvement in gender equality outcomes, because of the influence of informal rules (Risman 2004: Chappell and Mackay 2017). For example, women outnumber men in universities, but majors remain sex-segregated, especially in the science, technology, engineering and mathematics fields, and men still dominate top positions in government and the private sector. Men today do more household labour and childcare than their fathers did, but still far less than their partners, and this tends to be 'interactive' childcare such as playing or reading, rather than 'routine' childcare such as feeding and changing nappies (Risman 2017; Argyrous and Rahman 2017). This "stalled gender revolution" (Risman 2004, 436) can be explained by reference to the two other levels of gender: legislative requirements (i.e. gender processes on the institutional level) to hire staff based on merit rather than sex category may not gain much traction if men are seen as more capable and dedicated, or if women have less impressive CVs or interrupted work histories due to childcare responsibilities. Formal and informal institutions intersect and affect each other in complicated ways (see e.g. Chappell and Waylen 2013; Waylen 2017), meaning that unless scholars take account of the 'host' of institutions in which women and men operate, it will be difficult for them to understand the causes of disadvantage (Burns 2005).

Having explained the approach to gender that I take in this research, and the notion that gender processes confer power to masculinities at the expense of femininities, I turn in Part 2 to the implications of this gender and power scholarship for domestic and family violence.

Part 2: The application of gender and power insights to domestic and family violence

In this section, I draw on DFV scholarship that has sought to link insights on gender and power to the perpetration and experience of DFV – in other words, I explain why feminists consider DFV to be a gendered phenomenon. By 'gendered phenomenon' I do not mean that DFV is perpetrated solely by people of one gender category against those of another, or that its negative effects are solely suffered by people of one gender category. I mean that patterns of perpetration, outcomes of violence, and perceptions of violent behaviour are related to gender norms, processes and structures. To paraphrase feminist international relations scholar Laura Sjoberg (2015, 8) (writing with reference to international relations, but with equal relevance to DFV), gender is necessary for understanding the problem, important for analysing causes and predicting outcomes, and essential when thinking about solutions and promoting change.

Research on intimate partner violence outcomes for women and men have found that women suffer disproportionately from the effects of DFV, and a gender and power analysis can help us understand why. Economic disadvantage (Anderson 2005), and rates of injury, fear, post-traumatic stress, relationship dissatisfaction, depression/anxiety, and substance abuse all tend to be higher for female victims of intimate partner violence (Anderson 2005; Caldwell et al. 2012). Even for female perpetrators, gender-related outcomes are apparent: women identified as perpetrators are up to three times more likely than men to be arrested for intimate partner violence incidents attended by police and are commonly the first to call the police when they use violence in self-defence against male partners (Hester 2013).

Scholars such as sociologist Kristin Anderson (2005) and psychologists Caldwell et al. (2012) argue that while intimate partner violence outcomes do vary according to sex category, structural and cultural factors leading to a gender-related power imbalance (e.g. of physical size, of economic resources, of the capacity for violence) are the nub of the problem. Rather than an 'inherent feminine vulnerability' on an individual level, Caldwell et al. (2012, 53) argue that "women are more likely than men to encounter contextual factors that disempower them and put them in situations ...that increase risk of poor outcomes". This means that gender processes that lead to these power imbalances between men and women are an appropriate focus of DFV theorising.

For example, social work scholar Nicole Moulding (2015, 155) found that much of the emotional abuse in her study of female victims of DFV rested on 'a host' of gendered discourses based on the binary of men as rational, moral, controlled and autonomous, and women as irrational, immoral, emotional and dependent. Male abusers were able to draw on these gendered differentiations to paint female victims as dim-witted, unstable and needy (even when the partners were actually financially dependent on the victims). In psychologist Dana Jack's (2009) view, aggression (or its absence) forms the bedrock of many of these gendered 'dualisms', which has relevance to the role of gender in the perpetration, experience and outcomes of DFV. To be hegemonically masculine, in the current formulation of hegemonic masculinity, is to be aggressive and in control – which means that in order to perform "the most honored way of being a man" (Connell and Messerschmidt 2005, 832), men must act in ways conducive to control and domination of family members.

However, masculinities scholar Murphy (2009) argues that the notion that masculinities are a set of variable practices rather than a fixed set of individual characteristics suggests an opportunity for positive change. Through her qualitative study of domestically abusive heterosexual men, she argues that many men who abuse their partners desire to change and have the ability to empathise, love and care for their partners (i.e. to practice other masculinities). But the pull of hegemonic masculinity is strong, as discussed earlier. Because femininity is so devalued in relation to masculinity, abusive men's desire to change competes against social and institutional pressure to embody dominance and avoid appearing weak and feminine. Through their behaviour, these men pursue "honour and acceptance from [other] real and/or imagined men" (Murphy 2009, 1). Masculinities are constantly being constructed in front of real or *even imaginary* audiences; other men do not even need to be present to be an effective influence on behaviour (Murphy 2009, 203).

Connell (2000) suggests that there is implicit tension for men in juggling various and contradictory patterns of masculinity, while seeking to avoid behaviours seen as feminine. For Anderson (2009, 1446), the masculinity of many domestic abusers is particularly fragile because it is created in direct opposition to femininity, and yet simultaneously these men experience "the very qualities they deny": the attention they

constantly demand from their victims reveals them to be needy, in contrast to "masculine ideals of independence and aloofness". This confusion and tension, together with the costs associated with masculine behaviours (e.g. higher risk of death from injuries, poorer health due to excessive alcohol consumption, mental health problems from an inability to emotionally connect), can lead some men to desire change (Connell 2000). Murphy (2009) argues that interventions for abusive men could involve strengthening non-abusive practices while dismantling the motivations behind their abusive practices. Understanding the processes through which gender is created can help us do this.

Gender processes on the interactional level can also help us to understand why women's violence is treated and understood differently to men's violence – why, as DFV researcher Marianne Hester (2012; 2013) noted, women are more likely to be arrested when they are identified as perpetrators in DFV incidents attended by police. Women's violence may be treated especially severely, as it is viewed as aberrant and does not fit the female stereotype (Hester 2013; Gilbert 2002). Women reacting violently to male aggression may be misinterpreted as being the primary aggressors because they do not fit police members' expectations of subdued, traumatised female victims. On other occasions, female violence may be downplayed or treated as less severe due to different expectations of what men and women are capable of doing (Anderson 2005).

On the structural level, gendered factors also play a large part in the establishing the power differential between men and women. The economic inequality and gendered division of labour described above result in "entrenched gender disparities in lifetime earnings, wealth, and superannuation/pension accumulation" (Salter 2016, 4). This increases women's vulnerability to economic abuse, means they are less able to leave abusive relationships or family situations, and means they are also more financially disadvantaged when they do leave (Anderson 2005). Moreover, the gendered division of labour may have consequences for DFV beyond simple economic disparity: Anderson (2005) suggests that as men are more likely to work outside the home and thus have access to more varied social networks than women, the gendered division of labour may be a protective factor for male victims of DFV against abuse tactics of social isolation. Female victims occupied at home with childcare and household tasks,

on the other hand, tend for this reason to be more vulnerable to the social isolation that is often part of abuse patterns.

These insights demonstrate that a simple understanding of gender as attaching to individuals – as a categorical variable – will not capture the complexity of power and structure that truly underpins DFV. However, DFV (especially when viewed through a 'family violence' lens) does not simply concern violence between men and women. In the following section, I explore how gender processes affect violence in the intimate and family relationships of sexually and gender diverse people.

1.2.1 Gender, sexuality and violence

Frustrated at feminists' insistence on the importance of gender in DFV, psychologist Donald Dutton (2010, 8) polemically argued that 'the gender paradigm' in DFV research is anti-scientific because it "divides all of humanity into two essentially homogeneous groups based simply on gender". However, much contemporary feminist analysis is complex and nuanced. It does not maintain that patriarchy, crudely construed as the domination of men over women, is the sole explanatory factor for DFV, or that "all consequential intimate partner violence is male-perpetrated" (Johnson 2011). If that were so, no women would be identified as perpetrators of DFV; nor do feminist researchers argue that DFV only exists in heterosexual relationships (see e.g. Donovan and Hester 2014; Ristock 2005).

Even though violence does exist in same-sex relationships, this does not mean that gender is irrelevant: overall patterns of abuse in LGBT+ relationships are still gendered, though not in a straightforwardly patriarchal sense. For example, women in same-sex relationships are more likely to experience emotional abuse from their partners than men in same-sex relationships, whereas men in same-sex relationships are more likely to experience physical and sexual abuse from their partners (Donovan and Hester 2014; Robinson and Rowlands 2009). These findings relate to gender processes and not just sex because of the way we socialise children; men and boys tend to "receive more instruction in the use of violence" from a young age, learning early on that aggression confers agency (Anderson 2005, 859; see also Connell and Pearse 2014; Jack 2009), while women and girls are commonly socialised to express aggression non-physically (Eliot 2012; Gilbert 2002). Women in same-sex relationships are also more likely than men in same-sex relationships to experience

abusive/controlling behaviours related to their children (Donovan and Hester 2014). This too relates to structural gendered factors, for example the fact that women are assigned more responsibility for the care and wellbeing of children, meaning women in same-sex relationships are more likely than men to have care and responsibility for children from previous relationships. Thus, abuse and manipulation relating to children are more common in female same-sex relationships than in male same-sex relationships. These gendered patterns are important to tease out because they locate gender as a strongly influential factor in forms of violence that have historically been seen as different to or separate from men's violence against women. In other words, while gender is always an influence on the way these power struggles in families and relationships play out, this does not always happen in the simple sense that men automatically have power over women.

LGBT+ relationships can also be the site of a different dimension of identity-related abusive behaviours (Donovan and Hester 2014), existing as they do in contention with the structural factor described by Butler (2002) as "the obligatory frame of reproductive heterosexuality". As sociologists Guadalupe-Diaz (2011) and England (2016) argue, patriarchal culture devalues femininity through a hegemonic masculine construct that also mandates heterosexuality. Gender distinction is so strongly believed to be 'natural' that people are ostracised when they don't follow the 'pattern' of loving or sexually desiring the opposite sex (Connell and Pearse 2014). This produces a hostile environment that marginalises both women and those who fall outside a traditional male construct.

These identity-related abusive behaviours include 'outing' or threatening to out someone; undermining someone's sense of gender or sexual identity (e.g. telling a trans man that they are not a real man); and withdrawing or threatening to withdraw gender transition treatment or medication (Donovan and Hester 2014, 209; see also Guadalupe-Diaz and Anthony 2017 for a discussion of identity-related abuse of trans people by intimate partners). Heterosexism intersects with the 'women as caregivers' norm, meaning that (as noted above) women in same sex relationships are more likely than men to have custody of their children, and then be at risk of losing custody if outed by their partners (Anderson 2005). Further, homophobia and transphobia are the basis of much abuse experienced by LGBT+ people from their families (see e.g. Rivers and D'Augelli 2001; Ansara 2014) and are a major barrier for LGBT+

victim/survivors seeking help from DFV services (Calton et al. 2015; Guadalupe-Diaz and Anthony 2017). These prejudices have roots in rigid societal understandings of what it means to be male or female.

As I have shown, modern gendered approaches to family violence do not assume a straightforward relationship between gender and power, but rather use a questioning of power, gender and sexuality as a central focus (Hester et al. 2010). These approaches are sensitive to how gender distributes power unevenly in cultures across the world, while recognising that power does not map neatly onto gender and can be manifested in factors such as age difference, income inequality, community knowledge, class and education (Donovan and Hester 2014). Moving beyond individualist analyses where the use of a person's sex category (often conflated with gender) is used to predict violent behaviour, these structural and process-based ways of thinking about gender "provide more fruitful contributions to our understanding of the relationship between gender and [DFV]" (Anderson 2005).

More simply put, modern gendered approaches to DFV focus on *how gender matters*, while keeping a firm eye on the many ways in gender intersects with other power-distributing factors to contribute to patterns and experiences of domestic and family violence. I will return to the intersection of structural factors below.

1.2.2 The multi-dimensional requirements of addressing domestic and family violence

What do these observations about the way that gender processes distribute power tell us about how to address DFV? Risman (2004, 441) argued that the implications of her multi-level model of gender are direct:

> We cannot simply attend to socializing children differently, nor creating moral accountability for men to share family work, nor fighting for flexible, family-friendly workplaces. We must attend to all simultaneously.

These conceptual foundations also apply to the way we address DFV. Based on the scholarship presented here, it is insufficient – as occurs with many prevention programs – just to teach men not to hit women, and to teach women to recognise the warning signs of violence and control. This is arguably necessary as part of a short-term response to the problem but will likely be ineffective unless broader institutional

settings that distribute power are changed. In addition, programs that purely target male perpetrators and female victims will fail to address forms of violence that are gendered in less obvious ways, as discussed above. As valentine and Breckenridge (2016) argue, DFV is gendered not just because it mainly affects women, but because we inhabit social and economic systems in which women and children have limited choices and are constrained in their capacity to act. Taking another angle, Sjoberg (2015) notes that women are statistically less likely to be violent not because of any inherent peaceful character, but because they experience gendered expectations of passivity, peacefulness, care labour and dependency, and live with fewer freedoms, rights, and less access to personal autonomy. DFV is influenced by complicated patterns of *gendered* power relations.

Even if prevention efforts are broadened to include changing people's attitudes towards gender equality more broadly, this is *still* not enough. As criminologist Michael Salter (2016, 7) notes in his review of violence against women (VAW) prevention programs, little attention is paid to institutional factors such as the division of labour or economic inequality, while gender norms such as the notion that men should hold the power in intimate relationships are prioritised "as the primary basis upon which VAW will be prevented". This analysis forms the methodological basis of the difference between the 'structural gender equality' and 'cultural gender equality' frames I introduce in Chapter 2.

The conditions that enable violence occur on every level of gendered processes, and as I have shown, they interact in complicated ways. A structural approach to gender and DFV might recognise that gender processes as discussed earlier lead to women doing most of the childrearing, which has obvious effects on their careers. This increases their vulnerability to abuse because they have less power in intimate and familial relationships, and means they have less ability to leave if relationships become violent. Thus, policy options for violence prevention might address the availability of childcare so that women can participate more in the workforce and increase their relative economic power and their support networks outside the home. Alternatively, governments might incentivise paternal leave so that fathers take on more of a caring role. I do not intend to debate the merits of these specific policies, as this is not the focus of my thesis, but rather to suggest that different types of policy responses are implicit in different ways of framing gender and its relationship to DFV.

As outlined in this section, the influence of gender on DFV does not translate to a problem of some violent men abusing some unfortunate women. Rather, gender is a set of processes linked to (but not determined by) the body that create and reinforce power hierarchies between categories of people – most notably men and women. The gender hierarchy leads to the physical, cultural and economic empowerment of men over women, leaving women more vulnerable to the abuse of this power, including to violence from male intimate partners and other male family members. The gender hierarchy also subordinates those who perform gender in non-standard ways (such as by living a gender identity different to the one they were assigned at birth, or by loving or desiring those of the same sex), which affects their experience of domestic and family violence.

1.2.3 Domestic and family violence: Gender debates in the literature

The previous discussion about gender processes and their relationship to power and violence is an important grounding for understanding one of the most hotly contested issues in the DFV literature: the notion of 'gender symmetry'. Feminist approaches hold that DFV – particularly intimate partner violence – is largely perpetrated by men against women and children, and that gender inequality as described above plays a large part in the aetiology of the problem. This is the explanation of intimate partner violence supported by Australia's *National Plan to Reduce Violence Against Women and their Children* (discussed further in Chapter 3). However, a large number of studies, primarily limited to those employing the Conflict Tactics Scale (outlined below), appear to show 'gender symmetry' (i.e. equal perpetration by both men and women) and have lent support to other conceptions of what causes DFV. In these approaches, individual differences such as exposure to violence as a child or personality disorders are considered more satisfactory explanatory factors for DFV than societal gendered causes. In the language of frame analysis, this privileging of individual differences in the problem 'diagnosis' points to 'prescriptions' that are tailored to individual circumstances, rather than those attempting to change societal dynamics of gender and power. To understand the perspective of actors who frame DFV in non-gendered ways, it is important to explore the history of DFV measurement and the Conflict Tactics Scale (CTS), which is the research tool that supports many of the anti-feminist arguments in the literature. I present in this section a description of the CTS, and feminist critiques of the tool as missing much of the gendered context that shapes how individual incidents of violence are experienced.

1.2.3.1 Gender symmetry and the Conflict Tactics Scale

The history of attempts to measure and respond to domestic and family violence has its roots in the earliest feminist responses to the problem, when women's movement activists worked to expose the existence of private gendered violence and make domestic violence a social issue requiring legislative and policy responses (see e.g. Sawer 1990; Summers 1986; Ramsay 2005). Previously, domestic violence had been viewed by government and law enforcement as the private problem of a limited number of "dysfunctional couples", with victims often doubted and receiving minimal support, and perpetrators experiencing little or no punishment (Renzetti and Bergen 2005; see also Ramsay 2005, ch. 2). Early feminist research in this area focused on agenda setting and consciousness raising (Renzetti and Bergen 2005), and was mainly qualitative and based on clinical and refuge samples – i.e. participants had by definition experienced significant partner abuse (Johnson 2011, 291). Unsurprisingly, results supported the feminist viewpoint that DFV was mainly perpetrated by men in order to control women and their children.

When researchers began using quantitative tools to measure DFV in the general population,[6] the figures appeared to tell a different story (Allen, 2011). A team of researchers at the Family Research Laboratory, University of New Hampshire, developed and began using a tool known as the Conflict Tactics Scale (Straus 1979). The tool is based on conflict theory, which sees conflict as an inevitable part of human relationships, and violence as a tactic used to deal with conflict (Straus et al. 1996). Studies employing the CTS, and later the CTS2 (Straus et al. 1996), found that violence in heterosexual relationships was roughly equally perpetrated by men and women – or even that women were more violent than men.

The CTS is relatively quick to fill out and easy to administer, which made it the most common tool for research on the "prevalence, predictors, correlates, outcomes, and treatment" of DFV (Lehrner and Allen 2014, 477). By 2002, more than 100 empirical studies using the CTS or similar tools supported the gender symmetry hypothesis (Kimmel 2002), and Straus (2007) reported that between 1973 and 2005,

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[6] International conventions on violence against women such as the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) and the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) recommend signatories to undertake national population surveys on DFV.

approximately 600 papers and at least 10 books had been published based on the CTS. Two US National Family Violence Surveys (1975 and 1985) have also been based on the CTS, and were subject to considerable secondary analysis and formed the basis of much theorising (Walby and Myhill 2001). But perhaps the most influential publication supporting the gender symmetry hypothesis has been Archer's (2000) meta-analysis of studies totalling n=60,000, most of which had used the CTS. Archer (2000, 664) concluded that although the effect size was small, "women were significantly more likely than men to have used physical aggression toward their partners and to have used it more frequently". This is the context for more than "30 years of sometimes acrimonious scholarly debate" over whether DFV is gender symmetrical (Johnson 2005, 1129; Dutton 2010).

As a consequence of these CTS studies, many researchers reject feminist theories of DFV in favour of other explanations such as individual psychopathology or learned behaviour leading to intergenerational transmission (Corvo and Johnson 2013). The intergenerational or social learning approach holds that people learn to be violent through watching and otherwise being exposed to violence ('modelling' violent behaviour), or through experiencing rewards and other types of reinforcement after aggressive behaviour takes place (Danis 2003). Exposure to violent behaviour by parents or other adult relatives can "create beliefs, ideas and norms about the appropriateness of aggression" (Corvo and Johnson 2013, 176), leading to perpetration of the same types of aggressive behaviours in adulthood. Further, attachment and relational perspectives posit that the trauma of exposure to violence results in later difficulties in forming healthy relationships and relating to others (Smith et al. 2011). I discuss the intergenerational perspective in greater detail in Chapter 8.

The psychopathology approach also has its strong proponents. It focuses on individual psychological, psychiatric, behavioural and neurological risk factors and largely discounts larger interactional, sociocultural and institutional factors. This approach is exemplified by family violence scholars Corvo and Johnson (2013). Their review of psychopathology and neuropsychopathology as causes of DFV encompasses family of origin violence to the extent that it causes psychological problems for individuals, which are then the 'proximal causes' (along with a host of other psychological factors) of DFV. Corvo and Johnson (2013, 177) thus view DFV as "a maladaptation emerging from a variety of psychological risk profiles", seeing DFV not as a power and control

tactic, but rather a "primitive coping strategy" (Corvo and Johnson 2013, 180). Likewise, psychologist Dutton (2012, 100) argues strongly against the 'gender paradigm', contending that DFV "is not an issue of women's rights but of couples with dysfunctional conflict management styles or psychopathology". These approaches to DFV resonate with 'individualised' problem framing (part of the DFV frame typology I introduce in Chapter 2), as they locate the causes of DFV in individual differences (both nature- and nurture-related) rather than in societal gendered factors.

Feminist critiques of the Conflict Tactics Scale

Despite the CTS' domination of DFV research, feminist scholars have been criticising its validity for as long as it has been in use (Myhill 2017). The main criticism is that it misses – and in fact is not intended to measure – contextual factors that are crucial to establishing patterns of coercive control (Allen 2011; Nixon 2007). According to sociologist Dawn Currie (1998, 101), researchers from the family conflict tradition consistently "obscure the importance of gender" and its implications for existing power dynamics in intimate relationships, assuming that violence stems from conflict and that parties in conflict are equally powerful. The CTS asks participants to report the use or experience of 39 verbally/emotionally or physically violent behaviours in response to a conflict or anger situation during the previous 12 months. Instructions to participants ask them to think about different ways couples have of settling their differences, or spats and fights (Straus et al. 1996).

Crucially, critics note that it *counts the number of incidents* but does not record the substantive issue that led to the violence, or any other pertinent context (Allen 2011; Braaf and Barrett Meyering 2013). There is no way to report whether incidents occurred in the context of self-defence or assess the impact of violent incidents (although a scale was added in the CTS2 with the aim of measuring injury levels) (Hester et al., 2010). This means that a person reacting in self-defence or behaving violently in the context of a family member's greater violence – categorised by Johnson (2005; 2006; 2011) as 'violent resistance' – is counted the same as a person who instigates violence. The CTS also instructs respondents to consider only conflict or argument-instigated violence, revealing the assumption that all violence is used expressively (i.e. in anger) and thus missing instrumental violence used to control individuals, and violence that doesn't stem from an identifiable cause (Flood 2006; DeKeseredy and Schwartz 2011). Patterns of instrumental violence, also known as

'coercive control' or 'intimate terrorism', have been shown by many researchers to be overwhelmingly perpetrated by men against women (Anderson 2009; Johnson 2005; 2011).

Further, the CTS analyses exclude commonly-recognised abusive behaviours such as economic abuse, isolation of victims, manipulation involving children, and stalking (DeKeseredy and Schwartz 2011). Post-separation violence, which is a major component of DFV, especially for women (Kimmel 2002; Hester 2011), is not measured by the CTS (Flood 2006). Finally, the CTS does not measure fear or intimidation, which many studies have found to be a significant component of DFV (Allen 2011). In the words of Flood (2006, 3), due to the "highly decontextualised and abstracted" treatment of violence by the CTS, "this acts-based method actually produces findings of gender [symmetry] in domestic violence".

In other words, even if the CTS does correctly measure discrete incidents of violence that men and women perform in roughly proportional numbers,[7] this doesn't mean that the problem of DFV is not gendered. As these feminist critiques have made clear, sensitivity to power and context is crucial in the measurement of DFV, and gender is one of the most important contextual factors distributing power unevenly in societies across the world.

1.2.4 Intersectionality in domestic and family violence

It is important to note here that not all domestic and family violence can be explained through reference to gender. While traditional feminist approaches to DFV emphasised the common experiences of victims in order to form a strong feminist counter-movement (Sokoloff and Dupont 2005), modern feminist accounts of gender and DFV acknowledge female violence, and do not assume a straightforward relationship between gender category and DFV victimisation/perpetration. They are also keenly aware of the power and contextual differences associated with intersecting factors such as race, disability, and sexuality. This is an approach known as 'intersectionality', first proposed by race and gender theorist Kimberlé Crenshaw in 1989. The effects and experiences of violence will be qualitatively and quantitatively different for different

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[7] Although there is empirical doubt about this provided by researchers such as Currie (1998), Ackerman (2016) and Lehrner and Allen (2014), who all conducted studies combining the CTS with other measurement tools.

groups of people, such as women of colour (Crenshaw 1993); Indigenous/First Nations women (Weldon 2017; 2018; Partridge et al. 2018; Stubbs and Tolmie 1995); LGBTQ people (Calton et al. 2015); immigrant and refugee women (Wendt and Zannettino 2015); and women with disabilities or mental health problems (Healey et al. 2013; Moulding 2015). This does not amount to a simple 'stacking up' of disadvantage (e.g. "basically the same" as white women's experience, "only worse"), but rather an acknowledgement of the ways that gender processes and other processes and characteristics that distribute power intersect and interact with each other to form unique sets of constraints and experiences (Weldon 2008, 193-194; Crenshaw 1993). Further, intersectionality does not simply involve describing and analysing the disadvantages experienced by different groups of people – it is a way of understanding how social organisation shapes all our lives, and also accounts for privilege and advantage. As feminist political scientist Lauren Weldon (2008) notes, gender structures the lives of everyone, and likewise everyone has a race or ethnicity. It is the way that these structures intersect to create privilege or disadvantage that is key to an intersectional analysis.

Thus, an intersectional gender and power approach does not assume that the experiences of one group of women (or men) are universal, or that insights relevant to one group will transfer unproblematically to another. The difficulty lies in addressing the complexity of these differing experiences of violence while retaining a gendered lens – in other words, understanding how gender processes intersect with race/class/age/ethnicity/disability/sexuality, without letting the different challenges faced by each group of people completely overwhelm a gendered understanding of the problem. Victoria's 'family violence' frame (explored further in Chapter 3) adds another challenge to gendered framing, with its inclusion of many different forms of violence within the family and the implication that men, women and children/adolescents can be both perpetrators and victims. It is for this reason that in this thesis I focus on topics that add extra dimensions of complexity to the problem frame: substance abuse in Chapter 5; mental illness in Chapter 6; racism and colonialism in Chapter 7; and motherhood/children in Chapter 8. I am interested in whether and how participants in the Royal Commission into Family Violence address gender in their problem framing when confronted with the complexity of these issues, and will return to issues of intersectionality throughout this thesis.

1.2.5 Conclusion

In this chapter, I have explored theoretical views of gender and its relationship to power. I drew on the work of Raewyn Connell and Barbara Risman to conceptualise gender as a set of social processes linked to the body but not determined by it, and occurring at the individual, interactional, and institutional or macro levels. While Connell's hierarchy of masculinities suggests that power does not accrue to all men equally, it emphasises the overall power of masculinities relative to femininities. Part 2 of this chapter highlighted the relevance of gender theories to the perpetration and experience of DFV, including their relevance to forms of DFV beyond men's violence against women. I explored scholarly debates about the measurement of DFV, suggesting that DFV measurement instruments (such as the Conflict Tactics Scale) that are insensitive to the gendered context of DFV do not create an accurate picture of the problem. However, I also emphasised that gender and the inequalities resulting from it should not be considered as the sole cause of DFV. Gender must be seen as part of a system of inequalities that intersect with each other to uniquely advantage or disadvantage certain groups of people and affect violence perpetration, victimisation, and the ability to seek and receive help.

Having outlined the foundational concept of gender and its relationship to domestic and family violence, I now turn to the application of this concept: the methodological approach and research methods used in this thesis.

Chapter 2

Design and methods: Critical frame analysis through a feminist interpretive approach

Introduction

This research project aims to identify how the problem of 'family violence' is framed in public policy. It examines the problem framing of various policy actors participating in the 2015-16 Victorian Royal Commission into Family Violence, and considers where gender fits in this framing. It also aims to establish where gender fits in the framing of the Commission's report and recommendations, in an overall sense and in relation to four key themes (alcohol and other drugs, mental health, Aboriginal and Torres Strait Islander communities, and children).

In this chapter I introduce the methodological approach, research design and methods used to address these aims. I begin by exploring the methodological underpinnings of my research approach, explaining that a feminist interpretive research approach, sensitive to power and context, is ideally suited to exploring constructions of this policy problem from various points of view. I then outline my research methods – the use of an embedded case study design, the general principles of frame analysis, and the specific methods of critical frame analysis – and conclude by describing my data collection and analysis procedures.

2.1 Methodological approach

This research employs an interpretive methodological perspective (Schwartz-Shea and Yanow 2013; Bevir and Rhodes 2006; 2015; Marsh and Furlong 2002). Interpretivism, the "philosophical analysis of meaning in action", holds that understanding actors' meanings and beliefs is very important for understanding actions and outcomes (Bevir and Rhodes 2006, 73). As political scientists Marsh and Furlong (2002) explain, interpretive approaches are anti-foundational – that is, these approaches proceed on the assumption that there are *not* essential differences of 'being' that provide the foundations on which social life is built. Rather, social phenomena only exist through actors' interpretation of them, and these interpretations affect actions, which in turn affect outcomes (Bevir and Rhodes 2015). Yanow (2006, 408) notes that interpretive

research has "an appreciation for the ambiguities that may, and often do, especially in policy arenas, arise from multiple interpretations of the same artifacts".

Interpretive scholars Bevir and Rhodes (2006, 77) argue that while any data can be treated in an interpretive manner, interpretive approaches favour detailed studies of the beliefs of relevant actors using qualitative data such as "textual analysis, participant observation and interviews". Interpretive researchers consider fully 'objective' analysis to be impossible, because we as social scientists operate within socially constructed discourses or traditions and cannot free ourselves from them in order to investigate something objectively (Marsh and Furlong 2002). The extent to which an interpretive approach privileges meaning as a way to grasp actions makes it appropriate for research that seeks to describe and understand the way different policy actors construct a problem, and then consider what impact those constructions have on real-world actions and outcomes.

2.1.1 A feminist interpretive approach

According to feminist political theorist Mary Hawkesworth (2015, 352), *feminist* interpretive researchers have advocated for the importance of incorporating gender "as an integral interpretive strategy in the study of the political world". They challenge both 'false universals' and 'confining stereotypes', and investigate complex, hierarchically structured power relations that lead to inequality. These systems of domination and subordination are not seen as invariant (as discussed in Chapter 1); feminist interpretive approaches pay attention to the specificity of particular situations and combinations of social characteristics and processes that distribute power between groups of people. By offering critiques of 'canonical' accounts of social and political life, feminist interpretive researchers seek to produce new forms of knowledge which help people to transform social relations and reduce these inequalities (Hawkesworth 2015). The material conditions, sociopolitical structures and symbolic mechanisms that reinforce gendered hierarchies, and the relationship these have to the problem of domestic and family violence, are a central concern of this thesis. In addition, by drawing attention to the politics that pervade the 'private sphere' (previously seen as not within the purview of the state), feminist researchers interrogate the power dynamics omitted from more mainstream political science approaches (Hawkesworth 2015). This is crucial for research into the gender power

dynamics of DFV, a problem that was for many years seen as occurring behind closed doors, and thus not appropriate for state intervention (Ramsay 2007).

Two common types of reasoning or 'ways of knowing' in research methodology are inductive (deducing the universal from the particular) and deductive (deducing the particular from the universal) reasoning. To these, political science methodologists Schwartz-Shea and Yanow (2013) add 'abductive' reasoning, arguing that abduction increasingly informs interpretive research. They describe abductive reasoning as a puzzling-out process where the researcher tacks back and forth in an iterative fashion between a research puzzle and possible explanations for it. A puzzle occurs when there is a misfit between experience and expectations. The differences or misfits encountered in the field are what 'abducts' the researcher's reasoning, leading explanatory efforts to new theorising, or extending an existing theory in some way (Schwartz-Shea and Yanow 2013, 49-51). In my case, I began with a set of possible coding categories for what I anticipated might be the framing positions of a number of different policy actors participating in the Royal Commission into Family Violence, drawing on the work of feminist political scientists Krizsán and Popa (2014) (described in detail below). However, I approached my work with the expectation that my theoretical preparations may not correspond to what I found in the field. Interpretive approaches draw on field engagements that the researcher cannot fully anticipate ahead of time, so the expectation is that research will be dynamic and iterative. Thus, the final set of categories I present later in this chapter differs from Krizsán and Popa's (2014) work, while retaining the basic structure of a continuum ranging from gendered framing to anti-feminist framing.

As I am taking an interpretive approach, it is important to emphasise that although I draw on themes from the literature in each empirical chapter, the aim of this research is not to assess the veracity of expert witnesses' claims, or to rigorously evaluate what they say against the evidence base. Rather, I seek to compare actors' framing with each other, and with the framing of the Commission itself. In particular, my aim is to uncover the place of gender and gender inequality in each actor's framing and explore the implications of this framing for actions and outcomes.

2.2 Research methods

This thesis uses the Royal Commission into Family Violence as a case study of how the problem of domestic and family violence is and can be framed in policy. A case study is an empirical research project that investigates a phenomenon in-depth and within its real-life context (Yin 2009a). Lewis (2003) notes that the key features of a case are that it includes multiple perspectives (through single or multiple data collection methods) and is rooted in a specific context which is seen as critical to understanding the relevant phenomenon, because case and context are difficult to disentangle. This contrasts with other typical research designs such as surveys and experiments, which either deliberately divorce phenomenon from context, or have limited ability to examine context (Lewis 2003; see also Yin 2009a; Baxter and Jack 2008). It would be impossible to study DFV problem framing in the Royal Commission into Family Violence without taking into account the sociopolitical context in which the Commission was established, and the national and international policy context of DFV and violence against women. These contextual factors influence and constrain the operation of the Commission as a tool for creating policy, and the framing of the policy actors who participated as witnesses. They will be discussed in Chapter 3.

The Commission's structure of 'modules' for its public hearings presents an ideal opportunity for what Yin (2009a; 2009b) terms an *embedded case study design*. In other words, while the Commission itself forms the main unit of the case study, the modules represent embedded units of analysis. Powerfully, these embedded units can form the basis of data analysis within the units (i.e. comparing witnesses' framing with one another), between the units (looking for differences between the modules), and across the units (looking for patterns that may occur across the modules) (Baxter and Jack 2008). This type of case study design is useful for time-intensive qualitative research tools such as those used in this thesis, as it helps to put boundaries around the data to be analysed.

A case study relies on multiple sources of evidence to aid triangulation of findings, and benefits from the use of prior theoretical propositions to guide data collection and analysis (Yin 2009a). In the following sections, I describe the prior theoretical work that I used to guide my data collection and analysis – the concept of frame analysis as a way to understand the construction of policy problems (Schön and Rein 1994; Bacchi 2009); critical frame analysis as a research paradigm specifically developed to

understand the gendered content of problem frames (Verloo 2005; 2007); and a continuum of gendered DFV problem frames that I used as a preliminary set of codes in my directed content analysis (Hsieh and Shannon 2005).

2.2.1 Frame analysis

Since 'case study' is more of a research design than a concrete method, it needs to be combined with more specific analytical tools. For the reasons outlined in the introduction to this thesis, I have elected to use frame analysis. The concept of frames or framing, studied through 'frame analysis', has existed in the field of policy studies for several decades, building largely on the influential work of Donald Schön and Martin Rein. It is ideal for studying dynamic, power-sensitive policy and administrative issues (Hulst and Yanow 2016). Scholars working with this approach, including Bacchi (2009), Verloo (2005; 2007), and Wagenaar (2014), hold that the way policy problems are framed has direct implications for the actions that are taken to address the problem. Frame analysis suggests that problems do not simply exist in the world as discrete constructs to be observed and then solved with the arithmetical determination of the correct sequence of actions followed by implementation of those actions. Rather, problem definition is understood as inherently political and strategic (Bacchi 2009). According to Kingdon (2011), even naming something as a problem is a political act, as problems imply the need for action and potentially a redistribution of resources. A condition is a state of being, and does not particularly invite much notice (e.g. bad weather or mild but unavoidable illnesses). Conditions become problems when we decide we need to do something about them.

For public policy analyst Stone (2002, 133), "every description of [a problem] is a portrayal from only one of many points of view", and "groups, individuals and government agencies deliberately and consciously fashion portrayals so as to promote their favored course of action". Wagenaar (2014) agrees, arguing that policy actors do not just frame issues to organise the mass of detail involved in a real-world problem. These actors also frame issues so they know how to *act* in response to the problem, meaning frames are like stories, or road maps showing the way forward. Schön and Rein (1994, 26) argue that through the process of naming and framing, stories make a 'normative leap' from data to recommendations, and from 'is' to 'ought'. Frames are both *diagnostic* (meaning the 'what' and 'why' of the problem) and *prescriptive* (how to fix it). Often, this normative leap is executed in such a way that it seems compelling

and obvious to the audience. This means that those who define the problem have the power to steer the response to it, so for every contentious problem there are sets of policy actors who jockey for influence so that their definition of the problem (and thus their solution to it) is the one to gain prominence.

2.2.2 Critical frame analysis

Feminist researchers working on the European Union have developed a frame analysis paradigm known as 'critical frame analysis' (Verloo 2005; 2007; Lombardo and Meier 2008). In this thesis, I use critical frame analysis as my principal research method. Built on insights from social movement theory, gender theory, and critical policy studies (Verloo and Lombardo 2007), critical frame analysis is a qualitative research approach that examines the construction and reconstruction of reality by social and political actors (Verloo 2005). It starts from the assumption of multiple interpretations in policymaking and seeks to address these implicit or explicit interpretations by focusing on the different representations that socio-political actors offer about the problem and its solutions (Verloo 2007). It seeks to make clear the underlying assumptions of policy actors when framing a problem, and the relationship these assumptions have to recommended prescriptions for action.

Verloo (2005) describes critical frame analysis as a 'middle ground' between discourse analysis and frame mapping. Discourse analysis techniques – detailed methods of uncovering patterns of language use and "particular ways of viewing, talking about and understanding the world" (Ercan and Marsh 2016, 316-317) – are useful for finding unexpected elements in coding but do not easily allow for comparison between texts and across research projects (Verloo 2005). On the other hand frame mapping, which is based on the frequency and co-occurrence of terms in texts, allows for comparison but is too simplistic for 'messy' problems (see also van der Haar and Verloo 2016). The 'critical' in critical frame analysis refers to explicitly paying attention to the voice of actors and to the varying power they have in the diagnosis, prescription, and call for action (van der Haar and Verloo 2016). The research methods employed with critical frame analysis examine the twin policy dimensions of 'diagnosis' and 'prescription',[8] as

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[8] Previous critical frame analysis publications have used the term 'prognosis' for the framing dimension that covers what to do about the problem (e.g. Verloo 2007; Lombardo and Meier 2014). However, that term connotes forecasting of future events – for example, in the medical field a prognosis refers to the likely course of a disease or condition. As I am trying to capture a

well as paying attention to the 'voice' of actors (both those of the authors and those they reference in their texts).

At a theoretical level, the key concept in this approach is a 'policy frame', which Verloo (2005, 20) defines as "an organising principle that transforms fragmentary or incidental information into a structured and meaningful policy problem, in which a solution is implicitly or explicitly enclosed". In this sense it is an interpretive construct of reality. Thus critical frame analysis stems from a general assumption that a policy-related text will always contain an implicit or explicit representation of a problem (diagnosis), connected to an implicit or explicit solution (prescription) and a call for action (Verloo 2005, 22). It also acknowledges that frames can originate in the discursive consciousness – that is, actors using them can explain why they are using them and what they mean. However, they can also originate in the practical consciousness, meaning they stem from routines and rules that are commonly applied without the actor being aware (Verloo and Lombardo 2007). In other words, frames can be both strategic – i.e. a deliberate choice of wording to influence political debate and decision-making, and unconscious – i.e. influenced in an involuntary manner by the context and environment in which actors operate (Sauer and Pingaud 2016). This occurs because our understanding of reality is always filtered through 'prejudices', which are not necessarily negative – they are defined neutrally as our 'conditions for understanding': "the socially constructed and cultural filters through which we perceive, understand, and give meaning to reality" (Gadamer 1960, cited in Verloo and Lombardo 2007, 32). As a result, frames can represent normative assumptions of which actors may not be aware, meaning actors can frame problems in a more gender- (or race- or disability-) biased way than they might consciously wish. This consequently can affect the construction of policy measures aimed at solving the problem (Choudhry 2016). However, this does not make actors "passive reproducers of cultural discourse" (Verloo and Lombardo 2007, 32). The aim of critical frame analysis is to counter these unconscious tendencies and expose the frames that operate in the policy texts in order to avoid any inconsistencies at the level of policy formulation, and to facilitate political debates.

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sense of the actions recommended by policy actors rather than the likely outcomes of future events, I prefer to use Schön and Rein's (1994) term 'prescription'.

The DFV policy area is demonstrably contested, and the role of gender in the problem is often under dispute (Braaf and Barrett Meyering 2013; Charles and Mackay 2013; Dutton 2012; Murray and Powell 2011). Critical frame analysis is appropriate for investigating contested problem framing in DFV, as it assumes multiple interpretations of policy problems and is designed to uncover the assumptions that underpin different accounts of the problem. As Lombardo and Meier (2008) explain, it makes explicit the *hidden* significance of policy discourses, and enables comparison of frames through its systematic application of sensitising questions (Lombardo and Meier 2008). Moreover, critical frame analysis is ideal for an investigation of gender in the framing of a policy problem: it specifically asks to what extent gender is part of the actor's problem diagnosis, and allows researchers to distinguish between problem frames that merely diagnose women as the primary victims, and problem frames that connect the preponderance of female victims to gender inequality in various domains of life (public/citizenship, private/relationships, and the division of labour). This allows deeper consideration of gender issues than simply ascertaining whether gender inequality is part of the problem frame.

Critical frame analysis in the literature

Critical frame analysis techniques have been used by Verloo (2005; 2007) and colleagues in two large-scale EU-funded research projects on gender equality policies: MAGEEQ (www.mageeq.net), which looked at mainstreaming gender equality in EU policies and ran from 2003-2005, and QUING (www.quing.eu), which examined the quality of gender equality policies and ran from 2006-2011. Several other scholars have since applied the method (or drawn on elements of it) in non-EU contexts. These include Mona Lena Krook and Jacqui True (2012), who drew on critical frame analysis of texts relating to gender mainstreaming and gender-balanced decision-making to argue for the conceptualisation of norms as processes rather than static 'things'. They found this approach useful because it conveyed the dynamic role of policy actors in identifying and constructing policy problems. Juanita Elias (2013) found that the framing of gender equality and women's empowerment in the World Economic Forum was compatible with the policies and practices of neoliberalism, disguising the 'double burden' of socially productive and economically productive work that falls on women, and neglecting more socially transformative understandings of women's empowerment. More recently, Shazia Choudhry (2016) examined how the Council of Europe has incorporated and framed violence against women in various legal and

policy initiatives, finding a period of 'equality' framing from 1990-2002 (with little human rights content and a tendency to universalise women's experiences), and 'human rights' framing from 2003-2010 (which did not have regard to transformative gender equality prescriptions). The Council of Europe's landmark 2011 Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) formed, according to Choudhry (2016), a promising combination of human rights and gender equality framing, with greater attention to intersectionality than previous dominant framings.

Political scientist Josefina Erikson (2017) innovatively combined critical frame analysis with feminist institutionalism in her study of institutional change in Swedish prostitution policy. Frame analysis provided a micro-level method of analysing discursive framing techniques, and feminist institutionalism provided an overarching theoretical understanding of how gendered institutional processes are dynamic and lead to institutional change. She found that, in contrast to previous analyses of prostitution reforms in Sweden, the radical feminist movement was not the primary driving force behind these reforms. Instead, individual women MPs and the women's sections of political parties were behind the gradual shift of ideas about prostitution in the Swedish national assembly.

Feminist political scientists Andrea Krizsán, Raluca Popa and Conny Roggeband built on data from the MAGEEQ and QUING projects to produce scholarship investigating the gendering of domestic violence policy frames in Bulgaria, Croatia, Hungary, Poland, and Romania (Krizsán and Popa 2014; Krizsán and Roggeband 2017). Krizsán and Popa (2014) developed a continuum of gendered policy frames that form the basis of the coding categories in this thesis (detailed further in section 2.2.4). They drew on text types such as legislation (both bills and acts), legislative explanatory materials, parliamentary debates about legislation, interventions/contributions from advocates, implementation documents, and interviews with civil society actors involved in the adoption of the legislation. They used a two-pronged assessment of gender equality in these policies – gender policy *content* (i.e. the content of policy documents), and gendering the *policymaking and implementation processes* (i.e. who is involved in making and implementing the policy).

In the gendering *policymaking and implementation* prong, the authors considered who is 'at the table' when it comes to both making the laws and policies, and implementing them. This is important to consider when the framing of domestic violence policy is not gendered, which is typical of domestic violence policies across Europe. That is, where activists have not been able to influence a gender-sensitive approach to policy *content*, they can at least work to make *implementation* gender-sensitive (for example, by including gender equality content in practice guidelines for frontline workers). Otherwise, people who frame the problem in ways that actively contest gender equality diagnoses and prescriptions can take hold of the implementation, and become a problem for gender equality advocates. This was the case in Poland, where the core implementation role of the National Action Plan Against Domestic Violence was given to the anti-alcoholism institutional network, which used an 'externalising' frame that contested gendered explanations and saw alcohol as the main cause of domestic violence (Krizsán and Popa 2014).

In Krizsán and Roggeband's 2017 book, the authors extend this analysis to track the gendering of domestic violence policy in the same five countries between 2000 and 2015, again covering not only the gendered content of the policy frames, but also the inclusiveness of the policymaking process and policy implementation stage for gender equality actors. They argue that the context of the policymaking process is crucial for gauging the overall level of gendering in a country's domestic violence policy regime. All five countries in their study had largely gender neutral domestic violence legislation, however some countries (such as Croatia) were clear examples of "an explicitly gendered policy regime" due to the inclusion of women's rights advocates at all stages of the policy process, and national policy strategies that were implicitly gender equality friendly (Krizsán and Roggeband 2017, 170). In contrast, Poland had a weak and gender neutral domestic violence legislation, a gender neutral national strategy, and its women's rights groups had little standing beyond the agenda-setting phase (Krizsán and Roggeband 2017).

What these analyses indicate is that understanding the gendered content of the Royal Commission into Family Violence's recommendations (which the Victorian Government promised from the start would be accepted and implemented as policy) is not sufficient for analysing the gendering of the Commission as a whole. Victoria's longstanding gender neutral legislative framing of 'family violence' – explored in detail

in Chapter 3 – necessarily constrained how gendered the formal content of the Commission's recommendations could be. To get a full picture of the gendering of the Royal Commission it is necessary to examine the framing of the stakeholders who participated, and the relative weight the Commission gave to these voices and framing in its report. Also while it is important to examine the recommendations themselves (in other words the 'prescription'), it is crucial to understand the problem diagnosis and the commentary accompanying and contextualising the recommendations. I turn now to the research tools used in a critical frame analysis approach.

2.2.3 Research tools

In this research, I employ the main methodological tool developed for use with critical frame analysis, which is 'sensitising questions'. This approach involves applying a consistent set of sensitising questions to documents in order to create a 'supertext' (so called because it is the opposite of subtext) for each document. A supertext is a structured and systematic summary of the analysed text, stating explicitly what the actor represents the problem to be, and what measures they recommend to address it. This "enables the hidden significance of a text to be made explicit according to the dimensions listed in the sensitising questions" (Lombardo and Meier 2008, 107). The answers to the sensitising questions can then be used to determine the policy frame(s) present in the text. As this technique is systematic, it also enables comparative analysis of frames across texts and jurisdictions (van der Haar and Verloo 2016).

The analysis is based around the two main problem framing dimensions of diagnosis and prescription. I give the sensitising questions in full in Appendix 1, but they include:

Diagnosis: What is the problem to be solved? To what extent is gender part of the problem? Who is affected by the problem? Who/what causes the problem to appear or reproduce?

Prescription: What needs to be done? Who should solve the problem? Who is the target group for the solution? Who is affected by the solution?

The 'dimensions' of gender listed in the sensitising questions include social categories, identity, behaviour, norms and symbols, and institutions. The sensitising questions also ask whether (if gender is understood to be implicated at all) the diagnosis and prescription are located within any of the gendered 'spheres' of the organisation of

labour, the organisation of intimacy, or the organisation of citizenship (Lombardo and Meier 2008, 106):

- The *organisation of labour*: divisions between labour and care and paid/unpaid work are based on a hierarchy between men and women, placing women in a subordinate position.
- The *organisation of intimacy*: the way that norms, values, institutions and organisations regarding sexuality, reproduction, private and family life reflect traditional notions of masculinity/femininity that result in unequal positions of men and women in private life. This dimension is most closely related to the issue of DFV prevention efforts that focus only on cultural norms while largely ignoring structural factors (as discussed in Chapter 1).
- The *organisation of citizenship*: the difference between men's and women's ability to enjoy civil, political and social rights.

This helps to uncover the extent to which a structural gendered analysis is in play, or whether gender inequality is simply mentioned without elaboration.

2.2.4 A gendered continuum of policy frames

A key strength of critical frame analysis, according to van der Haar and Verloo (2016), is its ability to detect unexpected elements and inconsistencies because of its open coding, which refers to breaking down the data into manageable pieces and exploring the pieces for the ideas contained within (Corbin and Strauss 2008). Open coding is a feature of grounded theory, which allows the development of theoretical constructs from data (Corbin and Strauss 2008). The open codes in critical frame analysis are the answers to the sensitising questions. However, in this research I also draw on a continuum of codes (described in detail below) developed by Krizsán and Popa (2014) in their critical frame analysis of DFV policy in Europe, as it is a good starting point to think about the level of gendering in the framing of policy actors. As I outlined earlier, an abductive approach to this method allows me to retain the benefit of potentially relevant pre-constructed codes, while adapting them where appropriate to the Commission's context. This can also be seen as directed content analysis (Hsieh and Shannon 2005).

Based on the supertexts derived from their data, Krizsán and Popa (2014) developed a continuum to describe the level of 'gendering' in the domestic violence policy frames

of the five countries. The frames range from 'gendered' at one end, to a set of anti-feminist 'contesting frames' that explicitly reject gendered explanations of domestic violence at the other. Two frames sit in the middle: firstly, the 'women-centred' frame that acknowledges the disproportionate effect of domestic violence on women but does not connect this fact to gendered explanations; and secondly the 'implicit gender equality' frame that does not mention gender but resonates implicitly with gender equality frames by referencing research and policy documents that *are* gendered (e.g. the UN's Convention on the Elimination of All Forms of Discrimination Against Women, or Australia's 2011 *National Plan to Reduce Violence against Women and their Children* 2010-2022). Krizsán and Popa found that while the diagnoses in the different frames varied considerably, the prescriptions were quite similar along the continuum. Complex and interconnected responses were seen as necessary; the state was seen as holding key responsibility, along with an active role for NGOs; and responses included sanctioning of perpetrators; protection of victims; and prevention (as summarised in Table 2.1).

Table 2.1: Continuum of DFV policy frames (adapted from Krizsán and Popa 2014)

Gender equality ⟶ De-gendered ⟶ Anti-feminist

	Structural gender equality	Cultural gender equality	Women-centred	Individualised	Contesting frames
Diagnosis					
Relation to gender inequality	DFV is manifestation of gender equality at all levels	DFV is manifestation of gender inequality but no connection made to larger structural inequality – focus is on attitudes/culture	DFV affects women disproportionately; no further gendered analysis	DFV is a problem for individuals and families; gender-neutral language used; DFV has many different causes.	Explicitly reject gender inequality as a cause
Who is affected?	Women Women and children Non-female victims mentioned as exceptions	Women Women and children Non-female victims mentioned as exceptions	Victims Women mentioned Children	Victims Families Children	Variety Some emphasise male victims
Prescription					
Action taken	Complex set of measures: Sanctioning of perpetrators; protection of victims; prevention; state responsibility with active NGO role				
Specific action taken	Gender equality transformation of society, empowerment of women	Domain of intimacy – 'respectful relationships'; improving attitudes towards gender equality	As above	Perpetrator programs to focus more on individual characteristics than gender equality	Individualised perpetrator programs; more services for male victims and female perpetrators

Adapting the continuum for the Royal Commission into Family Violence context

According to Krizsán and Popa (2014), 'structural gender equality' frames are those that see DFV as a form of gender-based discrimination rooted in societal gender inequality. This inevitably makes gender equality a key part of the prescription. Children are mentioned as victims, but the co-occurrence of child abuse and DFV, and strong links between abuse of women and its effect on their children, are recognised. For the purposes of this research, I have split the gendered end of Krizsán and Popa's (2014) continuum into two more detailed frames (see Table 2.1) – 'structural gender equality' and 'cultural gender equality'. I have taken this approach for the following reasons. There is a tendency in Australia, as noted by Salter (2016), for DFV discourses to focus on cultural attitudes towards women (e.g. that women should take a subordinate position in relationships or that men are more suitable for leadership positions than women) as the main gender inequality problem underpinning DFV. Salter (2016) argues – as discussed in Chapter 1 – that a largely normative approach that conflates gender inequality with gender norms simplifies the complex social aetiology of DFV. It overlooks the material and systemic dimensions of inequality (which in fact are difficult to disaggregate from gender norms, since norms are influenced by the processes that distribute power and resources in society). Consequently, in this research 'cultural gender equality' refers to texts that position gender equality as a problem of attitudes, stereotypes and norms, and 'structural gender equality framing' encompasses texts taking a broader view that includes cultural attitudes but also extends to factors such as women's socioeconomic inequality and the gendered division of labour.

As in Krizsán and Popa's (2014) continuum, 'women-centred' framing acknowledges that women are disproportionately affected, but takes the gender analysis no further than this recognition of one gender category being affected more than the other. Terms such as 'victims' or 'survivors' may be used interchangeably with 'women' or 'women and children', with female pronouns implying that victims are generally female. Likewise male pronouns may be used for perpetrators, and 'men' used interchangeably with 'perpetrators'. Prescriptions do not usually connect the preponderance of female victims to gendered explanations or solutions. Due to its lack of explicit gendered content, this framing is otherwise very similar to the individualised frame in the de-gendered section of the continuum.

I have combined Krizsán and Popa's 'rights of individuals' and 'implicit gender equality' frames into a single 'individualised' frame. This framing is largely degendered, and focuses on the symptoms of the problem (the violence itself), rather than structural social explanations. The mechanism that is seen to lead to DFV is not structural, and individualised explanations are favoured – a combination of factors such as mental illness, substance abuse, low socioeconomic status, personality traits, anger management, and childhood exposure to violence may be invoked in the diagnosis. Gender inequality may be mentioned as one of these but is not a focus of the analysis. A generic category of 'victim' is used. However, these frames do not explicitly reject or directly oppose gender equality frames – rather, they either ignore gender entirely or see it as one of a number of equally relevant factors. Individualised framing may still implicitly resonate with gendered approaches or implementation, if actors refer to policy documents that explain DFV with reference to gender inequality (e.g. the *National Plan to Reduce Violence against Women and their Children 2010-2022*) or the work of gender-sensitive organisations such as VicHealth or ANROWS.

A set of 'contesting frames' explicitly challenge gender equality frames. These extreme forms of contestation are rare in current European debates (Krizsán and Popa 2014). For two reasons, I would expect them to be even more rare in the Royal Commission case study. Firstly, DFV debates and policy in Australia are already quite gendered (as discussed in Chapter 3). Victorian policy is widely viewed to have taken a more gendered approach than other Australian states. Secondly, against this historical and political background it would be extremely unlikely for the Commission to call expert witnesses who contest gendered explanations to such an extent. Contesting frames may include those that see *family protection* as more important than a focus on supporting victims and holding perpetrators accountable; frames that *externalise* the social problem by arguing that DFV is disproportionately a problem of certain marginalised/different/deviant subgroups (e.g. drug and alcohol addicts, the mentally ill, those who are unemployed or have low socioeconomic status) or *gender symmetry* frames that explicitly reject gender equality arguments, and see women as violent to a similar degree as men.

2.3 Procedures

I now describe the four key themes that are the focus of this thesis, the rationale behind selecting those themes, and the procedures I used to analyse them.

2.3.1 Theme selection

The Victorian Royal Commission into Family Violence held 25 days of public hearings in July-August and October 2015. These were conducted according to a series of modules that explored what the Commission determined to be key issues and questions relevant to the family violence system, encompassing "the diverse ways in which people experience family violence, the different consequences of family violence and the various times at which people may engage with current systems" (RCFV 2015, 4). While some of these modules related to practice responses such as perpetrator interventions and risk assessment/risk management, others related to particular demographic groups such as children and Aboriginal and Torres Strait Islander peoples, or individual risk factors such as mental health or substance abuse.

As there were more than 220 witnesses called during the 25 days of public hearings (each providing both a witness statement and oral testimony) and critical frame analysis is a time-intensive qualitative research method, it was not possible for one researcher to analyse all of the material associated with the public hearings. Instead, I treated four of these modules as embedded units of analysis (termed 'key themes') within the overall case study of the Commission (Yin 2009a).

I elected to analyse material related to these demographic and individual risk factor modules. This is because I was interested in contested framing of the problem, and envisaged that gendered explanations would be most at risk from challenges by gender-neutral/individualised, externalising or contesting frames when intersectional characteristics (such as race) or individual risk factors (such as drug and alcohol use or mental health status) were under discussion.[9] I knew from my initial literature review on gender and DFV that each of these themes presented particular difficulties or challenges for gender equality advocates. The four key theme modules are:

- "Alcohol and drugs"
- "Mental health"
- "Aboriginal and Torres Strait Islanders – experiences and opportunities"

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[9] One module (i.e. one day of hearings) set aside for a number of these different demographic groups. It was termed "Diversity of experiences, community attitudes and structural impediments" and featured witnesses relating to LGBTI people, people with disabilities, the elderly, culturally and linguistically diverse communities, and male victims. Because all these groups were dealt with in a comparatively small amount of time, there was not enough data for each to go into detail about the framing of participants.

- "Children" (divided into two days: "Introduction and early intervention" and "Intervention and response")

Mental health and substance abuse are controversial because they are sometimes framed as causal factors, which can work in opposition to gender equality framing (Braaf 2012; Little 2015). With children, increasing attention to child victims can decrease attention toward the gendered dynamics of intimate partner violence in which violence toward children often occurs (Nixon 2011). In Aboriginal and Torres Strait Islander communities, gender equality framing is often seen as inappropriate due to the impact of colonisation on these communities (McGlade 2012).

Because I have only been able to analyse a sub-set of the inputs to the Commission, and a sub-set of the Commission's report and recommendations, I cannot make generalisations about the framing of the Commission across its entire inquiry and report. This is a limitation of the research. However, examining the Commission's placement of factors such as mental health and alcohol and drugs vs gender inequality in its framing does require me to examine the Commission's overall problem framing. The Commission's summary report prepared for widespread use contains general statements about the nature of the problem, as well as my key themes and their relationship to the problem diagnosis. For example, the following statement includes references to attitudes to women (i.e. 'cultural gender equality'), intergenerational factors, mental illness, and substance abuse:

> Confronting the factors that make perpetrators violent, including attitudes to women and community tolerance for violence, is crucial. Factors such as childhood exposure to violence, mental illness and drug and alcohol misuse can also fuel or exacerbate family violence (RCFV Summary and Recommendations, 28).

This means I can be confident that my research does represent the primary framing of the problem as given by the Commission in its summary report, even if I do not analyse all 35 chapters in detail.

In addition, the Commission received much more information relevant to each of the four themes than was featured on the particular day or days assigned to each topic in the public hearings. It received over 1000 submissions, conducted desktop research, and held public and private consultations and roundtables. People with expertise in AOD, children, mental health, and Aboriginal and Torres Strait Islander issues were called to give evidence in many of the other public hearing modules, and thus the

competing frames of other stakeholders that also informed the Commission's treatment of the four themes may not be reflected in this thesis. My intention in this research is to examine the public hearings that were constituted as specialist days to focus on these four topics, and my findings are limited to these aspects of the Commission's activities.

2.3.2 Data collection

For this case study, I draw on data derived through what Yanow (2006) describes as the three methods of data generation for interpretive research: observing, interviewing, and reading.

Direct observation

Case study methodologist Yin (2009a) notes that direct observations of relevant behaviours or environmental conditions can provide a useful source of evidence for case studies. As described in the introduction to this thesis, I attended many of the Commission's public hearings, which ran for 25 days in 2015 between Monday 13 July-Friday 24 July; Monday 3 August-Friday 14 August; and Monday 12 October-Friday 16 October. I attended the Commission on 11 of these days, with the purpose of observing how the hearings operated. The hearings occurred during the early stages of my research project, so I approached the material inductively, using my laptop to record field notes as the hearings unfolded. I paid attention to the content of the evidence (for example, whether and how witnesses talked about gender), but also to the physical set-up of the room, the number of journalists and members of the public in attendance, the demeanour of the Commissioners and counsel assisting, and how witnesses were treated. I was especially interested in observing the 'lay witnesses' (i.e. victims of DFV who were called to give evidence to illuminate particular topics such as information sharing or mental health), as their testimony was to be embargoed for safety and security reasons, and thus no public records would be available. I draw on my field notes largely in Chapter 4 to add to and strengthen interview data about the way the Commission conducted its business and built trust among stakeholders.

Interviews

This project draws on interviews with 20 participants involved in the Royal Commission process. Interviews provide an opportunity for detailed investigation of people's personal perspectives, and are particularly well-suited for understanding "deeply rooted or delicate phenomena or responses to complex systems, processes and experiences" because of the opportunity for researchers to clarify or probe participants' responses (Ritchie 2003, 36). As my aim for the interviews was to identify and capture the framing perspectives of policy actors in relation to four different themes, I employed purposive sampling – participants were selected according to predetermined criteria relevant to a research objective (Guest et al. 2006). It was not practical, and nor with this approach was it necessary, to interview each witness from each theme area. Guest et al. (2006) suggest that saturation of themes can often be reached with 6-12 interviews, but more may be required if the sample is relatively heterogeneous. This was the case for my research, as I was interested in a range of views from witnesses on each of the four themes, as well as other stakeholders including key personnel involved in sector leadership and the design and implementation of the Commission. Table 2.2 provides a list of interview participants.

As Yin (2009a, 106) recommends for the purposes of case study research, the interviews were guided conversations known as semi-structured interviews, rather than fully structured encounters. This meant I had a clear idea of what questions and topics I wanted to raise, but asked the questions in an order and in ways that fitted with the flow of talk and the way in which the interview was progressing (Ercan and Marsh 2016). I provide a list of sample questions in Appendix 2.

Table 2.2: Interview participants

Designation	Professional role	Purpose or theme
P01	Family violence sector senior executive	Commission overall
P02	Mental health professional	Mental health
P03	Senior mental health professional	Mental health
P04	Child mental health professional	Children
P05	Senior mental health professional	Mental health
P06	Family violence researcher	Alcohol and other drugs Children
P07	Alcohol and other drugs sector senior executive	Alcohol and other drugs
P08	Aboriginal sector executive	Aboriginal communities
P09	Aboriginal sector executive	Aboriginal communities
P10	LGBTI researcher	Commission overall
P11	Disability policy officer	Commission overall
P12	Aboriginal public sector executive	Aboriginal communities
P13	Trauma and child mental health professional	Children
P14	Addiction researcher	Alcohol and other drugs
P15	Victoria Police officer	Commission overall
P16	Family violence researcher	Children
P17	Deputy Commissioner Patricia Faulkner	RCFV overall
P18	Men's health worker	RCFV overall
P19	Anti-alcohol advocate	Alcohol and other drugs
P20	Commissioner Marcia Neave	Commission overall

This project received ethics approval from UNSW's HREAP B: Arts, Humanities & Law, with ID HC15509. All interviews except one were audio-recorded, and I undertook the transcription myself, as a privacy measure given the sensitive nature of some of the material. Commissioner Neave did not permit me to record; instead she allowed me to take notes during her interview, which she afterward reviewed for accuracy. We agreed that it would not be possible for me to de-identify her interview comments, as she played such a unique role in the Commission process. The same is true of Deputy Commissioner Faulkner. As far as possible, I have de-identifed other participants' contributions. However, there is a difficulty in this research design with balancing confidentiality on the one hand and the expert nature of these participants

on the other. I made sure to discuss with them the possibility that they could be identified, given the small pool of potential participants (i.e. those who gave evidence before the Commission) and the specific expertise evident in their interview contributions (which may at times identify them). Some participants were not concerned about being identified, but others indicated that certain topics we discussed were sensitive and they would prefer certain comments not to be linked with their names.

Positioning interview data in my research design and thesis proved to be a difficult task, for the reasons just described. Because it was necessary to keep interview participants anonymous, direct triangulation of their interview data with their public statements was impossible. Further, it became clear when I began to write up the research that I could not present interview data in the results section of the theme chapters, because similarities in framing content between named witnesses and anonymous interview participants could potentially compromise the anonymity of those interview participants. For these reasons I felt that the most ethical decision was not to include details of interviewees' framing content in the main text of the thesis, even though their insights about framing debates were useful for my background understanding of each key theme. However, I have been able to draw on interview data for three purposes: firstly, to make a general point about framing being a dynamic rather than a static phenomenon. Several interview participants framed the problem of DFV differently in interview than they did in their public contributions to the Commission, which I explore in Chapters 4 and 9. Secondly, interviewees' many and varied definitions of gender (considered in Chapter 4) provide the basis for thinking about the different ways gender and gender equality were framed in the Commission (elaborated in Chapter 9). Thirdly, I draw extensively on interview data in Chapter 4 to consider how stakeholders reacted to the establishment of a royal commission on this topic, and consider how the Commission worked to build trust and legitimacy with its stakeholders. Fourthly, interviewees provided some insights into specific uses of language (e.g. the meaning of 'gender neutral' approaches to Aboriginal communities), and the appropriateness of 'family violence' framing in relation to their particular key theme (e.g. in relation to mental health, as discussed in Chapter 6).

Public documents are an important data source for this case study. They inform my contextual exploration and overall commentary on the Commission, and provide the basis for my detailed analysis of problem framing in the key themes. Relevant documents include:

- The Commission's terms of reference (State of Victoria 2015). This document is important for understanding the constraints set on the Commission's work
- Written witness statements from each person giving evidence on the four key themes
    - Referenced in thesis text as 'WS' followed by page number, for example: (Gruenert WS, 8)
- Hearings transcripts from witnesses for each key theme (two full days for the 'children' theme and one day for each of the other themes)
    - Referenced in thesis text using the day number and the relevant page of the PDF transcript, for example: (day 5, p. 19)
- The Commission's report and recommendations
    - Referenced in thesis text using volume and page number, for example: (vol III, 249)

I collected all of these documents from Commission's website www.rcfv.com.au. Table 2.3 summarises the data sources.

Table 2.3: Data sources

Theme	Data sources
Overall view of the Commission	● Commission terms of reference ● Commission report and recommendations ● Field notes from 11 days of public hearings ● Data from all 20 interviews
Children	● 15 witness statements ● Transcripts of days 2 and 3 of the public hearings ● Data from 3 interviews
Alcohol and drugs	● 10 witness statements ● Transcript of day 5 of the public hearings ● Data from 5 interviews
Aboriginal communities	● 6 witness statements ● Transcript of day 6 of the public hearings ● Data from 3 interviews
Mental health	● 5 witness statements ● Transcript of day 8 of the public hearings ● Data from 3 interviews

2.3.3 Analysis

To analyse the data I created a 'supertext' for each text by systematically applying a set of sensitising questions (as described above and listed at Appendix 1). In applying the sensitising questions to texts, I looked particularly for what actors diagnosed the problem to be (either implicitly or explicitly), what they represented the causes to be, and what prescriptions they suggested or implied to address the problem. For reasons of length, it is not possible for me to include in full the 'supertext' derived from each text analysed. Instead, Appendix 4 comprises a series of tables summarising each supertext: 4.1 covers alcohol and other drugs; 4.2 mental health, 4.3 Aboriginal and Torres Strait Islander communities; and 4.4 children. These tables focus on three framing elements of diagnosis, causation and prescription.

I then undertook a directed content analysis (Hsieh and Shannon 2005) by reviewing each supertext to determine whether it matched one of more of the frames featured in my continuum of policy frames (given above in Table 2.1). This went beyond counting words or assessing the content of what actors explicitly said ('explicit communication')

to uncovering the underlying implications or subtext ('inferred communication') (Hsieh and Shannon 2005). Crucially – as suggested by Charlesworth (1999) to be an important part of feminist methodologies – it involved listening for *silences*. For example, if an actor consistently used female nouns and pronouns when talking about victim/survivors, this framed women as the primary victims of DFV and corresponded to 'women-centred' framing – even if the actor did not directly name women as the primary victims. Where there was more than one type of framing present, I attempted to determine which was more prominent (e.g. 'individualised' if causation attributed to a number of individual risk factors, with a minor 'contesting' frame if the actor implied that a focus on gender was unwarranted). Where texts could not be categorised using any of the pre-determined policy frames, I created a new code (Hsieh and Shannon 2005). For example, I introduce 'degendered' framing in Chapter 5 and 'children-centred' in Chapter 8.

In assigning frames to texts, it is important to note that actors' framing may change over time and even between moments in time, in line with Hulst and Yanow's (2016, 93) call for a distinction between the static notion of 'frames' (often treated as objects people possess in their heads and develop for strategic purposes), and the more dynamic notion of 'framing' ("the interactive, intersubjective processes through which frames are constructed"). Thus I looked for the framing that came through in each text without assuming that the actor would always frame the problem this way (a point I will return to in later chapters). As many of the texts were the transcripts of public hearings where the content and questions were largely shaped by the Commission's counsel assisting, this is important to bear in mind – the hearings were designed to elicit the views of witnesses on certain topics, but witnesses were constrained in their ability to outline their views on the problem exactly as they might have wished.

For the Commission's report, I undertook thematic coding using NVivo. This enabled me to collate material related to each key theme and consider how these topics were treated by the Commission in relation to the contributors' supertexts. This was particularly useful for themes such as AOD and mental illness, which did not have designated chapters in the report.

2.4 Conclusion

In this thesis, I apply a feminist interpretive approach to understanding the construction of the policy problem of domestic and family violence. The research design is a case study with embedded units. The Royal Commission into Family Violence represents a case study of DFV problem framing, and I have selected four of the topic modules that structured the Commission's public hearings as embedded units ('key themes') for detailed analysis. My research questions focus on the role of gender in texts surrounding the Royal Commission. I will employ critical frame analysis to bring out the subtext for each policy text and foreground the assumptions underpinning actors' problem diagnosis and prescription. A gendered continuum of policy frames based on previous work by Krizsán and Popa (2014) constitutes a starting point for my directed content analysis.

Having established my research questions, methodological approach, and research methods and tools, I turn now in Chapter 3 to the national and international context of domestic and family violence and the Victorian Royal Commission.

Chapter 3

Exploring the research context: The Victorian Royal Commission into Family Violence

Introduction

On Sunday 22 February 2015, the newly elected Government of the Australian State of Victoria, led by Daniel Andrews of the centre-left Labor party, established the Royal Commission into Family Violence. The Government instructed the Commission to examine Victoria's family violence response system and make recommendations about prevention, early intervention, support for victims, and perpetrator accountability. In this chapter, I explore the context of the Commission as a case study for investigating the problem framing of domestic and family violence.

In Part 1, I provide an overview of different and sometimes competing framing used in the policy field of DFV from international, national and Victorian state perspectives. This overview clarifies Victoria's 'family violence' approach, which is somewhat unusual among national and sub-national governments of liberal democracies, including in Australia. This is important for contextualising the framing of policy actors in the Commission.

In Part 2, I turn to the Royal Commission into Family Violence itself, drawing on the literature regarding commissions of inquiry to situate them as powerful policy tools in Australia and other countries of the Commonwealth of Nations. I then summarise the Commission's terms of reference, setting the scene for a discussion in Chapter 4 of how the Commission went about its work and gained legitimacy in the eyes of key stakeholders.

Part 1: Victoria's 'family violence' framing in international and national context

Victoria uses the term 'family violence' in both legislation and policy documents, a longstanding terminology choice that sets it apart from a number of other Australian jurisdictions and similar countries such as New Zealand, the UK, Canada and the US.[10] However, the context in which Victoria operates is influenced by international and national factors, including international norms about recognising and responding to violence against women, and local contextual factors such as Aboriginal and Torres Strait Islander definitions of family violence.

As framing scholar Josefina Erikson (2017) notes, the institutional context constrains the behaviour of policy actors. International framing of domestic and family violence largely situates it within the broader problem of violence against women, a result of gender inequality. In Australia, there is no national plan for either 'domestic' or 'family' violence, but rather a *National Plan to Reduce Violence against Women and their Children 2010-2022* (CoAG 2011) which includes actions to reduce both domestic violence and family violence. Nationally, DFV policy framing has traditionally focused on 'domestic violence', largely understood to be intimate partner violence perpetrated by men against women and children (Ramsay 2007). In Victoria the policy terminology has long been 'family violence', understood to be largely perpetrated by men against women and children, but incorporating a very broad range of family relationships, including extended families especially as defined by Aboriginal and Torres Strait Islander communities.

3.1.1 The international DFV context

Internationally, the United Nations is a leader in the area of violence against women, including intimate partner violence or domestic violence. However, violence against women was not a strong feature of the UN's operations until the late 1980s. The 1979 United Nations Convention to Eliminate All Forms of Discrimination Against Women (CEDAW), which has been ratified by almost every country in the world, does not contain a specific provision about violence against women because this issue did not

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[10] The use of 'family violence' is increasing in a number of these jurisdictions, but this is a fairly recent development (see Table 3.1).

become a "powerful global discourse" until after CEDAW was drafted (Zwingel 2016, 60; Freeman et al. 2012; Baldez 2014).

Until the early 1980s, violence against women was not on the agenda of the international women's rights movement or international human rights groups (Keck and Sikkink 1998). While women's rights activists worldwide were mobilising on issues related to violence, areas of primary concern were different in different parts of the world (e.g. 'comfort women' in Korea, dowry death in South Asia, domestic violence in the US and Western Europe, violence against female prisoners in Latin America) (Keck and Sikkink 1998). There were differences of opinion between women from nations in the global north and the global south over whether the most important issues determining women's rights resulted from gender discrimination, or the effects of broader economic factors including those resulting from colonialism (Ramsay 2005; Keck and Sikkink 1998). Additionally, much violence that women experienced occurred in the private sphere, perpetrated by individuals, rather than the public state-perpetrated violence that was traditionally seen as the purview of the UN and other international human rights organisations. The family was not seen as an appropriate site for state intervention (Joachim 2003; Friedman 2003). For this reason, there was also a dearth of information about the scope of violence in the family worldwide (Joachim 2003).

However, UN meetings and conferences during the 1970s and 1980s provided opportunities for feminist activists from across the world to meet and discover common areas of concern while building transnational networks (Keck and Sikkink 1998; Zwingel 2016). By the 1980s, these activists had discovered that violence was universal across their experiences, and was an issue that united them across national, geographical and political boundaries (Joachim 2003; Keck and Sikkink 1998). Crucially, the quickly-developing international women's movement took advantage of already highly-established human rights frames to make violence against women a human rights issue (employing the phrase "women's rights are human rights"), therefore requiring states to respond to the problem (Friedman 2003; Keck and Sikkink 1998).

By 1992, after much lobbying by women's rights activists, the CEDAW Committee stipulated that the Convention should be interpreted to include violence against

women as a form of discrimination (Baldez 2011; Kelly 2005). General Recommendation 19 (CEDAW 1992, 1) defines gender-based violence as "violence that is directed against a woman because she is a woman or that affects women disproportionately", which "seriously inhibits women's ability to enjoy rights and freedoms on a basis of equality with men" – including participation in education, the workforce and political life (CEDAW 1992, 2). It states that 'family violence' is "one of the most insidious forms of violence against women", perpetuated by traditional attitudes and exacerbated by women's economic dependence, which forces many women to stay in violent relationships (CEDAW 1992, 4). More recently, Recommendation 35 was adopted to be read in conjunction with Recommendation 19, and provide signatory states with more guidance on eliminating "gender-based violence against women" – a term adopted to "make explicit the gendered causes and impacts of the violence" (CEDAW 2017, 3). The recommendation:

> …[strengthens] the understanding of this violence as a social – rather than an individual – problem, requiring comprehensive responses, beyond specific events, individual perpetrators and victims/survivors (CEDAW 2017, 4).

The approach to violence used in these recommendations, on the continuum of policy frames introduced in Chapter 2, locates DFV within a framework of structural gender inequality and discrimination, with reference to the organisation of intimacy, labour, and citizenship.

In 1993, the UN also produced the first major document recognising violence against women as a violation of their human rights: the Vienna Declaration on the Elimination of Violence Against Women (UN 1993; see Johnson et al. 2008; Htun and Weldon 2012). This document stemmed from the 1993 World Conference on Human Rights, which had focused on violence against women as a 'direct result' of strong campaigning by networks of women's rights NGOs (Keck and Sikkink 1998, 186; Friedman 2003; Baldez 2014). The following year, the UN created the position of 'Special Rapporteur on violence against women, its causes and consequences', who reports to the UN Commission on Human Rights. The momentum on violence against women continued: in 1995, the Beijing Declaration and Platform for Action (UN 1995), which emerged from the UN's Fourth World Conference on Women, provided a clearer recognition of the issue despite strong contestation from a conservative 'counter-network' with a 'pro-family' agenda (Chappell 2006). It included violence against women and girls as a key area of concern and action, and used stronger language

than the Vienna Declaration (Htun and Weldon 2012). Like the CEDAW recommendations, both the Vienna and Beijing documents also see violence against women (including DFV perpetrated by spouses and other family members) in structural terms, identifying it as a "manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men" and prevent women's "full advancement". The Beijing Declaration further stated that the "low social and economic status of women can be both a cause and a consequence of violence against women" (UN 1995, 48).

In an extraordinary move – given the scale of the problem, the CEDAW recommendations and the 1993 and 1995 Declarations – the UN Development Programme's 2000-2015 Millennium Development Goals did not include violence against women as a priority in their gender equality and empowerment of women goal, prompting some to call it the 'missing target' (UNIFEM 2010; Treuthart 2015; Jagger 2013). UNIFEM Executive Director Noeleen Heyzer (2005, 10) observed that women's advocates were dismayed by this omission after the 'hard won' victories of the UN conferences discussed above. The World Health Organization (2005, 1) argued that violence against women is "one of the most blatant manifestations of gender inequality", and undermines efforts to achieve the Millennium Development Goals. The reduction of poverty, increased government productivity, and higher rates of education for girls are all difficult to achieve while violence against women drains public budgets and keeps women in poverty (UNIFEM 2010; World Health Organization 2005; Hayes 2005). Campaigning from organisations such as UN Women, WHO, Action Aid and the Bianca Jagger Human Rights Foundation for the UN argued for the post-2015 development framework to more specifically address violence against women (Fergus 2012; Turquet et al. 2008; Jagger 2013; UNIFEM 2010). As a result, this omission was rectified in the 2016-2030 Sustainable Development Goals, which now include a target (under Goal 5: 'Gender equality') to "eliminate all forms of violence against all women and girls in the public and private spheres".[11]

Beyond the UN, in 2011 the Council of Europe adopted the "Convention on preventing and combating violence against women and domestic violence" (the Istanbul Convention). This convention has now been signed by 45 countries and the European

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[11] See http://www.undp.org/content/undp/en/home/sustainable-development-goals/goal-5-gender-equality/targets/.

Union (Council of Europe 2018). It responded to a growing recognition, through instruments such as CEDAW and the Beijing Declaration (which were themselves a result of trans-national women's organising), that violence against women was a form of discrimination against women and a violation of women's rights (Choudhry 2016). The Istanbul Convention refers to CEDAW and mirrors some of CEDAW's language about substantive gender equality and the empowerment of women (Šimonović 2014). Again, this convention situates violence against women as a "manifestation of historically unequal power relations between men and women", which has prevented women's "full advancement". Importantly, it places detailed legally binding duties on state parties regarding the measures they must adopt on violence against women, including domestic violence (McQuigg 2017). This includes the collection of statistics on violence against women (Walby 2016). While parties to the Istanbul Convention are encouraged to pay attention to all victims of domestic violence,[12] they are required to pay particular attention to female victims (Council of Europe 2011, Article 2; McQuigg 2017, 75). This framing, a result of much debate among Council of Europe Committees in the development of the Convention, incorporates male victims in a way that previous UN instruments had not, albeit to a limited extent (McQuigg 2017).

The European Institute for Gender Equality, an autonomous body of the European Union, publishes a yearly Gender Equality Index that measures violence against women and refers many times to "gender-based violence against women", as defined by the Istanbul Convention. The Institute's website states that:

> The terms ['gender-based violence' and 'violence against women'] are used interchangeably throughout this website and EIGE's work, as it is always understood that gender-based violence means violence against women and vice versa (EIGE nd).

This is a strong indication that, as noted by DFV scholars Breckenridge et al. (2018), international treaties and conventions often talk about gender-based violence but focus on violence against women to the exclusion of non-female victims of gender-based violence such as men, boys, and those who identify as non-binary. They argue that this definitional slippage limits our understanding of victimisation, and also results in difficulty establishing gender differences in intimate partner violence (Breckenridge et al. 2018, 2). International relations scholar Pamela Scully (2010) also notes this

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[12] Defined as "all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners" (Council of Europe 2011, Article 3b).

tendency for gender-based violence and violence against women to be used interchangeably, limiting our ability to analyse and respond to gender inequalities and hierarchies that produce violence against both women and men.

A literature search reveals no international initiatives (comparable to the UN, Council of Europe and EU projects and agreements mentioned above) for addressing *family violence* in its broader sense, as used in Victoria (i.e. violence between people in a range of family and family-like relationships, including both male and female victims and perpetrators). As legal scholar Julie Goldscheid (2014, 309) notes, violence against women has become "a standard description globally for laws, programs, and services addressing intimate partner and sexual violence, as well as for the violence itself". This means that the international conventions and treaties that shape global pressure for action on DFV are all rooted in concerns about violence against *women* occurring in the context of (and helping to perpetuate) gender inequality.

This focus on violence against women is a powerful framing imperative for the way DFV is treated in Australia at a national level. Australia has been a signatory to CEDAW since 1982, and thanks to a strong domestic feminist movement and 'femocrats' within its government, has a history of implementing most aspects of the Convention (Voola et al. 2017). However, there has been weak translation of some aspects of CEDAW, and varying enthusiasm for women's rights under conservative versus progressive governments (Chappell 2002; Voola et al. 2017). For example, the CEDAW Committee has consistently criticised Australia for its insufficient response to violence against Indigenous women in particular (see e.g. Committee on the Elimination of Discrimination Against Women 2006; 2010; 2018). According to the Australian Law Reform Commission (2010), changes made in 1995 to family violence provisions in the *Family Law Act 1975* responded to concerns about women's rights and women's safety that resulted from a growing understanding of CEDAW and the 1993 Vienna Declaration. The *National Plan to Reduce Violence against Women and their Children 2010-2022*, discussed further below, responds to Australia's international obligations under CEDAW, the 1993 Vienna Declaration, and the 1995 Beijing Declaration and Platform (CoAG 2011, foreword).

3.1.2 Comparative national settings

Domestic and family violence is framed in a variety of ways across other English-speaking nations with which Australia often compares itself in relation to policy. In Australia, the US, Canada, and the UK, women's groups worked from the late 1960s onward to get DFV on to the national policy agenda (Htun and Weldon 2018; Ishkanian 2014).

Today, the UK government primarily uses the terms domestic violence and domestic abuse in its cross-government definition, which encompasses violence between intimate partners or family members of either sex who are over the age of 16. This definition is consistently adopted or mirrored in policy and practice definitions in England and Wales (Kelly and Westmarland 2016). While domestic violence scholars Kelly and Westmarland (2014) note that this definition is 'studiedly' gender-neutral and obscures a gendered analysis of men's violence against women, the UK's response to domestic abuse is framed within its Violence Against Women and Girls strategy.[13] Further, Wright and Hearn (2013) note an incongruity between UK gender-neutral definitions of DFV and the ways in which these definitions are incorporated into or backed up by surrounding texts, which use gendered language and statistics. For example, the statutory guidance framework for the new offence of "controlling or coercive behaviour in intimate or familial relationships", framed as a form of domestic abuse and campaigned for by feminist groups, contains information on "the gendered nature of controlling or coercive behaviour" (Home Office 2015, 7).

Canada has no specific DFV offence at the national level, although most acts of family violence are considered crimes under various sections of the *Criminal Code* (Department of Justice 2017). Canada's Department of Justice website uses the term family violence in a gender neutral way to refer to "any form of abuse, mistreatment or neglect that a child or adult experiences from a family member, or from someone with whom they have an intimate relationship". Its description of the various forms of family violence is also non-gendered, except for 'honour' violence and female genital mutilation.[14] On the other hand, Canada has recently launched a Strategy to Prevent and Address Gender-Based Violence, administered by Status of Women Canada,

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[13] See https://www.gov.uk/guidance/domestic-violence-and-abuse.
[14] See http://canada.justice.gc.ca/eng/cj-jp/fv-vf/index.html and http://canada.justice.gc.ca/eng/cj-jp/fv-vf/about-apropos.html.

which includes violence against women and girls as well as against LGBTQ2 (where the '2' refers to 'two-spirit') and non-gender-conforming people.[15] Sub-nationally, its provinces and territories use a mix of domestic violence and family violence terminology in their legislation and policy (Fraser 2017; Department of Justice 2017).[16] Several provinces have gender-based DFV action plans; others have gender-neutral plans, or none at all (Fraser 2017). However, several scholars argue that a degendered focus on family violence has come to dominate government policy discourse across the country, particularly as it relates to children's experiences of violence in the home (Nixon and Tutty 2010; Fraser 2017; Abraham and Tastsoglou 2016).

In the United States, legislative provisions addressing DFV are located in the *Violence Against Women Act*, which refers to 'domestic violence'. This legislation was first introduced in 1994 as a result of lobbying by organised women's groups (Weldon 2002). State governments use a range of terminology including domestic violence, domestic abuse and terms such as 'domestic battery' (see e.g. National Conference of State Legislators 2015). The use of the battery terminology stems from the fact that anti-DFV activists in the US felt a term as strong as this represented the realities of women's abuse by male intimate partners (Pence and Dasgupta 2006). As Pence and Dasgupta (2006) note, 'battering' originally connoted coercive control, intimidation and oppression, but subsequently became synonymous with physical violence by a person against an intimate partner. Battering is a common term in US research on DFV, with 'batterer' used for perpetrator and 'battered' for those who experience violence (Vickers 1996; Kelly and Westmarland 2014); perpetrator intervention programs are often known as 'batterers' programs' (see e.g. Price and Rosenbaum 2009). This frame is limited to violence between intimate partners and foregrounds the physical element of violence while de-emphasising non-physical elements such as emotional and financial abuse.

In Australia's close neighbour New Zealand, the legislative term is domestic violence, but family violence and whānau violence are also commonly used – the latter in the context of violence in Maori families. Whānau is a Māori word meaning extended family, which has physical, emotional and spiritual dimensions (Walker 2011).

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[15] See http://www.swc-cfc.gc.ca/violence/strategy-strategie/index-en.html.
[16] See http://canada.justice.gc.ca/eng/cj-jp/fv-vf/laws-lois.html.

According to Chappell and Curtin (2013), the New Zealand government has made a concerted effort to integrate Māori perspectives into its DFV response since the 1980s. Currently, the *Family and Whānau Violence Legislation Bill*, which primarily uses the term family violence, is under consideration by the NZ Parliament. The New Zealand Family Violence Clearinghouse (2017) argues that this change from domestic violence to family violence "better illustrates the range of family relationships and ensures that family violence interventions can be more responsive to Māori needs".

3.1.3 The Australian DFV context

In Australia, the terms family violence, domestic violence, and intimate partner violence are in common use, and are often used interchangeably (Stubbs and Wangmann 2017, 169). Historically, 'domestic violence' has strong associations with a feminist analysis of the problem because of its original use by the women's refuge movement (Murray and Powell 2009; Ramsay 2005). DFV policy expert Heather Nancarrow (2009, 124) notes that domestic violence became "synonymous with men's abuse of their female intimate partners", and DFV scholars Healey et al. (2013, 51) explain that domestic violence is most commonly used by those "who hold a gendered understanding of the patterns of violence in domestic relationships". However, 'domestic violence' is criticised by some feminist scholars and practitioners because it is not specifically gendered (Nixon 2007; Wright and Hearn 2013) and can imply that the problem is a private issue rather than a public concern (Hawley et al. 2017).

3.1.3.1 The national level

In Australia, according to Australian DFV scholar Janet Ramsay (2007), the problem was termed 'family violence' until the mid-1970s, and was seen as largely an issue of individual pathology, to be dealt with privately by therapeutic means. Feminists who set up the first women's refuges as a response to women's homelessness were concerned to find that women who needed shelter were often fleeing violent partners. In 1975, these activists were the first to gain Commonwealth-level funding for a DFV program, winning ongoing funding for the Sydney-based 'Elsie' shelter from the Labor Government of Prime Minister Gough Whitlam (Ramsay 2007). Ramsay (2007, 261-262) reports that feminists active in the refuge movement at the time adopted the term 'domestic violence' to reflect the reality that men were abusing women in their homes where they were supposed to be safe. These actors saw 'family violence' as the

"enemy term" used by people who did not accept feminist framing of the issue. As DFV policy scholar Suellen Murray (2005) argues, 'family violence' implies that all family members participate in the violence, which obscures the gendered nature of DFV. Since feminists were the first activists to bring this issue to the attention of state and Commonwealth governments, their preferred term domestic violence was adopted in policy documents from then onward. Ramsay reported in her thesis on policy actors and the development of domestic violence policy that the use of this term "has been maintained since in most jurisdictions to avoid the confusion of a change in terminology" (Ramsay 2005, 33). As I will outline below, this has begun to change in recent years, and Victoria's current use of 'family violence' is linked more to the inclusion of Aboriginal and Torres Strait Islander perspectives than to non-gendered framing.

While domestic violence gained a foothold in the policy landscape at the end of Gough Whitlam's Labor Government, there was little policy implemented on the issue during the subsequent conservative Liberal-National Coalition Government of Malcolm Fraser (1975-1983) (Ramsay 2007).[17] However, women's policy machinery such as the Office of Women's Affairs and the National Women's Advisory Council continued to develop policy during the Fraser period, which was then able to be rapidly implemented during the more 'sympathetic' Hawke and Keating Labor governments of the 1980s and 90s (Ramsay 2007; Chappell and Costello 2011). By 1995, Australia had achieved 9 out of a possible 10 points on Htun and Weldon's (2018) index for measuring government action on violence against women. This was far ahead of the UK and New Zealand on 4 and 5 points respectively and exceeded only by Canada on 10 points (Htun and Weldon 2018, 39). While subsequent conservative Coalition governments were more hostile to feminist framing and placed great emphasis on family dysfunction and individual psychopathology, it is clear that the history and framing of domestic and family violence policy in Australia owes much to feminist activists and 'femocrats' working to improve government policy responses to men's violence against women in in the home (Chappell and Costello 2011; Htun and Weldon 2018).

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[17] Since the early 20th century, Australian state and federal governments have been dominated by a two-party system: the centre-left Labor party and the centre-right Coalition (comprising the Liberal and National parties, who work as an electoral bloc). Chappell and Costello's (2011) comparative work on domestic violence policy in Australian federalism has shown that feminists have had more success framing domestic violence policy in a gendered way under Labor governments than Coalition governments.

In more recent years, the most significant Commonwealth-level policy document covering DFV is the *National Plan to Reduce Violence against Women and their Children 2010-2022*. This document responds to Australia's international obligations under CEDAW, the 1993 Vienna Declaration on the Elimination of Violence Against Women, and the 1995 Beijing Declaration and Platform for Action (CoAG 2011, foreword). It focuses on sexual assault and domestic and family violence, both 'gendered crimes' because they have "an unequal impact on women" (CoAG 2011, 1). It uses the language of domestic violence to refer to "acts of violence that occur between people who have, or have had, an intimate relationship" and family violence as "a broader term that refers to violence between family members, as well as violence between intimate partners" (CoAG 2011, 2), noting that this is the preferred term for Indigenous people. The document employs both terms in roughly equal proportions, mainly because when discussing particular states or territories it uses the terminology employed by each jurisdiction – but in accordance with its mandate to enact a violence against women agenda, the overarching frame of the document remains one of violence against women and their children rather than violence between family members.

At the national level, the legislation for addressing family disputes (the *Family Law Act 1975*) also uses 'family violence', rather than domestic violence. The Act did not address DFV in its original formulation but was amended in 1995 to address safety concerns related to family violence. These changes responded to recommendations in the Australian Law Reform Commission's (1994) report *Equality before the Law: Justice for Women* – in other words, despite the gender neutral family violence terminology, family violence provisions in the Act were originally intended to respond to violence against women. According to the Australian Law Reform Commission (2010, 168), they reflected:

> …a growing understanding of the detrimental impact of violence which found expression in the Convention on the Elimination of All Forms of Discrimination Against Women [CEDAW] and the Declaration on the Elimination of Violence against Women [the Vienna Declaration].

3.1.3.2 The sub-national context

Across Australia's eight state and territory governments,[18] domestic violence has historically been the most commonly used term in legislative and policy discourse (Ramsay 2007). Non-government specialist DFV services in these jurisdictions also tend to use the term domestic violence, except when speaking about Indigenous contexts (Murray and Powell 2009; 2011). Until recently, Victoria and Tasmania were the only Australian jurisdictions to use the term family violence in their legislation and most policy documents. Tasmania implemented its first major piece of DFV legislation, the *Family Violence Act*, in 2004. Despite its use of the broader term, however, its definition of the problem is the narrowest of all Australian jurisdictions, being the only legislation to define DFV as occurring only between spouses and partners rather than family members more broadly (see Table 3.1). This underscores the definitional slippage occurring in the use of terms describing DFV, as discussed earlier.

Victoria has been at the vanguard in the use of this terminology, applying it in legislation since the introduction of the *Crimes (Family Violence) Act 1987*, which was replaced by the *Family Violence Protection Act 2008*. The preamble to the 2008 Act recognises that "while anyone can be a victim or perpetrator of family violence, family violence is predominantly committed by men against women, children and other vulnerable persons". It also emphasises that children's exposure to family violence may have a serious impact on their current and future wellbeing. For the first time in Victorian legislation, the Act included a definition of family violence: behaviour by a person towards a family member that is physically, sexually, emotionally, psychologically or economically abusive; or threatening, coercive or dominating, including in ways that cause the person to fear for themselves or another person (*Family Violence Protection Act 2008*, s5). Section 5 also stipulates that exposing children to any of these behaviours constitutes family violence (see further discussion in Chapter 8). This positions child protection within a family violence framework at the state level, while at the national level there are separate plans for DFV (framed as violence against women) and child protection.

The 2008 Act broadened the definition of 'family member' to include, alongside current and former spouses and de facto spouses, relatives, and dependent children, "any

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[18] In Australia, sub-national governments have responsibility for criminal law, police, hospitals, and many human services, meaning they have an important role in responding to DFV.

other person whom the relevant person regards or regarded as being like a family member if it is or was reasonable to regard the other person as being like a family member having regard to the circumstances of the relationship" (s8). 'Relatives' now include, for Aboriginal and Torres Strait Islander people, "a person who, under Aboriginal or Torres Strait Islander tradition or contemporary social practice, is the person's relative" (s10). Relevant factors in deciding whether a person constitutes a 'family member' include cultural, social, emotional, financial, responsibility of care, and dependence/interdependence. However, this broader provision is not only relevant to Aboriginal and Torres Strait Islanders. An example provided in the Act suggests that "a relationship between a person with a disability and the person's carer may over time have come to approximate the type of relationship that would exist between family members" (s8). Thus the legislative definition clearly has regard to Aboriginal and Torres Strait Islander definitions and concerns, as well as other cultures with extended notions of family, and the family-like relationships that may develop in disability care homes and between carers and clients.

In 2017 – after the 2015-16 timeframe of the Royal Commission – both Western Australia and the Australian Capital Territory introduced legislative changes that used the discourse of family violence instead of the previously employed terminology of 'family and domestic violence' or 'domestic violence' respectively. Table 3.1 covers the use of terminology in current legislation across Australian jurisdictions and the relevant definitions, showing that even in jurisdictions that employ domestic violence terminology, the definition of this violence is generally quite broad and encompasses violence in a range of family relationships. Many jurisdictions also include carers in intimate but nonsexual relationships, and NSW (in addition to Victoria) also suggests that residents of care homes may be in family-like relationships. All legislative definitions are gender neutral, though certain jurisdictions (Victoria, NSW, QLD) frame their legislation in 'women-centred' terms by stating in preambles or interpretive guidelines that DFV is primarily perpetrated by men against women and children.

Table 3.1: DFV terminology in Australian jurisdictions as at October 2018

Jurisdiction	Term	Definition	Legislation
Australian Capital Territory	Family violence	- Behaviour by a person towards a family member that is physically, sexually, emotionally, psychologically or economically abusive; or threatening, coercive or dominating, including in ways that cause the person to fear for themselves or another person - Includes exposing children - Broad definition of family; includes carers	*Family Violence Act 2016* section 8 – effective 11 October 2017 (previous term was domestic violence)
New South Wales	Domestic violence	- Personal violence offence (specific domestic violence offence not defined) or other offence intended to coerce, control or intimidate another person, committed against a person with whom the perpetrator is in a current or former domestic relationship - Broad definition of "domestic relationship", including carers and residents of care homes - NSW police definition: "Domestic and family violence involves an abuse of power, mainly perpetrated by men in an intimate partner relationship or after separating from the relationship"[19]	*Crimes (Domestic and Personal Violence) Act 2007* section 11
Northern Territory	Domestic violence	- Conduct by a person that causes harm or threatens to cause harm to someone with whom the person is in a domestic relationship, including sexual and other assault, property damage (including to animals), intimidation, stalking, economic abuse - Domestic relationship defined broadly; includes carers	*Domestic and Family Violence Act 2007* section 5
Queensland	Domestic violence	- Conduct by a person towards another person where there is a relevant relationship between the two people, that is physically, sexually, emotionally, psychologically, or economically abusive, threatening, coercive, or in any way controls or dominates the person and causes them to fear for their or another person's safety or wellbeing - Broad definition of "relevant relationship"; includes carers and expanded cultural definitions of family	*Domestic and Family Violence Protection Act 2012* section 8 – main term used is domestic violence

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[19] See https://www.police.nsw.gov.au/crime/domestic_and_family_violence/what_is_domestic_violence.

Jurisdiction	Term	Definition	Legislation
South Australia	Domestic abuse	- Act of abuse committed by defendant against someone they are in a relationship with is defined as an act resulting in physical injury, emotional or psychological harm, unreasonable denial of financial, social or personal autonomy, or damage to property owned or used by the person - Broad definition of "in a relationship"	*Intervention Orders (Prevention of Abuse) Act 2009* section 8
Tasmania	Family violence	- Conduct or threats of conduct by a person against that person's spouse or partner that constitutes assault or sexual assault, threats, coercion, intimidation or verbal abuse, abduction, economic abuse, emotional abuse or intimidation, or property damage - Does not include family members other than spouses/partners	*Family Violence Act 2004* section 7
Victoria	Family violence	- Behaviour by a person towards a family member that is physically, sexually, emotionally, psychologically or economically abusive; or threatening, coercive or dominating, including in ways that cause the person to fear for themselves or another person - Includes exposing children - Broad definition of family	*Family Violence Protection Act 2008* section 5
Western Australia	Family violence	- Violence or a threat of violence by a person towards a family member, or any other behavior that coerces or controls the family member or causes them to be fearful, including assault, sexual assault, stalking/cyber-stalking, repeated derogatory remarks, property damage, abuse of pets, financial abuse, social isolation, kidnapping, and image-related abuse - Includes exposing children - Broad definition of family member	*Restraining Orders Act 1997* section 5A (term was family and domestic violence until 1 July 2017 – now family violence)

While the definitions of DFV are quite broad in most Australian definitions, I should note that it is difficult to extrapolate from these legislative definitions to how they are interpreted and implemented in practice (e.g. whether the policy documents that support governments responses are gendered; whether funding is geared toward supporting women and children) – nor is it the purpose of this thesis to do so comparatively across jurisdictions. My intention is to establish that Victoria has – for longer and to a greater extent than most other Australian sub-national governments – approached family violence in a broader sense than other formulations which focus on men's intimate partner violence against women. It has done this through desiring to be inclusive of Aboriginal experiences and definitions of family violence, and to acknowledge the harms to children who are exposed to violence in the home. It has also been seen by other states and territories as a leader in the area of DFV policy (Chappell and Curtin 2013; Murray and Powell 2011).

3.1.4 The different connotations of 'family violence'

The consensus view among scholars of DFV is that the use of the term family violence in Australian jurisdictions – similar to whānau violence in New Zealand – is linked to the preference of Aboriginal and Torres Strait Islander communities, who feel that this term better reflects their experiences of violence and the way it reverberates around the more extended families that are common in their communities (see Stubbs and Wangmann 2017; Murray and Powell 2009; Olsen and Lovett 2016; Healey et al. 2013). Many Aboriginal people also include lateral violence – displaced violence directed towards peers instead of the true source of oppression – within their definitions of family violence. I explore Aboriginal communities' ambivalence toward gendered analyses and approaches further in Chapter 7. As I noted above, family violence framing can also be associated with inclusiveness toward people with disability.

However, any framing of a problem brings with it advantages and disadvantages; inclusions and exclusions; gains and losses. While the 'family' framing brings with it certain advantages of inclusiveness, it can work to obscure the strongly gendered nature of the problem (as underscored by the sex-asymmetrical prevalence figures I outlined in the introduction to this thesis). This does not seem to be the case in Victoria, where a gender focus has remained a central tenet of the policy approach. The Victorian government's first two DFV strategies were located within integrated

violence against women strategies, and saw DFV as a phenomenon linked to unequal gender power relations (Theobald 2011; Murray and Powell 2011). Victoria's peak body for family violence services (Domestic Violence Victoria), set up by the Victorian government in 2003, not only uses the more feminist-aligned term 'domestic violence' in its name, but also exclusively represents services that support women and children victim/survivors. Prominent information and training organisation the Domestic Violence Resource Centre Victoria has its roots in the women's refuge movement, and its work (which has a particular focus on men's violence towards women in intimate relationships) is funded by the Victorian Department of Health and Human Services.

However, outside the Australian and New Zealand contexts the term family violence is not associated with intersectional inclusiveness within a gendered paradigm, but is used by researchers working in a family conflict paradigm, and usually signals a lack of attention to gender and power dynamics (Nixon 2007). Further, the inclusion of varied types of violence between family members does make the gendered nature of this violence more difficult to keep in focus, as not all forms of family violence are as sex-asymmetrical as intimate partner violence. Thus, while the term family violence is becoming more prevalent in Australian jurisdictions (and also increasingly in New Zealand and Canada), feminist researchers and activists remain uneasy about gender neutral terms decreasing the policy focus on men's violence against women and therefore leading to poor outcomes for female victims and their children (Nixon 2007; 2011; Stubbs 2015; DeKeseredy 2016). In recognition of these considerations, many researchers (e.g. Hooker et al. 2016; Campo 2015; Spinney 2012) use the term domestic and family violence (DFV). I follow this approach throughout this thesis. This incorporates the gendered asymmetry of intimate partner violence implied by 'domestic violence', and 'family violence' in deference to Aboriginal and Torres Strait Islander perspectives on violence in families, as well as lateral and kinship violence (see Chapter 7).

Part 2 of this contextual chapter further situates the Commission in relation to the literature on commissions of inquiry (COIs), the political context leading up to its establishment, and the formal terms of reference that constrained its actions.

Part 2: Royal commissions and other commissions of inquiry

Commissions of inquiry, of which royal commissions are the most "powerful and prestigious" type (Prasser and Tracey 2014, 2), are ephemeral phenomena. "Created out of nothing by the Executive", they "live short lives, and disappear" (Inwood and Johns 2014, 9). However, they are important to study because they contribute to the policy process and "embody the *potential* for policy change" (Inwood and Johns, 9, emphasis added). Their impact on policy debates can endure for years after they report and cease operation – for example the Australian Government's Costigan Royal Commission into organised crime and "bottom of the harbour" tax evasion schemes had immense and far-reaching effects for many years after reporting (Gilligan 2002).

Recent years have seen a marked decline in Australian royal commissions constituted to provide policy advice; contemporary Australian royal commissions have largely been established to investigate a problem or scandal arising from a specific incident and attribute blame or recommend courses of action to prevent similar incidents in future. Here I describe the political context and genesis of this Commission, highlighting how the rising tide of public and political attention to family violence, particularly against women and children, created a policy window for the introduction of this unusual policy advisory royal commission.

3.2.1 Why do commissions of inquiry exist?

COIs are governmental policy instruments of the executive branch. While created by the executive, they are not answerable to it (Inwood and Johns 2014). COIs are established specifically to address problems that cannot be solved by the regular machinery of government and policy processes. However, they are not intended as a mechanism to directly make policy. The role of the inquiry is to provide advice at the 'front end' and then disband; government can choose to act on it or not – they are not compelled to do so – and the inquiry has no role in implementation or administration of the recommendations (Prasser and Tracey 2014). In federal systems, COIs exist at both federal and state/territory levels. Most combine a program of public consultation with research (Inwood and Johns 2014).

Several typologies exist in the literature to categorise COIs, but broadly they reduce to two main types. Policy advisory COIs, such as this Royal Commission, focus on broad

failures or gaps in government policy and service delivery, often in response to a crisis. By contrast, investigative inquiries – currently much more common in Australia – are more narrowly focused. They are concerned with a specific episode that revealed wrongdoing, a policy problem, or the need to reform existing policy (Delacorn 2011; Inwood and Johns 2014). Recent Australian examples include the Royal Commission into Trade Union Governance and Corruption at the federal level (Hurst 2014), and the Victorian Bushfires Royal Commission at the state level (Holmes 2010).

The main difference between statutory royal commissions and non-statutory public inquiries is that royal commissions have the power to compel and cross-examine witnesses, have rights of entry and phone tapping, and can grant protection from legal action such as defamation from witnesses and inquiry members (Prasser and Tracey 2014).

According to Inwood and Johns (2014), several limitations of the legislative, executive and judicial branches of government make COIs occasionally necessary. The legislative branch is focused on short-term actions tied to the electoral cycle, and can also be combative, making it difficult to come to consensus on key policy problems. Parliamentary committees sometimes perform similar functions to COIs, but they can have limited capacity to shape policy direction due to partisan dominance of the committee by the government of the day. Sustained investigations through the executive branch also face problems. The public service employed to support the executive has a strong policy function but is still to some extent under the sway of its political masters, and also cannot examine its own processes with any degree of public credibility. Finally, the judicial branch is charged with adjudicating on issues brought before it but does not undertake broad investigations. However, given the arm's length independence of COIs and the fact that they are often conducted like judicial proceedings, the judicial branch is often asked to provide staffing and support for COIs, and ex-judges often conduct the inquiries (Inwood and Johns 2014). This was the case with the Royal Commission into Family Violence, which was conducted by a former judge and heavily staffed by legal professionals.

3.2.1.1 Commissions of inquiry: The critical view

Critics argue that COIs can allow governments to delay action, avoid blame, and be seen to act when the public demands it. Stark (2018, 45) surveys the political science

research on COIs and finds a near-consensus that "they can be used as an agenda management tool through which political elites defuse problematic issues". COIs can also increase support for a course of action a government already wants to take: Drache and Cameron (1985) argue that the theoretical purpose of COIs – to produce a consensus – can be mistaken for their actual purpose, which is to *appear* to have produced a consensus. In other words, COIs can be used to reach the conclusion that the government has already decided on. Or, as former UK politician Lord Heseltine put it, "reach your conclusion and then choose your chairman and set up the inquiry" (Select Committee on Public Administration 2005, paragraph 70). Prasser and Tracey (2014, 133) suggest that "[f]or the appearance of rational policymaking in the public interest, a public inquiry is an instrument without peer", while in the view of Burton and Carlen (in Gilligan 2002, 294), royal commissions are merely "a tried and tested sealant of legitimacy gaps", their purpose being "to buttress the image of administrative rationality".

3.2.1.2 Commissions of inquiry: The supportive view

However, Prasser (1994) argues that while the politics of inquiries are important to acknowledge, they are still relevant policy tools. Both he and Degeling et al. (1993) see COIs as having an important role in reconciling interests, as opposed to being sites of purely independent analysis. Beer (2011, 2-3) notes in the UK context that COIs generally have seven functions: establishing the facts; ensuring accountability; learning lessons; restoring public confidence; catharsis; developing policy (although he observes that this is rare); and discharging investigative obligations. According to Doern (1967), COIs can address problems and think through issues that government cannot; they can also drive policy change when the government is practically unable to (or has demonstrably failed to) supply that policy change. COIs secure information as a basis for policy, educate the public and the legislature, sample public opinion, and permit the voicing of grievances (Doern 1967). Further, as public administration scholar Resodihardjo (2006, 205) argues in her defence of the inquiry, they can become a "driving force for reform" – especially if the committee members are prepared to interpret the terms of reference broadly.

Political scientists study COIs because they are temporary institutional sites of policy analysis and learning, and – importantly – a process of public engagement where issues of representation and 'ideational contention' are prominent. They are "sites of

sense-making": contending interpretations and visions of what causes problems and how to solve them are debated (Inwood and Johns 2014, 8). Commissions establish and frame debates (for themselves, government and the public) through exploring alternative viewpoints and providing a set of recommendations based on those viewpoints (Orsini 2014). This view foregrounds the role of narrative, storytelling, and analysing the way that actors involved in these processes make sense of events – which accords with the aims of this project. The Commission functioned as a site of sense-making for the policy problem of DFV in Victoria, exploring the viewpoints (i.e. framing) of policy actors from many different fields, and distilling their viewpoints into a set of recommendations. As DFV is such a controversial field, the Commission's final report and recommendations necessarily emphasised the framing of some actors and paid less attention to the framing of others. One purpose of this thesis is to investigate which actors and viewpoints were most successful in influencing the sense-making process of this Commission.

3.2.2 Royal commissions in Australia

Royal commissions are the 'minority form' of the various types of public inquiry (Prasser and Tracey 2014, 2). The arc of COI use by Australian governments has trended upwards, and then downwards: from colonisation to the 1970s independent inquiries were a necessary public policy tool because government did not yet have the expertise within the public service to marshal facts and data needed for sound decision-making in many areas. In the 1970s the public service began to expand, ensuring the necessary expertise was contained in established government bodies. The use of royal commissions, and specifically those dedicated to policy advice, declined as a result: "most often now, royal commissions are used as investigative or inquisitorial instruments on matters regarded as of great significance rather than for policy advice or review" (Prasser and Tracey 2014, 4). In Victoria, while the number of investigative royal commissions has remained roughly consistent throughout the historical record (about three per decade), those with a policy advisory function have declined to the point where there have only been two since 1970 (Delacorn 2011). In appointing a policy advisory royal commission, the Andrews Labor government may have been looking more to the Canadian approach: while Canada appoints royal commissions at roughly the same rate as Australia (Gilligan 2002), their policy advisory capacity is strong relative to Australia. According to Bradford (1999, 137), Canada's "royal commissions on everything" are part of its 'national policy tradition'

and have shaped its social and economic development. Canadian royal commissions have also been influential on issues related to women and gender, for example the 1967-70 Royal Commission on the Status of Women, and the 1989-93 Royal Commission on New Reproductive Technologies (Grace 2014, 70).

Scholarly analyses of COIs are "relatively thin on the ground, particularly when compared to the bodies of work on parliamentary and bureaucratic institutions" (Inwood and Johns 2014, 15). The current literature mainly a) analyses a COI's report for themes and recommendations; b) assesses the impact of a COI's report on the policy development and implementation processes; or c) tries to answer the question of whether a COI's benefits outweigh its costs. Little work assesses both the inputs and the outputs in any systematic way, as this project aims to do. Many short scholarly pieces such as journal articles or book chapters have been produced, but longer pieces are "in short supply" (Inwood and Johns 2014). There is thus a gap in the literature on COIs that this project will help to fill.

3.2.3 The political context and genesis of the Royal Commission into Family Violence

According to legal academic George Gilligan (2002, 295): "[t]he decisions to establish a royal commission, select a commissioner, [and] define the terms of reference...are inherently political". This point was as valid for the Royal Commission into Family Violence as any other royal commission. This section explores the political context surrounding the establishment of a royal commission, and introduces Commissioner Neave and her two Deputy Commissioners.

3.2.3.1 A rising tide of concern about violence against women and children

In 2014, as the Victorian state election approached, family violence and violence against women had reached unprecedented heights on the national public agenda. This was fuelled by dedicated advocacy and media work from the women's sector, and a series of recent high-profile cases that caught the nation's attention (Yates 2015; Goldsworthy and Raj 2014). In New South Wales, Simon Gittany had been convicted for throwing his girlfriend off a balcony; Queensland man Gerard Baden-Clay had been convicted for murdering his wife and disposing of her body; and in Victoria, Charles Mihayo had killed his two daughters Savannah and Indianna on Easter Sunday 2014,

in the context of a custody dispute. Further shocking the nation, Greg Anderson had killed his son Luke Batty at cricket practice in February 2014, in view of his mother Rosie and members of the public. This incident propelled Rosie Batty, who had experienced a decade of abuse from Anderson, to national fame. She quickly became a strong advocate for family violence awareness and policy change. Articulate and dignified in the face of her tragedy, she challenged myths about family violence in a way that resonated with the public (Yates 2015; Perkins 2015b). In early 2015 (after the Commission had been announced, but before it commenced operations) Batty was appointed Australian of the Year, using the position as a platform to speak out on violence against women and children. Later that year, she gave evidence at the Commission. In announcing the Commission, then-Opposition Labor Leader Daniel Andrews acknowledged how profoundly Luke and his 'remarkable mum' Rosie Batty's story had affected him (Andrews 2014a).

In addition, Victoria Police had long been leading family violence advocacy in the state: two Chief Commissioners, Christine Nixon (2001-2009) and Ken Lay (2011-2015) had driven strong family violence agendas. Nixon in particular had kick-started Victoria Police's focus on family violence by making violence against women one of her priority areas for reform (Padula 2009). Along with her Assistant Commissioner Leigh Gassner, Nixon had initiated an influential Statewide Steering Committee to Reduce Family Violence comprising senior executives from police, government and the community sector, and a police Code of Conduct for the Investigation of Family Violence. Ken Lay continued Nixon's strong public stance on family violence and violence against women and rolled out specialist police family violence teams across the state (Yates 2015; MacDonald 2012). Meanwhile, family violence peak bodies in the state had been working with media to improve their reporting on family violence, including introducing a media awards night (the EVAs) that in subsequent years became a national event (the Our Watch Awards). Feminist activist group 'Destroy the Joint' had begun counting the number of women in Australia killed at the hands of men,[20] which was often reported in the media. Simons and Morgan (2018, 1212) note that Melbourne's two major newspapers, *The Age* and *The Herald Sun*, had increased their coverage of violence against women in the years leading up to the Commission (2010-2014). In 2013 the traditionally conservative tabloid *The Herald Sun* had

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[20] @DeadWomenAus on Twitter, with details provided in long-form notes on https://www.facebook.com/DestroyTheJoint/.

initiated a sustained campaign called "Take a Stand" to "confront the scourge of family violence in our community" (Yates 2015, 7). Key newsroom staff acknowledged that the Take a Stand campaign had been largely reactive to police leadership on the issue (Simons and Morgan 2018).

Another important contextual factor was the Australian Commonwealth Government's 2013 establishment of the Royal Commission into Institutional Child Sexual Abuse (explored further below). This very high-profile national royal commission was over a year into its work by the time the Victorian Labor Opposition announced its intention to hold a family violence royal commission, and it contributed to a feeling of momentum in the country that widespread forms of abuse against vulnerable people would no longer be tolerated. In August 2014, the Queensland Government had announced a Special Taskforce on Domestic and Family Violence in Queensland, headed by former Governor General of Australia the Honourable Quentin Bryce AD CVO. New South Wales, Western Australia, and the Commonwealth Government had all conducted reviews on inquiries on domestic and family violence in the previous five years, but there had never been a royal commission into the subject – in Australia, or in any other country that uses royal commissions, such as Canada, New Zealand, or the United Kingdom (Anderson 2017).

In this context, the Victorian Labor Party (led in opposition by Daniel Andrews) stood to make a significant political impact with a strong commitment to improve Victoria's family violence response. In a tight election contest, campaigning on this issue differentiated Labor from the incumbent Coalition government, which had been seen as weak on matters of family violence (Yates 2015). Police Commissioner Nixon's landmark reforms of 2005-06 had been implemented fairly consistently for the first five years but, according to interviews I conducted with key government and non-government actors for a case study of these reforms, had faltered under the Coalition Government of Ted Baillieu elected in 2010 (Yates 2015). Baillieu's successor Denis Napthine (also a Coalition Premier) had, just weeks before the November 2014 Victorian election, pledged $150 million toward family violence as an election commitment (Gordon 2014) – arguably in response to Opposition Leader Andrews'

strong campaigning on family violence. However, Andrews promised a much bigger funding boost in implementing the recommendations of the Royal Commission.[21]

Daniel Andrews had previously gone on a tour of the state dubbed 'Labor cares', "meeting with those affected by family violence and the people who support them" (Andrews 2014a). In May 2014, Andrews promised that if Labor were elected in November, he would establish a royal commission to act on what he termed a "national emergency". Andrews' remarks made it clear that his analysis of the problem was gendered, or at least women-centred:

> When family violence is committed against women and children, it diminishes us all… Tonight, women and their children will huddle in sparse hotel rooms and refuges, briefly away from the violence but never further away from a loving and caring home (Andrews 2014a).

While mainly focusing on the impact of violence on female victims and their children, Andrews also referenced men in the role of perpetrators. He argued that politicians had long ignored this problem because much of this "law and order issue" was occurring "behind closed doors": "We have to admit that if women and their children were being systematically tormented by total strangers, we would be quick to act" (Donoughue 2014). From the very beginning, the problem to be investigated by the Commission was diagnosed as men's violence against women, with a strong criminal justice ("law and order") component.

Labor won a decisive victory in the November 2014 election, and Andrews immediately signalled his commitment to addressing family violence by appointing Fiona Richardson as Minister for the Prevention of Family Violence (the first family violence minister to be appointed anywhere in Australia).[22] Soon afterward Andrews upheld his commitment and announced that the Royal Commission into Family Violence would begin its work early the next year. He also made women and children the focus of this announcement, saying "I can't promise to keep every woman and child safe, but I am prepared to try" (Andrews 2014b).

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[21] This funding boost came to $572 million in the 2016/17 budget occurring soon after the Commission had reported. The Government committed a further $1.9 billion in the 2017/18 budget.

[22] Richardson championed and oversaw the Commission, spearheaded the introduction of family violence leave for public sector workers, and developed Victoria's first gender equality strategy. She was lauded as a fierce advocate for gender equality and family violence reform, and led the family violence portfolio until her unexpected death from cancer in August 2017.

3.2.3.2 Commissioner Marcia Neave AO

The Commission was to be headed by Justice Marcia Neave AO, who would retire from the bench of the Supreme Court of Victoria to take up the role (Andrews 2014b). A former academic, Neave had been appointed to Court of Appeal division of the Supreme Court of Victoria in 2006. She had argued for the appointment of more female judges (Neave 1995); and explored the role of law in both sustaining and ameliorating the major basis of women's economic disadvantage: the social assignment of childcare and domestic labour to women (Neave 1991; 1994). She acknowledged "the social and economic factors that constrain women's choices" (Neave 1994, 130), and articulated the challenge of gender inequality as the need

> …to transform social structures so that wage-earning can be combined with the essential work of caring for children. Such changes have the potential to liberate men as well as women (Neave 1994, 131).

Her reputation as a feminist law reformer was substantial according to Hunter (2013), which was important for establishing the Commission's legitimacy with Victoria's women's family violence sector. In 1999 she had been made an Officer of the Order of Australia for her services to law reform, particularly in relation to social justice issues affecting women. She had chaired a 1985 inquiry into prostitution in Victoria, which had led to the legalisation of prostitution in Victoria in an attempt to reduce the exploitation of sex workers and improve their working conditions (Hunter 2013). Two decades later, as founding Chair of the Victorian Law Reform Commission, she led a review of family violence laws that had a "goal of making the law more accessible and just for female victims of violence" (Fitz-Gibbon 2015). And as a judge, Hunter (2013, 417) showed that Neave's feminist reasoning allowed her to "[expand] the law's stock of common knowledge in a way that wrote the realities of women's lives into the legal text". In December 2014 as the Commission was announced, the Minister for the Prevention of Family Violence termed Neave "a celebrated judge, academic and lawyer who has devoted so much of her professional life to keeping women safe" (Andrews 2014b).

Joining her as part time Deputy Commissioners were Patricia Faulkner AO, former Secretary of Victorian Government Department of Human Services (responsible for families and children, youth affairs, public housing, disability, ageing), and Tony Nicholson, Executive Director of the Brotherhood of St Laurence (a charity organisation focussed on alleviating poverty and homelessness). In these three

Commissioners the Royal Commission had legal and feminist expertise, human services expertise, and expertise on homelessness and social disadvantage. The Commission was led by a woman, which was important in the political context of public sentiment about combating violence against women, yet had both male and female Deputy Commissioners, which may have helped ward off concern about the Commission only addressing issues of violence against women. These choices arguably worked to increase the Commission's legitimacy amongst stakeholders (explored further in Chapter 4).

3.2.4 The Commission's terms of reference

On 22 February 2015, the government established the Commission by letters patent under the *Inquiries Act 2014*, and the work of the Commission officially began. The letters patent, incorporating the Commission's terms of reference, were published in the Government Gazette (State of Victoria 2015). This Special Gazette is included at Appendix 3.

In this document, the very first point under the background to the Commission described family violence as:

> …the most pervasive form of violence perpetrated against women in Victoria. While both men and women can be perpetrators or victims of family violence, overwhelmingly the majority of perpetrators are men and victims are women and children (State of Victoria 2015, 1).

The next point concerned the causes of family violence, which were described as 'complex', "includ[ing] gender inequality and community attitudes towards women" (State of Victoria 2015, 1). Financial pressures, alcohol and drug abuse, mental illness, and socioeconomic exclusion were presented as possible *contributing* factors. As I will elaborate further in Chapters 5 (alcohol and other drugs) and 6 (mental health), this wording on causes versus contributing factors is significant, and mirrors the framing of gender equality advocates who argue for gender inequality to be termed a 'cause' and factors such as mental illness to be termed 'contributors'. The background information further reported the significant personal and economic impacts of family violence, particularly noting its physical, psychological and emotional consequences for women and children. To use the language of frame analysis, this 'diagnosis' was gendered – while not referencing structural factors, it did diagnose the

problem as affecting mainly women and children, caused by gender inequality and attitudes towards women (what I term 'cultural gender equality' framing).

The terms of reference required the Commission to make recommendations on how Victoria's response to family violence could be improved, focusing on the areas of prevention, early intervention, support for victims (especially women and children), and perpetrator accountability. It was to do this by investigating systemic responses across police, corrections, child protection, family violence, and legal support services, and investigating how government and community agencies could best coordinate their efforts. It was also to consider how best to evaluate the success of measures put in place to stop family violence. In other words, the function of this Commission was not to find fault or establish wrongdoing; rather, it was to provide a policy roadmap for the future of Victoria's response to DFV. As defined by commissions of inquiry literature (e.g. Prasser and Tracey 2014), this made it a 'policy advisory' royal commission as opposed to an 'investigative' royal commission.

The terms of reference suggested several areas for the Commission to consider, "having regard to any matters you consider relevant"; the first of these was "the need to establish a culture of non-violence and gender equality, and to shape appropriate attitudes towards women and children" (State of Victoria 2015, 2). Again, this was a prescription (in framing terms) that referenced at least cultural if not structural gender equality. The Commission was urged to particularly consider groups such as children, seniors, Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, LGBTI communities, regional and rural communities, and people with disability.

These terms of reference established the Commission as a policy advisory royal commission required to pay particular attention to women and children as victims, with a gender equality diagnosis and prescription, while other factors (such as alcohol and drugs) were seen as contributing to rather than causing DFV. There was also a strong intersectional component implied by the requirement to consider diverse demographic groups. As outlined in Chapter 2, I selected 'contributing factors' mental health and alcohol and other drugs, and demographic groups Aboriginal and Torres Strait Islanders and children, as key themes for investigation in this thesis.

3.2.5 Conclusion

In this chapter, I explored the context of the Commission: firstly, the international (violence against women), national (mainly domestic violence) and state-level (family violence) framing context for the policy problem to be investigated. Secondly, I outlined the political imperative to act, showing that although the problem is framed in Victoria as 'family violence', the sense of public urgency coalesced around male violence against women and children, which was reflected in the language of Premier Daniel Andrews and the wording of the Commission's terms of reference. While recent years have seen a decline in Australian royal commissions constituted to provide policy advice, Canada's strong tradition of policy advisory royal commissions show that they can have a lasting impact on public policy. The following chapter explores this potential further, outlining how decisions made by the Victorian Government and Commission staff helped the Commission to gain legitimacy and standing with stakeholders, and set the scene for it to become a 'catalytic' commission of inquiry, despite investigating a hotly contested policy problem.

Chapter 4

Legitimacy and standing: The approach and working style of the Royal Commission into Family Violence

Introduction

In this chapter I introduce data from my interviews with 20 participants in the Royal Commission into Family Violence – Commissioner Neave, Deputy Commissioner Faulkner, and anonymised expert witnesses (many of whom are prominent stakeholders in Victoria's family violence policy subsystem) – to describe the way the Commission approached its task and sought to distinguish itself from other contemporary royal commissions. As little has been published about the specific operation of the Commission, interview data from witnesses and the two Commissioners is crucial to establishing how the Commission went about its work, and how this was received by stakeholders.

I argue that despite initial stakeholder uncertainty as to the value of a royal commission on this topic, evident in interview data and public commentary at the time, Victorian Premier Daniel Andrews and the Commissioners and staff managed to create a constructive process for policy change. Premier Andrews' apparent sincerity about addressing violence against women, the choice of a feminist legal scholar as Chair, and decisions made by the Commission to maximise consultation, operate non-adversarially, and find ways to incorporate victim/survivors' voices, all acted to allay stakeholders' concerns and suspicions and build a sense of legitimacy surrounding the work of the Commission. This gave it the 'standing' necessary to set the Commission up as a 'catalytic' inquiry leading to lasting change (Resodihardjo 2006). Lastly, I draw on interview data to illustrate the variety of framing demonstrated by the stakeholders I interviewed, showing that the legitimacy of the Commission was high despite the strongly contested nature of the subject matter. I also explore the different ways that gender was defined by participants in the Royal Commission process.

4.1 Support for the establishment of the Royal Commission into Family Violence

In Chapter 3, I described the context in which the Commission was created. This included increasing public concern about family violence, resulting from a number of high-profile cases of men killing their current and former partners and children; significant work by successive Victoria Police Commissioners to improve police responses to DFV; a Victorian Government seen to be weak on matters of family violence; and the appointment of a national royal commission into child sexual abuse. The context was also influenced by consistent advocacy from the DFV women's sector and community organisations such as 'Destroy the Joint' (who keep a count of women killed by men), leading to sustained media campaigns about DFV and violence against women. Reflecting on this context, interviewee P13 (a trauma and child mental health professional) noted:

> ...community concern had probably reached a certain level. And having the Australian of the Year [Rosie Batty] focus on the issues had raised that awareness. And it was becoming obvious that there was an expectation at a community level that something needed to be done, there was a public outcry, particularly about the murders that are going on.

My interview participants, who were all stakeholders in this policy field, reported a range of reactions to the establishment of a royal commission. These included suspicion about political motivations, a sense of frustration that the best way forward was already known, and questions about whether a royal commission was the best policy tool. On the other hand, some strongly supported the move, some felt Daniel Andrews and his government were genuinely concerned about addressing the issue, and even those who suspected a political motive often felt that a royal commission would put a useful spotlight on the issue.

4.1.1 Key concern: Is it politically motivated?

While about half of my interview participants welcomed the step without reservation – for example P05 deemed it "an appropriate response", and P09 felt "it was a good opportunity for us" – a number were suspicious about political motivations:

P06: Look I think it's political. I do think that Labor wanted to put itself out there as the party that was doing something serious about domestic and family violence. And there was an election coming up, and it was an election promise.

P13: The imperative for government was to be seen to be doing something. …I think sometimes on a personal level some of the politicians feel very strongly about these issues, but on the other hand we know that politics is a very important driver.

P04: I imagine it was politically motivated.

P19: I think it was obviously highly political from [the Premier's] point of view, because he proposed it from opposition.

Premier Andrews' commitment to have his Government accept all the recommendations of the Commission before it had even seen them likewise met with some cynicism from participants:

P13: …government has maybe maintained some control over the whole outcomes. These things are foregone conclusions. When they say we'll accept everything, well you sort of know what's coming don't you?

P19: That was dumb. Very dumb. Because there are some things that you like to reflect on and think "well that's not actually going to work". …The public at large is entitled I think for their representatives to do their job, and not have that discretion taken away from them by that political commitment.

Criminologist McDonald (2014) also suggested that Andrews' commitment to implement "any and all" recommendations could be regarded as "suspect or politically expedient".

In August 2014, at the time he announced Labor's intention to hold a royal commission, Andrews claimed that his party had consulted widely and that stakeholders had supported the idea. However, some key members of the policy community did not feel this was the case. Family violence researcher P06 reported that while few spoke out publicly against the establishment of a royal commission, "when I speak to anyone in the sector, none of us have been consulted about it". In fact:

…none of us who were giving evidence [at the Commission] thought a royal commission was the way to go. So they said they had widely consulted, but we're not sure who was widely consulted in inverted commas.

4.1.2 Key concern: Don't we already know what to do?

The cost of the Commission was also a concern for some stakeholders. While mental health professional P02 personally didn't feel this way, they had encountered "quite a bit of cynicism in some areas":

> I know some people in the family violence sector say "we know all the issues, what's a Royal Commission going to do? And they should use that money it costs to fund more services".

Child mental health professional P04 referenced the philanthropic funding that was required to shore up so many frontline service agencies, while this Commission was allocated 40 million dollars of government funding.[23] P06 was also initially unconvinced about the expense of a royal commission when so many past inquiries and reports had yielded slow and inadequate change:

> 40 million dollars. In a service sector that's desperate for funding. And I feel as though in some ways we know the directions that we should be taking, so I wasn't sure that this was…I thought it was really not necessarily the right thing to do.

Public commentators expressed similar views – during the election campaign, criminologist McDonald (2014) argued in the *Guardian* that "as many survivors, stakeholders and specialists agree, the problem of family violence can be addressed through a series of responses that we already know will be effective". He felt the problem was not the lack of a way forward, but that "we instead appear to lack political will for these more nuanced policy solutions". As the Commission got underway, criminologists Janet Ransley and Christine Bond (2015) wrote an article in The Conversation reflecting similar views. They argued that "for decades, people have been making the same recommendations in the many past reviews and action plans". Governments had long been cherry-picking the 'easy fixes' and ignoring 'the hard stuff': "no more debating the problem at summits, royal commissions or revised action plans. It's time to act."

4.1.3 Key concern: Is it the right policy tool?

The steady decrease in the use of policy advisory royal commissions in Australia (explored further below) may also have influenced stakeholders' views here. Several participants described royal commissions as having the purpose of uncovering

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[23] The Commission ultimately only used $13 million of its $40 million budget.

wrongdoing or subpoenaing confidential evidence to reveal corrupt practice; in other words, they were not sure it was the right policy tool for recommending a course of policy action. For example, P03 reported thinking that royal commissions were "more about when something needed to be uncovered that was hidden or was wrongdoing that was systemic and hadn't been uncovered. Rather than coming in with solutions." Certainly, any recent or contemporary royal commissions that stakeholders had to compare this Commission to were much more inquisitorial in approach.

4.1.4 Key benefit: Shining a light on the problem

While cynicism about political motivations was certainly apparent among many participants, mental health professional P02 also felt that genuine concern about DFV was at least a partial driver for the appointment of the Royal Commission. They had participated in a consultation with then-Opposition Leader Daniel Andrews 18 months before the election, and reported:

> He said at the time "look we're wanting to get ready for the election. If we win the election we're well informed about this, if we don't it's really good that we're well informed as well. I want to get ready". And he showed a lot of understanding around family violence, and he talked a bit and then was very quiet and listened a lot, and asked very good questions I thought. Including holding men responsible, and a whole range of other things. He was quite humble and quite genuine in wanting to hear.

The idea that it would focus attention or 'shine a light' on such an intractable problem led to several interviewees welcoming a royal commission. For one interviewee:

> P12: What I actually thought is this is the best way to get a spotlight put on a really hard nubby issue that nobody can crack. … sometimes you need a helicopter view, and the Royal Commission actually brings that to it.

In P19's view, even politically motivated royal commissions are likely to prove useful due to the concentration of effort and focus on a problem: "you get the best people in the state or in the country looking at it intensely for a relatively short period of time", and the Commission had provided the Andrews Government with (on balance) "a damn good result". P03 too felt it was good to have so many people talking about DFV. Even P06, whose initial reluctance I described above, changed their mind once the process had started: "Now we're doing it I can see the value of it in the profiling of it ...I'm up for it." Finally, Commissioner Neave herself saw one of the primary benefits

of a royal commission as being "the symbolic naming of family violence as an important issue".

Ultimately, "the proof will be in the pudding" (P04, P11) seemed to be the position of many stakeholders. Not everyone embraced the announcement of a royal commission, but most interview participants were at least willing to suspend judgement until they had seen the results of the process. In the following section, I discuss how the Commission responded to its terms of reference and approached its work, situating its methods of operation in the context of other recent Australian royal commissions.

4.2 The approach and philosophy of the Royal Commission into Family Violence

This section explores how the Commission responded to its terms of reference, and how it conducted its work. In the institutionalist literature, a generalised perception or assumption that the actions of an entity are desirable or appropriate is known as 'legitimacy' (Suchman 1995). The concept of 'standing' from the literature on commissions of inquiry is also useful – public administration scholar Sandra Resodihardjo (2006, 250) argues that a commissions of inquiry can drive significant reform if it has "a certain standing". This is influenced by its chair, its openness to hearing many different voices, the manner in which terms of reference are interpreted, and the tactics used to investigate the problem.

4.2.1 Interpreting the terms of reference

Legal academic George Gilligan (2002, 295) argues that "the terms of reference are a fait accompli for a commissioner and may prove to be an obstacle to their desired route of inquiry". While it is true that terms of reference constrain royal commissions, Gilligan acknowledges that they do not completely limit their work – a point he illustrates with reference to various commissions into organised crime conducted during the 1970s and 80s, which had destabilising or politically embarrassing implications for government. Resodihardjo (2006) further argues that Lord Justice Woolf's broad interpretation of his terms of inquiry in the 1990-91 Inquiry into Prison Disturbances led to significant institutional reform of the prison service of England and Wales.

In the case of the Royal Commission into Family Violence, while Commissioner Marcia Neave saw the terms of reference as 'ground rules', she also thought they were a matter for interpretation. Neave felt that the terms of reference did foreground women as the main victims of violence, and accepted this framing: on her appointment as Commissioner, she had commented in a news article that "the majority of victims of family violence are women and children, and that case will not have to be argued" (Perkins 2015a). When I asked Commissioner Neave about the inclusion of chapters in the final report that investigated matters not mentioned in the terms of reference, she responded:

> Population groups like women in prison and women in the sex industry were not specifically mentioned in the terms of reference but we felt they were implied. Of course, we had to interpret the terms of reference and ultimately make a judgement call on what was in and what was out.

She felt that the terms of reference also required the Commission to investigate forms of family violence that were not men's violence against women (e.g. violence in LGBT+ relationships, as discussed in Chapter 1).

In addition, Deputy Commissioner Patricia Faulkner felt that while family violence had been framed as a "law and order issue" by the Andrews Government (as introduced in Chapter 3), "I was determined right from the start not to take that totally literally" – for her, while the criminal justice element of it was important, the overall problem seemed more like a human services issue:

> A lot of people think you recover because your partner has an order against him or because he goes to jail. You actually don't recover from that, you recover when you get your life back.

These insights from two of the three Commissioners show that they were responsive to the framing of the government and the Commission terms of reference, but were willing to interpret them creatively in service of what they perceived to be a good outcome.

4.2.2 The friendly face of the Royal Commission into Family Violence

Given that the use of policy advisory royal commissions has declined in recent years, the Australian public is currently much more familiar with investigative royal commissions. Recent examples include the Federal Government's Royal Commission

into Institutional Responses to Child Sexual Abuse (2013-17) and Royal Commission into Trade Union Governance and Corruption (2014-15); and at the state level, the 2009 Victorian Bushfires Royal Commission. These had much more adversarial ways of operating than policy commissions, and were likely more intimidating for witnesses.[24] The Commission was very careful to distinguish itself from other contemporary and recent royal commissions by operating in an accessible, non-adversarial manner with the Victorian Government, other stakeholder organisations, and the public. The Victorian Government cooperated in this endeavour by waiving its right to have counsel cross-examine witnesses; while government lawyers were present during all the hearings, witnesses were questioned only by the Commission's counsel assisting, supplemented by questions from the Commissioners (Neave 2016).

Box 1 is derived from my field notes on the opening day of the Commission's hearings, which reflect on the atmosphere of the Commission. My experience matches closely with Commissioner Neave's remarks about this being a "different kind of royal commission", which show her desire to distinguish it from those set up to "investigate whether particular events have occurred" (day 1, p. 3).

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[24] For example, *The Age* newspaper reported former Victoria Police Chief Commissioner Christine Nixon's evidence at the Bushfires Royal Commission as "a testy and at times uncomfortable encounter", after which Nixon labelled counsel assisting's claims about her behaviour as 'disgraceful' and 'abhorrent' (Hunter 2010).

Box 1: Field notes, 13 July 2015

The hearings take place in an office building in Melbourne's Central Business District. There are security staff, and visitors are required to have their belongings scanned before they can enter. There is a foyer waiting area with a screen showing what is happening in the hearings room, and a 'green room' for witnesses located next to the entrance of the hearings room.

The hearings are held in a large, light, square room with windows on two sides. There are three large screens, and a screen in the lobby showing the Commissioners' bench. The Commissioners sit at a raised table at one end of the room. Two rows of desks face the Commissioners for Commission and Government legal staff, with rows of uncomfortable wooden seats behind the desks for members of the public. At the back of the room, a desk on each side of the central aisle is set aside for journalists. The witness box is to the Commissioners' left and the public's right. Counsel assisting stands facing the Commissioners with his or her back to the public. The witnesses face sideways so they can be seen by all present. There are tissues in the witness box.

I arrive early to be sure of getting a seat. The room is crowded with media, including TV cameras, and the public. I am sitting next to a former Commissioner of the Victorian Law Reform Commission who had worked with Commissioner Neave on a review of family violence laws in the mid-2000s. Commissioner Neave begins her opening statement with a minute's silence for those "subjected to the terrible harm" of family violence. She acknowledges that "the vast majority" of intimate partner violence victims are women, but also mentions many different population groups who are affected, and "people of all genders". She says that this will be "a different kind of royal commission" - not a forensic investigation that will dwell on past events, but aimed at providing strategies and policies for the future. She emphasises that "hearings will not be conducted in an adversarial manner".

P10 commented that Commission staff were very much aware of current perceptions of royal commissions, and reassured potential witnesses that their approach differed from recent inquiries characterised by "incredible conflict, aggression, emotion":

> So clearly [Commission staff] had a script where they were saying to everybody "it's not the bushfire royal commission, this is...not a commission that's seeking to find explanation and apportion blame. It's an inquiry based royal commission".

According to Commissioner Neave, two main things influenced the Commission in its approach. Firstly:

> It was policy-related, and we conducted it more like a law reform exercise than an adversarial commission. Our strong emphasis on consultation was more like what a law reform commission would do.

"We didn't want people to feel bullied or harassed", Neave reflected, because in order to change the way the system worked, the Commission needed to bring people along with it. In Neave's view, this would not have happened if participants and stakeholders felt attacked. In her words, "legal change without cultural change is likely to have limited effect". Deputy Commissioner Faulkner concurred that the Commission sought to avoid any ways of operating that mirrored the way that DFV perpetrators intimidate their victims:

> …aggression is associated with violence, and we saw aggression towards witnesses as inappropriate …We wanted to model a way of doing things that could be seen to be compatible with the way in which you'd want society to act more generally.

Secondly, Neave reported that "we were sensitive to the fact that we were dealing with very vulnerable people". Reflecting this concern, the Commission organised for psychologists to attend community consultation sessions with individuals who had experienced family violence, to provide support where necessary.

Interview participants felt that the Commission had been successful in providing a constructive and non-threatening environment for its witnesses. Of the 18 witnesses I interviewed, while some reported having felt apprehensive beforehand, none reported a negative experience with the Commission. Rather, most used words such as 'positive', 'constructive', 'sensitive', 'welcoming', and 'helpful' to describe their experience. For example, Aboriginal sector executive P09 commented that "they were very informal, it was very much like a conversation that you were having, rather than it being a more formal structure". P16 recalled:

> Initially I'm thinking oh my god what have I got myself in for, but they were just fantastic, the support people. …And then, yeah it was intimidating walking in and seeing the big set-up, but I actually really quite enjoyed the discussion.

My direct observation of the Commission's hearings supports these statements. Interactions between witnesses, counsel assisting and Commissioners largely seemed

constructive and collegial. Commission staff posed questions as requests for information rather than phrasing them in accusatory ways. Commissioner Neave always warmly thanked witnesses for their time. Where I observed her treatment of lay witnesses, it was particularly encouraging and compassionate – for example my field notes from 13 August 2015 read: "Neave again makes a mini-speech thanking [lay witness Sarah-Jade] for her evidence. She takes particular care to say supportive things to the witnesses and make them feel their contribution is valued." On 4 August 2015 I noted that "Commissioner Neave always looks like she is smiling. She has a very pleasant expression, which must help put witnesses at ease."

Another element of the Commission's work that spoke to the Commissioners' commitment to transparency and culture change was its decision to live-stream all public hearings apart from the testimony of the lay witnesses, which was subject to restricted publication orders. The Commission published transcripts and witness statements on its website on the day after each hearing, and issued regular press releases describing the evidence given at the hearings (RCFV Report, vol I, 5). Attendees and viewers were encouraged to tweet using the hashtag #RCFV.

4.2.3 Openness to different opinions

Another element the expert witnesses I interviewed appreciated about the Commission's modus operandi was its apparent openness to hearing controversial or non-standard opinions. Commissioner Neave reported in her interview that while family violence is usually constructed as men being violent towards women, the Commissioners felt the terms of reference required them to look beyond that. Commissioner Neave was also keen to "explore things that added to our knowledge, rather than repeating what had been said in so many other reports". She said that the Commission tried particularly hard not to exclude any groups, being concerned that all groups were addressed in their report "whilst at the same time recognising that the majority of physical violence and accompanying emotional abuse is committed by men against women". Deputy Commissioner Faulkner felt that the women's DFV sector put forward "a very clear and well-articulated argument about gender inequity, and I was constantly trying to make sure that we weren't missing other factors that were important". She considered that the Commission had fought to ensure that the dominant narrative of men's violence against women did not eclipse the need for other forms of DFV to receive increased funding as a result of the Commission's work. The

message was clear from both these key figures that, in critical frame analysis terms, gender equality framing was dominant in Victoria. However, both felt that their task required them to explore other elements of the diagnosis and prescription. The Commission's report further stated:

> Although the people we consulted had the shared goal of reducing and preventing family violence and reducing its damaging effects, they did not necessarily agree on how to achieve that goal. The Commission was committed to exploring competing views and contested ideas and to facilitating constructive debate (vol I, 2).

This sense of questing for new information and different perspectives was certainly felt by my interview participants. P06, who had originally felt that the best policy directions for DFV were already known, said that after participating in the hearings they now felt that the Commission might come up with some 'left field' recommendations. Those who considered their opinions to be marginalised compared to mainstream feminist constructions of violence particularly appreciated this openness on the part of the Commission:

> P04: …there was a willingness to hear things that were a bit outside the box. And perhaps that's why I felt respected, because sometimes my thinking is a bit outside the box, that it felt like they were eager to hear from people that didn't have the current sort of opinion on everything.

> P16: …even though they were aware of [AOD and DFV] being a kind of fraught issue, and that there's differences of opinion about this …they set aside the whole day for alcohol and drugs. So I had the sense that they were really quite open to hearing what we had to say.

P16 felt that rather than stopping the conversation at "we know alcohol doesn't cause violence", as usually happens when talking with the DFV sector, the Commission wanted to more fully explore the relationship between AOD and violence. Indeed, P14 reported being 'chased' by the Commission for their alternative views on alcohol and DFV, despite originally having "no intention of engaging with the Royal Commission whatsoever" due to previous negative experiences with the DFV sector. P19, a witness from the same module, recalled being surprised after giving evidence that counsel assisting and the Commissioners had not needed convincing about the seriousness of AOD-related DFV: "in the end we were kind of pushing on an open door". The problem

then became that "we weren't quick enough to change feet as it were, to put the policy prescription before them".

Aboriginal sector executive P09 and male victims' support worker P18 both felt that their points of view would not normally be sought in a whole-of-government family violence inquiry, but were happy to be consulted. P09 reflected:

> I thought they really thought their model through, in terms of engaging with people, organisations who are affected by family violence or deliver services in the family violence sector that wouldn't normally perhaps be on the radar of the government inquiry, and that's people like us.

This openness to alternative opinions went hand-in-hand with a desire, noted by LGBTI researcher P10 and corroborated by Deputy Commissioner Faulkner, to be perceived by stakeholders and the public as fair and balanced – and in particular, not to be seen as influenced solely by what they saw as dominant narratives about gender and family violence. Family violence sector CEO P01 noted that the Commission had involved their agency in its work, but had been "very careful about being independent, and about following their due process".

4.2.4 A voice for victims or an investigation of policy?

Another task for the Commission was balancing on one hand the expectations of the public and the family violence sector that victims' (mostly women's) voices would be heard through the Commission process, and on the other hand its required focus on family violence policy. The most prominent contemporary royal commission was the Australian Government's 2013-17 Royal Commission into Institutional Responses to Child Sexual Abuse. This Commission was much more focused on the experiences of victims and the potential for providing redress, with more support available for those who had experienced child abuse to engage with the commission. According to P01, the child abuse Commission's arrangements included funding provided to agencies for the purpose of supporting survivors to "be able to tell their story, provide statements or submissions". P01 was disappointed that similar support was not available to survivors of family violence to engage with the Commission, because "that then doesn't support much independence between what women may want to say and the Royal Commission". To P01, the power of women's voices to influence service providers and change community attitudes should not be underestimated. However, P01 understood

the time, scope and safety issues faced by the Commission in including women's voices (e.g. women can face violence from current or former partners for disclosing their experiences, even decades after the relationship has ended).

P13, who had had experience with both the child abuse Commission and the family violence Commission, reflected that the former had focused on "the lived experience of survivors of institutional abuse", and used them very effectively. P13 saw this emphasis on individual stories as a recent development in the political landscape:

> So we're in a culture at the moment- it's sort of like a bizarre culture of reality TV isn't it, the blurring between the personal and the political and the story and fiction.

Thus, there was an expectation that the Commission include women's voices in their operations, and an impetus to do so, given the power of individuals' stories in the current political climate. However, the 12-month timeframe and the mandate to focus on policy rather than uncover and redress wrongdoing made this a difficult imperative to balance. The child abuse Commission had needed to extend its original two-year timeframe to four years after thousands of people came forward to be heard (mainly in private sessions) (Bourke 2014). Its commissioners also extended its scope, research and policy agenda. However, the family violence Commission was under strong pressure to report on time so it was difficult for it to follow the same approach.

The Commission decided to do most of its engagement with victim/survivors through its community consultation sessions and an open submission process. It also used personal stories in the public hearings, albeit in a limited and strategic fashion. For eight of the Commission's 23 topic modules, people who had experienced family violence (or in one instance perpetrated family violence) were invited to give evidence "to highlight strengths and weaknesses in services' and agencies' responses to family violence" (RCFV Report, vol I, 6). These 'lay witnesses' shared their experiences in relation to the specific topics under discussion on that day of hearings, and the 'expert witnesses' were then able to respond to these personal stories. For example, 'Melissa Brown' (a pseudonym) gave evidence in the mental health module about her experiences of living with a physical disability, mental health problems and family violence, and the lack of an appropriate service response. Disability policy officer P11 reported that they found the lay witnesses to be the strongest parts of the hearings. P01 agreed, arguing that the lay witnesses were "testimony to the impact that women

can have in shedding light on the strengths, the weaknesses, the discrepancies in our current system".

4.2.5 The structure of the Commission's topic modules

The Commission also carefully structured its modules in other ways to promote useful engagement between the various researcher, government and non-government stakeholders involved in the delivery of Victorian family violence services. One such technique was the practice known as concurrent evidence or 'hot-tubbing', where two or more expert witnesses give evidence at the same time. Concurrent evidence has been used by Australian courts – though not commonly in other countries – since the early 2000s (Sonenshein and Fitzpatrick 2013; Rares 2013). According to Justice Steven Rares (2013), it enables experts to concentrate on the real issues of difference between them. Listeners can hear all the experts discussing the same issue at the same time to explain their point in a discussion with professional colleagues. The technique reduces the chances of the lawyers, judge, jury or tribunal misunderstanding what the experts are saying, and also saves the otherwise "considerable court time…absorbed [if] each expert is cross-examined in turn" (Rares 2013, 2). Its use in royal commissions has so far been limited, but the child abuse royal commission has also employed this technique. Barrister Paul Anastassiou QC noted that the Commission's extensive use of concurrent evidence was "a style that suited the complexity of the issues with which the Commission was dealing" (Federal Court of Australia 2015, 8). This format was also useful for analysing differences in framing, as experts could directly disagree with one another on points of diagnosis or prescription.

Another structural decision was to position community groups, researchers and lay witnesses earlier in the day, with government representatives later in the day. As police officer P15 explained it:

> How I was briefed on the day was that the various sectors would have their time, and identify faults, shortfallings or whatever, and positioning Victoria Police at the end was an opportunity for the Commission to probe on the issues that had come up through the day.

This allowed non-government stakeholders to set out what they saw as the main issues to be addressed by the government response to DFV. Government representatives could then respond to or clarify these issues, while the Commissioners and counsel assisting could probe further on these perceived shortfalls.

To summarise, the Commissioners showed a willingness to be guided but not limited by their terms of reference. They and Commission staff created an environment in which stakeholders felt that different opinions were welcome, and where witnesses felt valued for their expertise and contributions. The Commission made structural choices to balance expectations that it would be a voice for victims with an imperative to make transformative policy recommendations within a year's timeframe. It also used an innovative panel structure for public hearings to efficiently compare contesting expert problem framing.

A final contextual element of the Commission as research site – considering the focus on gender in this research – is what Commission participants understood 'gender' to be. I explore this in the following section, drawing on interview data.

4.3 Expert interviews: framing and gender

This section briefly discusses the DFV problem framing of the 13 expert witnesses I interviewed whose framing I also analysed at the Commission. I also explore their understanding of gender, which will become important when thinking about the different ways that gender and gender equality are incorporated into DFV problem framing.

4.3.1 Interviews showed a variety of domestic and family violence problem framing

As outlined in Chapter 2, ethical concerns preclude me from including the problem framing of my interview participants in the key theme chapters (5-8). Given the small pool of potential interview participants for each key theme (i.e. witnesses who gave evidence in the Commission's public hearing on that topic), and the distinctiveness of some witnesses' framing, presenting the data of interview participants in conjunction with the data of named witnesses made the risk of identification too high. However, the

spread of framing demonstrated through my interviews (represented in Figure 4.1) is interesting for two reasons.[25] Firstly, it shows that the people I interviewed had a variety of different opinions about the problem to be solved and the way to go about fixing it. Despite this variety of framing – as discussed earlier in the chapter – participants largely had positive views of the potential benefits of a royal commission, and of their treatment by the Commission and its openness to new and different opinions. This underscores the trust and legitimacy the Commission had engendered among a number of its key stakeholders despite some cynicism as to the government's political motivations in establishing such a Commission.

Figure 4.1: Interview participants' framing of domestic and family violence
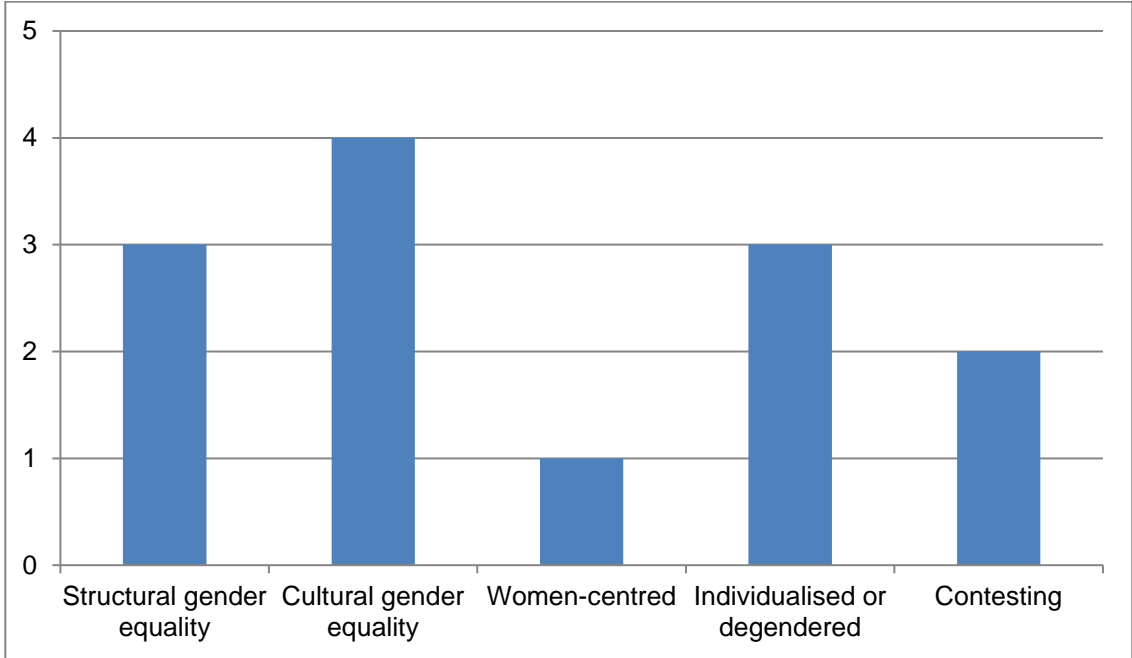
The second reason concerns the dynamic nature of framing. While some interview participants framed the problem in a very similar way to their public remarks at the Commission, others demonstrated more polarised framing – either more gendered, or more critical of gendered framing. For example, senior alcohol and other drugs (AOD) worker P07 framed the problem of DFV in an individualised and women-centred way in their witness statement and oral testimony in the AOD module of the Commission. However, when I interviewed P07 and asked about the causes of DFV, they

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[25] Seven of my interview participants are not included in this figure. Five interview participants did not give evidence related to one of the four key themes, so their public framing was outside the scope of this project (i.e. I could not compare interview and public framing). Commissioner Neave and Deputy Commissioner Faulkner's interview framing are also not represented here.

demonstrated a very nuanced analysis of gender power and its relationship to violence. In other words, my interview questions that were designed to reveal the framing of DFV as it related to gender (see Appendix 2) elicited 'structural gender equality' framing in P07, while the same policy actor showed a less gendered problem framing at the Commission. Similarly, trauma and child mental health specialist P13 framed the problem in a women-centred way at the Commission, and a structural gender equality way during interview. In contrast, child mental health professional P04 and addiction researcher P14 made remarks that were much more critical of feminist framing and gender equality prescriptions during interview than they did when giving evidence at the Commission. In all, seven witnesses demonstrated differences in framing between private interviews and public documents.

These framing disparities highlight that policy actors frame issues in different ways at different times. While I asked each interview participant for their views on what causes DFV (which encouraged them to mention gender inequality if it was relevant to their diagnosis), counsel assisting the Commission seldom did so. This meant that where participants had particular views on the role of gender in the diagnosis and prescription of DFV, I elicited those views in a systematic way. It is also possible that participants felt comfortable expressing more extreme or polarised views in an anonymous interview than in a public forum. This did not mean that witnesses at the Commission's hearings always omitted their views on gender and DFV – it will become clear in Chapters 5-8 that a number of them were comfortable discussing (or indeed were eager to discuss) gender and its relationship to DFV. However, it is important to remember that the *context* of each text (i.e. public or private setting) and the questions asked of policy actors to elicit the texts are key in considering what has shaped or influenced their framing.

4.3.2 Interview participants' understanding of gender

Understanding that the place of 'gender' would be a controversial or at least salient element of actors' DFV framing, I felt that it was important to investigate what these actors actually meant when they talked about gender and its role in DFV. Interviews were an important opportunity to tease out these underlying definitions. I mostly asked about participants' understandings of gender during discussions of the role gender played in DFV. Views on this topic often arose naturally in response to my questions about the causes of violence. In a small number of cases the subject did not arise

naturally, and I introduced gender as one of my questions. I now present a summary of these responses, using singular 'they' as a measure to increase participant anonymity.

Participants' definitions of gender were extremely varied. Three did not have a ready response, or had not thought deeply about the meaning of this term. P04 mused that men and women was the immediate construct that came to mind, but they were not sure that this was adequate to describe the human race: "So what my construct would be…is I don't have a construct. I don't know." P08 did not initially understand what my question meant, because the answer seemed obvious. After prompting, they responded that to them it meant identifying as a man, woman, or 'something else'. P08 was not willing to divide the world into just men and women – 'something else' being presumably a reference to those who do not identify as male or female – but their response indicated a categorical way of thinking about gender.

Others talked about men and women and the differences between them (e.g. P18 and P19), although they did not always think that sex and gender corresponded neatly with each other. P14 thought that "sex is plumbing, gender is either the self-applied label or the societal-applied label".

Other participants talked about gender being constructed and not innate, for example:

> P06: ...gender is a construction and it is the way in which people define themselves. So I think it's…yeah. Gender is not something you're born with.

Finally, the broadest definitions brought in societal structures and patterns of relationships between different masculinities and femininities:

> P10: ...biological sex is the physical characteristics, the biological nature of someone's body, and that that is much more complex than male or female. ...And that is different to gender, and gender is the social construction, so the social rules and regulations, the pattern of how men and women relate to each other but also amongst themselves, how men relate to men, women relate to women, and men and women relate.

> P13: ...the social and cultural context of socially defined gender roles and attributes, which exist on multiple levels.

> P20 (Commissioner Neave): The power structures and meanings that exist in our society as a consequence of human beings' assignment to their biological sex; what it

means to be masculine and what it means to be feminine; the notion that you need clearly defined differences between men and women.

These data make clear that 'gender' – at least as defined by participants in response to my interview question – means different things to different members of even this relatively small participant group. In other words, policy actors working on DFV can mean very different things even when they use the same language. This is problematic in any field, but is particularly so in a field whose purpose is to respond to such a complex social issue which has potentially widespread consequences. For example, Chapter 5 deals with some of the differences of meaning and language use between public health and feminist researchers when they talk about whether alcohol and drugs cause DFV, and the resulting tensions between those fields. I will return to the implications of different ways of using language and thinking about gender throughout this thesis.

4.4 Discussion and conclusion

The context and genesis of the Commission, particularly the Victorian Government's promise to accept all of its recommendations, put the Commission in a powerful and high-profile position to shape the Victorian policy landscape (and arguably the political fate of the Andrews Labor Government). As P19 suggested, the Andrews Government's pre-emptive decision to accept all of its recommendations might go some way to explaining the Commission's decision to leave politically 'courageous' decisions such as restricting the supply of alcohol to a future government review of legislation (see Chapter 5). Deputy Commissioner Faulkner reported that this foreknowledge of the government's acceptance did mean that the Commissioners shaped their work around recommendations that could practically be implemented. In addition, she noted that the Commission's short time frame reduced the scope of what the Commission could thoroughly investigate and support with evidence.

As the use of policy advisory royal commissions in all Australian jurisdictions has declined considerably over recent years, the establishment of this Commission was an unusual move. It surprised a number of stakeholders who had become more used to investigative commissions and thought that as there were no 'bodies' to be unearthed in the matter of family violence, a royal commission was not a suitable tool. While instigating a royal commission was viewed as a political move by many of my interview

participants, all to some degree – and many wholeheartedly – felt Premier Andrews and the Commission were acting in good faith and sought new and different solutions to the problem of prevention and service delivery in Victoria. In other words, the legitimacy of this Commission was high, even amongst stakeholders whose framing of the problem differed widely. Recent and contemporary royal commissions such as the federal Royal Commission into Trade Union Governance and Corruption (Hurst 2014) and the Royal Commission into the Home Insulation Program (Guardian 2015) had had identifiably political motives in that they were appointed by one major political party to investigate policies and programs that occurred under the leadership of the other major party, and therefore could be seen as tools of "political retribution" rather than legitimate policy learning exercises (Robinson 2014). However, my interview data demonstrate that there was less contention about the *creation* of this Commission and the way it operated than there was about the *content* of the Commission: how the issue under investigation was to be understood and ameliorated.

Resodihardjo (2006, 205) argues that a commission of inquiry can drive significant reform if it has "a certain standing", which is influenced by "its chair, the manner in which references are interpreted, and the tactics used to investigate the problem at hand". Examining these factors in the case of the Commission, we can see that the Andrews Government appointed a Commissioner with excellent standing both professionally and in relation to her reputation as a feminist legal expert with experience in matters of family violence. In a jurisdiction with such an influential women's and family violence sector, this was necessary for the Commission to have legitimacy with a large segment of its stakeholder base. It balanced this appointment with male and female Deputy Commissioners who had expertise in human services, poverty and homelessness. The Commission was also willing to broadly interpret its terms of reference, using them as an important starting point but also investigating matters not named in them. Lastly, the tactics used to investigate the problem were collaborative, consultative and non-aggressive, with the express aim of distancing this royal commission from the more inquisitorial royal commissions that had recently been held in Victoria, and encouraging changes in attitudes and behaviour among stakeholders and the public. Deputy Commissioner Faulkner reported that the Commissioners took care to include a broad range of voices, even if they did not necessarily contribute to a recommendation:

> Part of why we wrote a big report was to ensure that people felt that they'd been heard and understood. A lot of people put their hearts and souls into making a submission or turning up at a consultation ...We were always determined to write a report that recognised that we'd listened to them as well, and then a smaller report that would be read by most policymakers and people who don't spend a lot of time reading detail.

These factors, added to the Andrews Government's commitment to implement all the recommendations, gave the Commission 'standing' as defined by Resodihardjo (2006), and set the Commission up to become a 'catalytic' inquiry – an instigator of significant policy change.

Given this extensive consultation of stakeholders and expert witnesses, against a backdrop of rising concern about family violence and a political imperative for the government to do something about it, the Commission is an ideal case study of competing policy frames. The factors I have described above allowed this policy broker to thoroughly explore alternative points of view and gain the trust of its stakeholders, while ultimately (as argued in Chapter 9) retaining a very gendered framing of family violence. However, the treatment of gender differed in different sections of the report, which may not be surprising given that Commission contributors had differing understandings of gender. In the following chapters I explore gender and problem framing relating to the four themes of alcohol and other drugs, mental illness, Aboriginal and Torres Strait Islander communities, and children.

Chapter 5

"An exercise in careful diplomacy": Alcohol and drugs in the Royal Commission into Family Violence

Introduction

The use of alcohol and other drugs (AOD) by both perpetrators and victims is one of the most fraught issues in the domestic and family violence field. It is increasingly difficult to ignore, and yet can be difficult to incorporate into traditional feminist analyses of DFV. For reasons I will explore in this chapter, a central point of contention about the role of alcohol in DFV can be boiled down to a single question: "are alcohol and drugs a cause of DFV?" Unpacking this question is essential to understanding the contested framing in this area, as causation is an important element of frame 'diagnoses', from which – in theory – 'prescriptions' flow (Verloo and Lombardo 2007). Understanding the causation debate requires attention to differences in language use and research traditions; varying acceptance of gender as a central causal factor; cultural attitudes about alcohol and disinhibition; and notions of accountability across the different sectors.

As I show in this chapter, long-standing framing debates relating to AOD and DFV played out in the microcosm of the Royal Commission into Family Violence. To demonstrate this, I provide an overview of the literature on the links between substance abuse and DFV. I then draw on the witness statements and public testimony of several expert witnesses who gave evidence before the Commission in its AOD module, using critical frame analysis to situate their framing along the continuum of gendered policy frames introduced in Chapter 2. While it is not possible to discuss in detail the framing of every witness in their oral evidence and witness statements, I provide a comparative summary of each 'supertext' – as defined in Chapter 2 – created for the AOD module in Appendix 4.1. I have created a similar summary for each of the four key theme chapters. I also refer to data from five interviews with the day's witnesses, whose contribution is de-identified as far as possible.

5.1 Background issues: Alcohol and other drugs

That alcohol and drugs have a role to play in the perpetration and experience of DFV is beyond doubt (Braaf 2012; Bennett and Bland 2008; Humphreys et al. 2005). A literature review by DFV researchers Noonan et al. (2017) suggests three ways in which AOD consumption is linked to DFV: first, it relates to the perpetration of violence; second, to the experience and severity of victimisation; third, victims may abuse AOD as a coping strategy.

Perpetration

In the two-year period December 2013-December 2015, 28 per cent of 139,148 family violence incidents recorded by Victoria Police involved offenders who were either definitely or possibly affected by alcohol (Sutherland et al. 2016, 3). For 13 per cent of incidents, the offenders were definitely or possibly affected by drugs (Sutherland et al. 2016, 4). However, the two categories are not mutually exclusive – some offenders may be counted twice as they appear to be under the influence of both alcohol and drugs.[26] Addiction researchers Graham et al. (2011) review the link between intimate partner violence severity and alcohol consumption. They suggest that, across many different cultures, violence is more severe when one or both partners (most often the male partner) has been drinking. This was supported by Sutherland et al.'s (2016) analysis of the Victorian data mentioned above, which concluded that the presence of alcohol was associated with increased frequency and severity of violence. Despite this, men's behaviour change programs in Victoria, which are the primary non-custodial intervention option for perpetrators of family violence, have not historically integrated AOD treatment (Brown et al. 2016).

Victims' substance use

Substance use by victims has also been linked to the level of violence that is perpetrated against them, though increasing their likelihood of victimisation or compounding problems associated with victimisation (Nicholas et al. 2012; Braaf 2012). Research suggests that alcohol use or dependency can impair a victim's

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[26] For legal reasons, Victoria Police members are unable to test whether offenders at family violence incidents are under the influence of drugs or alcohol and are required to use subjective tests, thus the terminology 'definitely' or 'possibly'. There is greater uncertainty regarding the presence of drugs than alcohol (more of the drug-related incidents are under the 'possibly affected' category) (Sutherland et al. 2016).

judgement, making them less able to de-escalate situations of conflict; reduce their capacity to implement safety strategies; increase their dependence on a violent partner; and decrease their credibility with service providers (Nicholas et al. 2012). Evidence suggests that intoxicated victims are much less likely to have their DFV reports taken seriously by police – in Victoria, DFV incidents where only the victim was recorded as using alcohol were least likely to lead to an offence being recorded (compared to no alcohol use by either party, perpetrator alcohol use, or alcohol use by both parties) (Sutherland et al. 2016).

AOD as a coping mechanism

A third relationship identified in the literature concerns AOD use as a result of DFV victimisation: considerable evidence suggests that *victims* of DFV can develop problematic relationships with drugs or alcohol as a coping mechanism (Humphreys et al. 2005; Galvani 2006; Devries et al. 2014; Braaf 2012; Noonan et al. 2017). Perpetrators may encourage this behaviour, to increase their control of victims (Stella Project 2007). Victims' AOD use can have flow-on effects that increase vulnerability to further violence and reduce effective engagement with recovery supports. For example, many family violence refuges will not admit women with active AOD problems (Braaf 2012; Humphreys et al. 2005; Macy and Goodbourne 2012), and women who experience co-occurring DFV and substance abuse issues are less likely to complete treatment programs (Noonan et al. 2017). A further barrier is that many AOD services are not child-friendly – if they admit children at all – and may even see children as impediments to a woman's recovery (Breckenridge et al. 2012; Salter and Breckenridge 2014). However, there may be nowhere else for the children to go; women are understandably reluctant to leave their children with violent partners while they attend detox or rehabilitation services, and may fear having their children removed by statutory authorities if they disclose substance abuse issues to government agencies (Bennett and Bland 2008). Salter and Breckenridge (2014, 169) found that under the 'medical model' of addiction emphasising choice and autonomy, children were "a complicating factor in women's progression into a new, autonomous personhood free from dependency".

Despite the statistics given above, discussion of alcohol, drugs and DFV is fraught with difficulty. I now turn to an exploration of why this is so controversial – why, as Braaf (2012, 1) suggests, it is "the elephant in the room". As I elaborate below, concerns

about AOD and causation can be traced partly to deep cultural and historical divisions between the male-dominated AOD sector and the female-dominated family violence sector, and partly to concerns about public attitudes to drunkenness and responsibility. These are consistently reinforced by population surveys such as the National Community Attitudes to Violence Against Women Survey (NCAS; see VicHealth 2014). A third tension stems from different understandings of the notion of causation. In the following discussion I tackle each of these in turn.

5.1.1 Differences between the alcohol and other drugs and family violence sectors

The AOD and DFV sectors have a "difference in service and treatment philosophies" (Macy and Goodbourn 2012, 248), which can lead to suspicion and collaboration barriers between the two sectors. In the AOD sector, which Humphreys et al. (2005) note was historically developed to work with men, many of the workers and 67% of the clients are male (Australian Institute of Health and Welfare 2016; Nicholas et al. 2012), and a gender neutral or individualist analysis of the link between alcohol and violence predominates (Humphreys et al. 2005). This kind of framing is consonant with the 'individualised' framing introduced in Chapter 2.

By contrast, in the family violence sector – at least, the part of it that deals with victim/survivors – the vast majority of the workers are female, and the clients are almost entirely women and children (Family Safety Victoria 2017; Cortis et al. 2018). Perpetrator programs have a higher proportion of male workers – in Victoria, about 50% (Family Safety Victoria 2017) and nationally about 30% (Cortis et al. 2018). In Victoria, perpetrator programs are largely delivered as men's behaviour change programs, accredited by the feminist-oriented NGO No To Violence.[27] The family violence sector tends to work from a philosophy of empowering victims (Macy and Goodbourn 2012) and increasing perpetrator accountability – it aims for men to take responsibility for their violence. Its objective has been to support women to understand that the violence is not their fault, but rather stems from men's sense of entitlement to control women, and attitudes that support or enable the use of violence to do so (Our Watch et al. 2015b).

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[27] See http://www.ntv.org.au/about-us/our-vision/.

The AOD sector has employed a more 'medical' approach (Humphreys et al. 2005), focused on the individual (rather than broader societal factors), and seeking to reduce the stigma of addiction by framing it as a disease or disorder. One study examining the discourse of Victorian AOD treatment providers found that they tended to alleviate the guilt and shame of substance abusers by referring to the 'diseased' or 'hijacked' brain (Barnett et al. 2018). This approach sits uncomfortably with the DFV sector, which has fought for the ability to name men as violent, and for men to take responsibility for this violence (Pease 2011), regardless of their relationship to AOD. The 'medical' model of addiction as disease or disorder favoured by the AOD sector (Humphreys et al. 2005) can also be seen as allowing men to shift responsibility for violence. In this context and with these perceptions of the way the AOD sector works, many DFV sector workers and researchers feel that their advocacy work could be undone by allowing drugs and alcohol to be seen as a 'cause' of violence.

5.1.2 Community attitudes to alcohol and violence

A significant minority of the Australian population continues to hold views that drug or alcohol consumption can excuse violence or diminish the responsibility of the perpetrator. The two most recent iterations of the nationally representative National Community Attitudes Towards Violence Against Women survey asked participants whether "domestic violence can be excused if the offender is heavily affected by alcohol". In 2009, 8% of participants agreed that it could, and in 2013, 9% (VicHealth 2014). Graham et al. (2011) note that in some cultures, people may consume alcohol before engaging in violent behaviour in the belief that this behaviour will be excused due to the effects of alcohol (see also Bennett and Bland 2008; Rothman et al. 2011; Humphreys et al. 2005).

Related to this issue is the concept of control and its relationship to violence. The notion of 'power and control' has been central to the domestic violence movement's attempts to reframe the cultural understanding of domestic violence from an apolitical, individualised problem to a social problem with roots in structural systems of gender inequality (Lehrner and Allen 2008, 220). This framing interprets DFV as "an intentional pattern of abusive behaviors" by one person over another, resulting in "the establishment and maintenance of the abuser's power and control over the other (Lehrner and Allen 2008, 226).

Crucially, 'power and control' framing is indexed not to individual men's pathology or addiction, but to "macro-level entitlement beliefs and attitudes, the expectation that men are powerful and have control over "their" women" (Lehrner and Allen 2008, 226). While feminist theorists do not deny that some violence is linked to psychopathology or other individual differences, they seek to connect psychological analyses to an understanding of the unequal distribution of power and socially structured patterns of male-female relations (Wendt and Zannettino 2015). Violence is seen to result from socially and structurally supported choice rather than only reactive anger. Thus, attributing causation to drug and alcohol addiction not only implies a *lack* of control on the part of abusers, it also moves the analysis from structural to individual in a way that sits uneasily with the DFV sector.

5.1.3 Causation in different research traditions

In another language-related tension, different research and professional traditions have different understandings of the word 'cause'. In epidemiological and public health research traditions, it can be acceptable to say that AOD is a cause of violence, viewed as part of a multicausality framework that identifies 'component causes' or 'contributing causes' of the disease or public health problem. A component cause may not be necessary or sufficient to cause every case of the problem, but a substantial amount of cases may still be prevented if that factor is blocked or removed (Rothman and Greenland 2005). Moreover, the strength of a causal factor can be measured by the change of the problem frequency when the factor is introduced or removed (Rothman and Greenland 2005). Addiction researcher Kenneth Leonard (2005, 423) argues that since no single type of evidence is sufficient to definitively demonstrate a causal association between heavy drinking and intimate partner violence, the convergence of evidence from varied sources (e.g. longitudinal and cross-sectional studies, treatment studies, experimental studies) should allow us to conclude that heavy drinking is a 'contributing cause' of intimate partner violence.

In the DFV research tradition, many actors argue that because not all men who misuse drugs and alcohol are violent and not all violence is associated with drug and alcohol use, these substances should not be construed as causal factors (Humphreys et al. 2005; Braaf 2012; Noonan et al. 2017). Because gender inequality and violence-

supportive attitudes[28] are seen in the DFV field as more ubiquitous factors than AOD abuse, the latter is framed as 'contributing' to or 'reinforcing' the violence, or 'co-occurring' with the violence (Braaf 2012; Our Watch et al. 2015b). In other words, it is seen to enable or exacerbate violence that is already there, and increase its frequency and severity, but not to cause the violence in the first place. DFV workers can be uncomfortable with implications that substance use can cause violence, fearing "letting any suggestion through that treating the issue of substance use would cure the problem of violence" (Humphreys et al. 2005, 1312).

As I have outlined, there are many issues to unpack in understanding why the question "can alcohol and drugs be called a cause of DFV?" is so contentious, and several of them relate to gender and power. Many DFV sector workers and researchers are concerned that labelling AOD as causal will focus attention on that and away from gender issues (Braaf 2012). The 'medical' model of addiction as disease or disorder favoured by the AOD sector can be seen as allowing men to shift responsibility for violence to substance abuse and addiction, while the DFV sector has long been focused on naming men as violent. On a community level, intoxication is often seen as reducing abusers' control of their actions, and thus their culpability for violent acts. In this context if alcohol is seen as a cause, this shifts responsibility from the violent individual to an external agent – an 'externalising frame', as described in Chapter 2 – while simultaneously moving the problem analysis from a societal-level recognition of men's power over women to an individual-level focus on substance abuse. Finally, different research traditions use the word 'cause' in different ways, leading to clashes and misunderstanding between public health/epidemiology policy actors and DFV policy actors.

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[28] These are described in VicHealth (2014, 3) as those that justify, excuse, trivialise, and minimise violence, or shift blame from the perpetrator to the victim. Examples given include the idea that partner violence is justifiable if a woman is unfaithful, or that rape is only rape if the woman physically resisted.

5.2 Framing by Royal Commission participants in the alcohol and drugs module

Given these complex sensitivities about the role of drugs and alcohol in DFV, it is instructive to examine the framing of expert witnesses in the Commission's public hearings on the subject. The Commission was not specifically directed in its terms of reference to investigate responses to AOD-related family violence. However, it devoted a day of public hearings to the matter (one of 23 topic-related 'modules' covered in the 25 days of hearings), and specifically sought consultation with several high-profile researchers and advocates working in this area. The first panel of witnesses appeared for approximately a third of the time allocated for the AOD hearing, and comprised drug and alcohol researchers and advocates from different organisations and research traditions. Their points of agreement and disagreement formed the most interesting framing debate of the day – subsequent witnesses appeared alone or in pairs and for shorter lengths of time, represented public sector and service delivery organisations, and were questioned much more on policy- and program-related facts than research and ideological issues. For these reasons, I focus on the first panel session in this discussion.

Following the literature, interview data indicated that AOD and causation was an issue at the Commission. Deputy Commissioner Faulkner, when talking about the dominant themes that she had heard throughout the Commission process, recalled:

> [The role of AOD] was a very contested view, because the gender equity argument says we shouldn't take too much notice of the drug and alcohol factor because there are many people who use drugs and alcohol who are not violent.

The extent to which actors are careful to say that AOD is *not* causal formed a 'boundary marker', according to family violence researcher P06:

> …these sectors aren't siloed for no reason. …And one of them is are you really clear that domestic violence isn't caused by drug and alcohol abuse. That's a boundary marker. You say the wrong thing in that area, you lose your credibility.

In the experience of P06, actors on the wrong side of that boundary marker are at risk of antagonising or not being taken seriously by the DFV service sector and others who specialise in gender-based violence. P07, a senior drug and alcohol worker, had also come across these sensitivities when working with representatives of the DFV sector on a cross-sector practice document:

So when we came to this whole issue of causality, I didn't really realise it was an issue until we started talking to some family violence organisations who said "we don't want family violence to be confused with drug and alcohol, and there's a lot of people who try and make out that it's drug and alcohol issues that cause family violence, and that's wrong".

In the following discussion, witnesses are grouped according to their primary framing. I summarise framing across all witnesses, including nine written witness statements, at Table 5.1 (with more detail at Appendix 4.1).

Table 5.1: AOD texts analysed*

Voice	Why chosen/area of expertise	Framing
Witness statements		
Michael Thorn CEO, Foundation for Alcohol Research and Education	Head of anti-alcohol advocacy organisation that had published on AOD and DFV	Cultural gender equality
A/Prof Peter Miller Principal Research Fellow and Co-Director of the Violence Prevention Group, School of Psychology, Deakin Uni	Addiction researcher w/ expertise on alcohol and violence	Individualised (Contesting)
Prof Cathy Humphreys Professor of Social Work, Uni of Melbourne	Senior violence against women researcher w/ research expertise in AOD and DFV	Women-centred
Ingrid Wilson PhD candidate, Judith Lumley Centre, La Trobe Uni	Research focuses on women's experience of alcohol-related DFV	Cultural gender equality
Superintendent Timothy Hansen Community Safety Division, Victoria Police	Responsible for Drug and Alcohol Strategy Unit	Degendered
Dr Stefan Gruenert CEO, Odyssey House	Head of residential AOD facility; had led cross-sector work on AOD and DFV	Women-centred (Individualised)
Alice Hanna Clinical Manager, Jarrah House	Manager at the only AOD detox facility in Australia to also accommodate children	Women-centred
Horace Wansbrough Manager, Youth Support and Advocacy Service	Expertise in youth substance abuse	Cultural gender equality

Voice	Why chosen/area of expertise	Framing
Judith Abbott Director Drugs, Primary Care and Community Programs Branch, Dept of Health and Human Services	Responsible for state-funded AOD treatment services	Individualised

Transcripts from AOD public hearing

Expert panel	Michael Thorn	As above	Degendered public health
	A/Prof Peter Miller	"	Individualised
	Prof Cathy Humphreys	"	Cultural gender equality
	Ingrid Wilson	"	Cultural gender equality
Superintendent Timothy Hansen		"	Individualised
Stefan Gruenert		"	Individualised (Women-centred)
Alice Hanna		"	Women-centred
Horace Wansbrough		"	Degendered

* Not analysed: Witness statement and testimony of Cate Carr, Executive Director, Liquor, Gaming & Racing, Dept of Justice & Regulation, and oral testimony of Judith Abbott (descriptive evidence relating to government services and/or AOD regulatory issues; very little mention of family violence in these texts meant framing was difficult to determine).

The day began with a two-page opening statement from counsel assisting Joanna Davidson, which represented the problem ('diagnosis' in critical frame analysis terminology) as the complex relationship between alcohol and drug use and family violence, both for perpetration and for victims. This statement provided some insights into how those within the Commission were thinking of the issue, and what they had heard during community consultations:

> For many women their experience of family violence was inseparable from alcohol or drugs. They spoke of their increasing dread as they watched their partner getting increasingly drunk, knowing how bad it was going to be. Sometimes they were able to protect themselves in advance by getting their children to friends or family, but at other times they had no warning. Their partner arrived home with a tankful, having been out

drinking with friends, with sporting mates or work colleagues (AOD transcript of proceedings, 2-3).

This evocative language was clearly intended to give voice to the experiences of women consulted by the Commission. There was no mention of gender beyond social categories, and the issue of causation was not discussed. Non-intimate partner forms of family violence were mentioned only in the context of ice-affected (adult) children who abuse their parents and grandparents. Policy prescriptions were not covered in this brief opening statement.

The four-person witness panel of AOD researchers and advocates followed. Two of the four panellists, women's health PhD candidate Ingrid Wilson (now graduated) and family violence researcher Professor Cathy Humphreys, identify with feminist research traditions. A/Prof Peter Miller is an addiction researcher whose primarily quantitative work includes family violence in the context of other alcohol-related harms, particularly street violence and 'the night-time economy'. Michael Thorn is CEO of the Foundation for Alcohol Research and Advocacy (FARE), a self-described 'research translator' whose organisation employs a public health approach.

All four panellists framed family violence mainly as intimate partner violence, with harms to children also discussed. All panellists to some degree used male pronouns for perpetrators and female pronouns for victims, indicating a diagnosis that either implicitly or explicitly foregrounded men's violence against women. In addition, all panellists strongly disagreed with the notion that substance abuse can be used to excuse violent behaviour – they emphasised accountability for intoxication and violence. Finally, their prescriptions all included population-level alcohol control responses. They unanimously found the alcohol industry's involvement with Victorian politics and policy to be counter-productive. However, there were several differences of emphasis.

5.2.1 Gender equality framing

No witness in this module framed the problem in structural gender equality terms, however several witnesses framed the problem in ways that located 'cultural' gender equality – i.e. norms, attitudes, respect – as part of the diagnosis or prescription. Humphreys, whose framing could be characterised as 'cultural gender equality', emphasised in her diagnosis that for a significant group of women, drugs and alcohol

are not a factor in their experience of violence (day 5, p. 11-12). She steered the discussion away from seeing AOD as causal, advocating for the consistent adoption of language about the 'causes' being gender inequality and violence supportive attitudes, and AOD being one of a range of 'contributing factors':

> So I think that there's potential in what [is a] very sort of political area and a sensitive area that we can be on the same page and that there is a common language and some common understandings there that we can sign up to or that we could champion (day 5, p. 18).

Ingrid Wilson, then undertaking her PhD on women's experiences of alcohol-related family violence, also framed alcohol as a contributor rather than a cause:

> There has been resistance to paying attention to the role of alcohol within the family violence service sector due to concerns that men will blame their choice to be violent on being drunk, rather than taking responsibility for their own actions. However, taking action to address alcohol as a contributor to family violence will not, in my view, undermine other issues (such as addressing gender inequity) (Wilson WS, 4).

Wilson's diagnosis drew on the ecological approach, which acknowledges influences and risk factors at the individual, relationship, community and macro-societal levels. It was also gendered in that she saw macro issues of gender as important, in addition to individual characteristics. In particular, she was the only panellist to bring up gendered processes such as "men's sense of entitlement to drink":

> …even where ...their partners are saying to them, "You are behaving aggressively when you drink," and for the men it's like, "But I'm entitled to drink. I work really hard. I can come home and have a relaxing beer" (day 5, p. 22-23).

Her witness statement also included a prescription about encouraging men to stop their peers from drinking excessively, especially in the context of sporting clubs. She saw sporting organisations themselves as having a key role to play in addressing DFV through reducing risky drinking behaviour. Wilson's witness statement was the only text to discuss the role of sport and its associated drinking culture in DFV, although as I discuss in Chapter 9 there is much to be said about the way that sport, alcohol and masculinity are intertwined in Australian culture. Humphreys also problematised Australia's drinking culture and the way in which drinking is seen as an "accountability free zone", particularly in relation to men's violence (day 5, p. 21 and 22).

Anti-alcohol organisation CEO Michael Thorn also provided a witness statement that associated gender inequality with violence against women, and consistently framed the problem under discussion as men's violence against female partners. This statement largely comprised FARE's submission to the Commission (written with organisational authorship rather than being a personal statement, meaning it was not solely written by Thorn). The submission did not frame alcohol as a cause of violence, but saw it as a factor in both perpetration and victimisation. Both his witness statement and his oral testimony urged population-level alcohol regulation as the most urgent prescription, with integrated DFV/AOD services and youth alcohol and violence education also seen as priority. There was no discussion of how gender inequality and substance use might interrelate.

Finally, youth worker Horace Wansbrough was concerned both with young people's experience of violence in the home and with their use and experience of it in romantic relationships. His witness statement referenced children's exposure to "fixed gender scripts", where "gender and power differentials" between men/boys and women/girls become prominent in middle and later adolescence (Wansbrough WS, 3). He made particular mention of young women forming relationships with abusive older male drug dealers. His prescription included prevention programs in schools and better training for youth workers to intervene early when they become aware of DFV in their clients' lives.

5.2.2 Women-centred framing

There was comparatively little women-centred framing in the texts associated with the AOD module. One exception was Alice Hanna, clinical manager of a female-only residential drug and alcohol service, who employed women-centred framing in her witness statement and oral testimony. She was called before the Commission mainly to describe her organisation's services, which were unique at the time because they allowed children to accompany their mothers through both detox and rehabilitation. Hanna reported that 80% of her service's clients had experienced family violence either as children or adults.

Another service provider, AOD agency CEO Stefan Gruenert also positioned women as the main group of people who 'experience' violence, and men as the main 'users' of violence, without referring to gendered societal factors. He submitted that DFV sector

workers' use of 'victim' and 'perpetrator' to label people does not sit well with the AOD sector, where workers prefer to label behaviours (Gruenert WS, 4). He felt this difference in the way the two sectors use language to be a barrier to effective collaboration, adding to the factors identified from the literature above. In addition to the collaboration between AOD and DFV sectors commonly prescribed by witnesses, he called for AOD workers to be trained to perform family violence interventions with their clients (which in the AOD sector are two thirds male) rather than always having to refer to the specialist DFV sector (Gruenert WS, 8). Interestingly, Cathy Humphreys' witness statement had suggested the reverse was preferable: that men's behaviour change (i.e. DFV) workers were better suited to perform AOD interventions than AOD workers to perform family violence interventions, as AOD workers had trouble "engaging men on the issues of accountability and responsibility" (Humphreys WS, 8). This contrast goes to the heart of the sectoral differences identified in the literature, where DFV workers and advocates have fought to name men as perpetrators of violence who must be held accountable, and the AOD sector prefers to see its clients as affected by a disease or medical condition, in some senses shifting responsibility for violent acts from the person to the medical condition.

Humphreys, in her witness statement for this module, also employed women-centred framing. Although her oral testimony and long history of DFV research indicate that she does generally frame this problem in gender equality terms, in this particular text she did not refer to gender inequality in her diagnosis or prescription. She suggested that the link between the AOD and DFV is related to social context and attitudes: violence-supportive attitudes are more dangerous "when fuelled by alcohol and drugs"; people tend to excuse violence when the perpetrators are intoxicated; and drinking is "a defining and acceptable attribute of masculinity" (Humphreys WS, 7). This last comment does indicate attention to gendered processes – Humphreys related the performance of masculinity to alcohol consumption, and indicated that societal acceptance of this practice is linked to DFV.

5.2.3 Individualised and degendered framing

There was a range of individualised and degendered framing in this module. Addiction researcher Peter Miller, by far the most dominant voice in the expert panel (accounting

for 33% of the transcript),[29] was unconvinced by gender equality framing. He argued on the diagnosis dimension that "it is more than just attitudes and gender inequity" (day 5, p. 19), and his framing throughout the panel session was quite gender neutral. Further, he was the only panellist to mention violence against men, female perpetrators, and mutually violent relationships. His diagnosis emphasised intergenerational and family of origin explanations of violence occurring both within and outside the home, with individual differences (genetics, psychological traits), gender inequality, and AOD also playing a role (e.g. day 5, p. 19-20). To support his arguments, he drew on his recently published systematic review of longitudinal domestic violence victimisation and perpetration research (Costa et al. 2015), which reviewed studies that largely employed the Conflict Tactics Scale. As discussed in Chapter 1, this large-scale survey tool has been criticised by feminists for insufficient attention to relational context, power and control.

His prescription was consistent with this 'individualised' diagnosis. He argued that men's behaviour change programs (which in Victoria are based on a gendered power and control understanding of violence) are not effective because "they are not tailored to what's walking through the door". He saw as preferable programs such as couples behavioural therapy and those that deal with aggression from a forensic psychology point of view – they "are strongly evidence based" and do not "presume that it's entirely a genderised event" (day 5, p. 48-49). This statement implies that current Victorian men's behaviour change programs are not evidence based.

Despite the gender equality framing in his witness statement (as discussed above), Michael Thorn's framing during the expert panel was largely degendered. He reported that for his organisation FARE, talking about the role of alcohol in family violence "has been an exercise in careful diplomacy…because the characterisation of family violence through the lens of gender equity is very sensitive". While in Thorn's view gender was "first and foremost" in everyone's considerations about how to respond to the problem, we should not ignore, "for political reasons or whatever reason", what the evidence says about the contribution of alcohol. FARE's strategy is "just looking at what the data says", which implies firstly that evidence can be politically neutral, and secondly that that a neutral evidence-based position allows them to side-step a

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[29] A/Prof Miller spoke for 495 lines out of a total of 1504 for the panel comprising four expert witnesses and the questions of counsel assisting. In addition, counsel assisting often asked Miller first for his response to questions.

political issue. Like Miller, he argued on the prescription dimension that the most immediate harm reduction impacts are to be made using population-level alcohol restrictions and mandatory sobriety conditions for offenders who use AOD. For Thorn, individualised responses were not sufficient – a broad view was needed to understand the "alcogenic environment in which our society operates today" (day 5, p. 15), which would help find solutions to the severity and prevalence of family violence. This is interesting, because Thorn presented a structural view that criticised individualised approaches, yet was not a gendered analysis. His brief acknowledgement that 'gender imbalance' should be first and foremost in responses to the problem was not followed up by any further references to gender, and none of his suggested prescriptions included attention to gender.

Other degendered and individualised framing included Superintendent Timothy Hansen of Victoria Police, who referred largely to 'victims' and 'perpetrators' with no discussion of gender or sex, and Stefan Gruenert and Horace Wansbrough's oral testimony (the latter two had been more women-centred in their witness statements, but this did not transfer to their remarks in the public hearing).

5.2.4 Framing that contested gender equality diagnoses and prescriptions

While I termed Peter Miller's major frame to be individualised, there was certainly a minor contesting element to his framing: he did not reject gender as an important factor, but he explicitly contested gendered explanations as the main focus of problem analysis. With both Thorn and Miller there was also a minor 'externalising frame', where a small number of heavy drinkers were seen to cause a disproportionate amount of the DFV problem.

Overall there was a fair spread of framing in this module, with a notable contrast in framing between the four expert witnesses in the researcher and advocate panel. Two witnesses largely framed the problem of AOD and DFV in gender equality terms, while two had a more individualised or degendered public health view of the problem. Figure 5.1 summarises the spread of framing across witness statements and oral testimony in the AOD module. The following section examines how these issues were represented in relevant sections of the Commission's report and recommendations.

Figure 5.1: Number of texts in each framing category
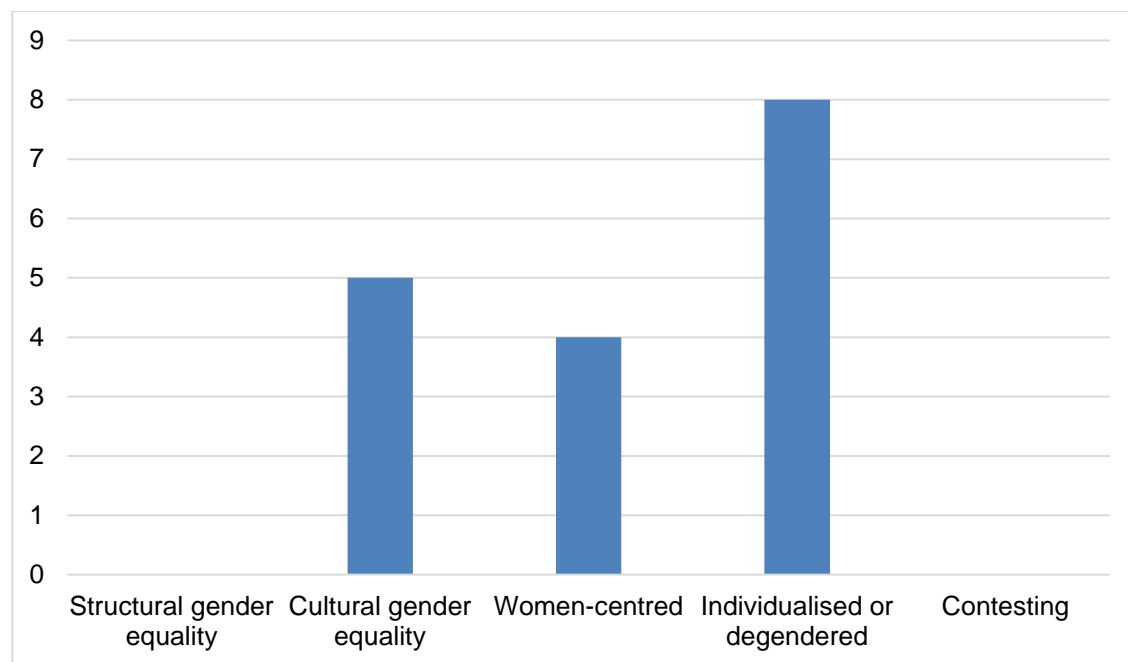
5.3 Alcohol and other drugs in the Commission's report and recommendations

In this section I explore the framing of DFV and AOD in the Commission's report. While the Commission's terms of reference did not require it to investigate or make recommendations about the role of AOD in family violence, the subject appeared under the heading 'background' as a 'contributing factor' to the problem:

> The causes of family violence are complex and include gender inequality and community attitudes towards women. Contributing factors may include financial pressures, alcohol and drug abuse, mental illness and social and economic exclusion (State of Victoria 2015).

As discussed above, this choice of wording is important. Gender inequality and community attitudes towards women were described as 'causes', while AOD, mental illness and socioeconomic factors were 'contributing factors'. This is similar to the framing of the influential national violence against women organisation Our Watch,[30] which lists gendered factors as causal and harmful alcohol consumption as a 'reinforcing factor' of violence against women (Our Watch et al. 2015b). Thus, the

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[30] Our Watch was established in 2013 in response to the *National Plan to Reduce Violence against Women and their Children 2010–2022*. Its mandate is to drive change in the culture, behaviours and power imbalances that underpin violence against women and their children (see https://www.ourwatch.org.au/Who-We-Are/Our-Purpose).

Commission's terms of reference were on the gender equality advocates' side of the 'boundary marker' discussed earlier, and this must be taken into account when considering the Commission's framing.

Despite devoting a day of hearings to the issue of alcohol and drugs, the Commission's final report did not feature a chapter on the issue. Instead, sections on AOD were distributed throughout various relevant chapters, most comprehensively in the chapters entitled 'Perpetrators' (Chapter 18), and 'Recovery: health and wellbeing' (Chapter 20), which deals with the effects of violence on victims. There were also six recommendations relating to or mentioning alcohol and drugs.

5.3.1 The treatment of alcohol and other drugs in the report ('diagnosis')

In relation to the causation debate, the Commission's report reminded readers that its terms of reference did not ask it to inquire into the causes of family violence. However, it did take a position on causation (without actually using that word), stating in its summary report that "there is no doubt that violence against women and children is deeply rooted in power imbalances that are reinforced by gender norms and stereotypes" (RCFV summary and recommendations, 2). The Commission consistently cited research from Our Watch and others arguing that violence-tolerant attitudes and gender inequality are the 'root' causes of intimate partner violence, which it said was "the most common form of family violence and the one we know most about" (RCFV Report, vol I, 17). These factors were also referred to as "population-level risk factors", and given primacy in discussion of prevention efforts.

Alcohol and drugs, while frequently mentioned throughout the report, were described as an "individual level risk factor", along with mental illness and exposure to violence as a child. However, the Commission echoed the voices of many of its participants by emphasising that "not all people who have had these experiences perpetrate violence, and men who have not had these experiences can still be violent towards women" (see "Why do people say family violence is gendered?", vol I, 17).

While substance abuse and AOD services were mentioned many times in an incidental manner, the first lengthy treatment of AOD's role in family violence occurred in Chapter 18, which dealt with perpetrators and perpetrator interventions (vol III, 248-250). Here, the report noted again that drug and alcohol use is not the primary cause of violence,

rather that personal risk factors such as substance abuse "reinforce the gendered drivers of family violence". It cited World Health Organization research warning that evidence for a causal association between harmful use of alcohol and violence is 'weak'.

On the matter of cultural attitudes to alcohol and violence, the Commission detailed the National Community Attitudes Survey findings (as cited above) showing that some in the community believe substance abuse to be a mitigating factor in domestic/family and sexual violence. Expert witness Humphreys was quoted suggesting that the belief in alcohol's disinhibiting effect is key, along with norms about drinking allowing men 'time out' from the normal rules of social behaviour. This means that "perpetrators who wish to be violent can get themselves drunk in order to be violent" (vol III, 249). In addition, evidence from expert witness Wilson suggested that while the women in her research did experience abusive behaviours when their partners were sober, engaging with a drunk and abusive partner increased their fear and decreased their ability to negotiate and de-escalate (in other words, decreased their voice/agency) (vol III, 249). On the other hand, the Commission did *not* engage with neuroscience referred to by Miller in his witness statement and evidence suggesting that intoxicated people lose higher brain function and rely "mostly on the brainstem", resulting "in a much more primal, emotional response" where it is "likely that threats are mistakenly perceived" (Miller WS, 5). However, it did include a brief mention from FARE about alcohol use affecting cognitive and physical functioning, which affects the likelihood of perpetration and makes those who are impacted by DFV more vulnerable (vol III, 249).

The second in-depth treatment of AOD issues occurred in Chapter 20 – 'Recovery: Health and wellbeing' (vol IV, 70-71), which explored the effects of family violence on the health and wellbeing of victims. Under the heading "Women's experience of family violence and drug and alcohol misuse", the Commission noted that it had heard from all areas of the health system about the higher risk of substance abuse problems for women living with family violence. This is interesting because while the chapter as a whole was framed as being relevant to 'victims', this section (the only section on AOD and victims) referred to 'women'. Wilson and Humphreys were quoted explaining that women are likely to 'self-medicate' as a result of their experience of violence, and that women who have problematic substance use are more likely than those who do not to suffer injuries, be disbelieved and unsupported, and use violence against their partner

"even if it is in self-defence" (vol IV, 70). This was the only mention in the entire report of female violence in relation to drug and alcohol use. High levels of trauma-related substance use among female prisoners was also briefly discussed, as was the experience of women whose violent male partners introduce them to drug use and subsequent illegal activities (vol IV, 71).

The Commission's framing of AOD and violence mirrored very closely the input of those expert witnesses and other Commission participants who (as detailed earlier in this chapter) hope to see a greater focus on AOD in the policy prescription, but strongly feel the need to retain gender inequality as a primary factor in the diagnosis. It positioned intoxicated perpetrators, particularly men, as responsible for their own actions, and suggested that cultural norms rather than any effect of the alcohol itself are to blame for perpetrators' disinhibition and subsequent violence.

5.3.2 The treatment of alcohol and other drugs in the recommendations and related commentary ('prescription')

Of its 227 recommendations, the Commission made six specifically relating to drug and alcohol issues, and one relating only to alcohol.

Family violence training for the alcohol and other drugs sector

Firstly, Recommendation 3 related to training of priority sectors (including AOD) in the Common Risk Assessment Framework (CRAF). The CRAF, as noted by McCulloch et al. (2016), employs a gendered lens; this recommendation therefore ensures that AOD practitioners receive training that includes attention to the gendered dynamics of DFV.

Integration and coordination

In response to consistent calls from Commission participants from all sectors, the bulk of the AOD-related recommendations concerned integration and coordination of AOD services with the family violence sector and with other DFV allied services. A section in the 'perpetrators' chapter (vol III, 282-3) dealt with the integration of perpetrator programs (mainly men's behaviour change programs) with drug and alcohol treatment. It quoted Humphreys' argument that the link between AOD use and family violence is complex, and this has not been well addressed within the family violence field. As the Commission heard from a number of stakeholders that addressing AOD problems is

important for supporting meaningful behaviour change in men, men's behaviour change programs should increase their focus on substance abuse. Overall, a lack of structured connection between the two sectors was seen to undermine effective treatment. The relevant recommendations were:

- Recommendation 87: Perpetrator interventions that coordinate the men's behaviour change, mental health, drug and alcohol, and forensic sectors are to be trialled – subject to input from an expert advisory committee and relevant ANROWS (Australia's National Research Organisation for Women's Safety) research.
- Recommendation 98: Specialist family violence advisors are to be located in key mental health and AOD services across Victoria.
- Recommendation 99: AOD, mental health and family violence services are to be resourced to adopt shared casework models, and are to be represented on multi-agency risk management panels.
- Recommendation 100: GP, psychiatry, psychology, and AOD peak bodies are to collaborate to create a database of family violence-trained professionals to help GPs when referring family violence-affected patients.

In its efforts to encourage service integration, the Commission recommended that family violence advisors be located in AOD services – thus bringing family violence expertise into the AOD sector – but not the reverse. It recommended that perpetrator interventions address issues such as mental health and AOD, but kept the focus on gender by recommending input from ANROWS, an organisation that takes a strongly gendered approach.

Magistrates' ability to mandate AOD counselling

Recommendation 89 dealt with broadening the range of services that magistrates can require perpetrators to attend as part of a counselling order, which will allow magistrates to mandate attendance at AOD programs. However:

> …such service providers should have expertise in the interplay between family violence and drug and alcohol misuse or mental illness, provided the purpose of the counselling remains within the scope of the statutory objectives of Part 5 of the [*Family Violence Protection Act 2008*].

This recommendation therefore required service providers to have family violence training, and as per Part 5 of the Act (section 127(b)(i)), the counselling must have the

purpose of "increasing the respondent's accountability for the violence the respondent has used against a family member". Thus the recommendation was worded in a way designed to allay concerns about an increasing focus on AOD eroding perpetrators' responsibility for their actions.

Alcohol supply issues

The Commission did not make any recommendations pertaining to mandatory sobriety programs for offenders or supply and regulation of alcohol, despite strong encouragement from public health anti-alcohol advocates to do so. However, the issue of supply and regulation did receive some treatment in the report (vol III, 290-92). Miller's evidence and witness statement were cited at length:

> Associate Professor Miller recommended to the Commission that a series of measures, including putting a freeze on the number of packaged liquor outlets, reducing the length of drinking sessions and the level of alcohol consumed (through measures like pub trading hours and price increases), and increasing the cost of alcohol could reduce levels of family violence.

FARE and the National Alliance for Action on Alcohol were also cited as supporting these kinds of policy options. While "organisations working on the prevention of violence against women" such as Our Watch, ANROWS and VicHealth also recognise the need to address alcohol supply, these organisations argue that this should be done in the context of broader primary prevention strategies. Prescriptions such as these should complement other interventions addressing "normative support for violence against women" and the intersection between gender and alcohol-related social norms (vol III, 292).

Although the report encouraged greater attention to the relationship between alcohol supply and family violence, the Commission's "primary focus in relation to the links between alcohol misuse and family violence has been on improving the availability of services for victims and perpetrators affected by family violence who have alcohol-related issues" (vol III, 301). This implies that the Commission considered supply and regulation prescriptions to be out of scope given its relatively short time frame, an observation supported by my interview participants and Commissioner Neave herself, who commented after the release of the report: "I suppose we thought that looking at the whole area of alcohol was going beyond our terms of reference …we didn't make a

formal recommendation [about liquor licences] because to go into those complexities was difficult" (quoted in Davey 2016a).

Instead of tackling AOD regulation and supply issues itself, in the context of the Victorian Government's stated intention to review the *Liquor Control Reform Act 1998*, the Commission recommended that this review "consider family violence and alcohol-related harms", and "involve consultation with people who have expertise in the inter-relationship between family violence and alcohol use" (Recommendation 93).[31] This recommendation caused some consternation among anti-alcohol advocates and researchers, who perceive the Government as being "in bed with the alcohol industry" (P14) or "in the pocket of the liquor industry" (P19), and thus feel it cannot be trusted to independently review the evidence on alcohol's harms. Peter Miller was quoted in the *Guardian* arguing that the Government had 'hoodwinked' the Commission into not addressing alcohol (Davey 2016b).

Examined together, these recommendations suggest that the Commission aimed to ensure any prescriptions to address AOD retained an understanding of family violence as a gendered phenomenon for which perpetrators must be held accountable.

5.4 Discussion

The Commissioners were determined to incorporate factors other than gender into their investigation of the Victorian family violence service system. According to Commissioner Neave, their terms of reference required them to look beyond men's violence towards women, and they very much treated those terms of reference as 'ground rules'. Neave commented in interview that they wanted to operate innovatively and "explore things that added to our knowledge, rather than repeating what had been said in so many other reports". Deputy Commissioner Faulkner concurred that "we were always testing ourselves to make sure that we were looking holistically and not just following the dominant narrative [of gender inequity]". In this context, coupled with submissions and community consultations that repeatedly referenced the role of drugs and alcohol, the Commission decided to focus some of its attention on this issue – despite push-back from the DFV sector, who were concerned it would dilute the message about gender and individualise the problem.

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[31] The review commenced in the second half of 2016, and its results have not yet been publicly reported (see https://engage.vic.gov.au/review-liquor-control-reform-act-1998).

Commission staff specifically sought out witnesses with expertise in the links between AOD and DFV, even going as far as to convince an initially reluctant P14 to engage with the Commission. Interview participants from the AOD module confirmed that their experiences with the Commission were positive, and they felt that their views were taken seriously throughout their private and public engagement with Commission processes. In fact, P19 recalled arriving at the public hearing:

> …expecting to have to convince the Commissioners that alcohol was an issue and they needed to take this into account. But in the end we were kind of pushing on an open door. They didn't need to be convinced.

As outlined above, the main framing controversy of the alcohol and other drugs module related to whether AOD can be called a 'cause' of domestic and family violence. Public health advocates such as Thorn and Miller tended to focus on the harms of addiction and talked about gender as a categorical variable, rather than a social construct related to the distribution of power and resources. In relation to the causation 'boundary marker' described in section 5.2, these actors placed themselves on the non-feminist side. In fact, Miller argued that it is logical, with reference to epidemiological analytical techniques, to say that alcohol is a cause of DFV. They also called for regulatory reforms to limit the availability of alcohol and control the behaviour of problem drinkers. As the Commission's report noted, the submissions of anti-alcohol organisations emphasised as a top priority the prescription of (degendered) population-level interventions to reduce the physical and economic availability of alcohol. They made these recommendations on the basis that problematic alcohol use is "one policy factor amenable to change, with a robust body of evidence supporting interventions that can make a decisive impact on reducing alcohol-related harms" (National Alliance for Action on Alcohol 2015, 16). Indeed, Deputy Commission Faulker reflected:

> I think that throughout, certainly there was a very strong anti-alcohol lobby that wanted us to be the agents for alcohol supply control.

As drug and alcohol researchers Hart and Moore (2014, 410) note, alcohol availability strategies are the primary tool of public health advocates more broadly (i.e. not just in relation to family violence policy), an approach that materialises alcohol as a "powerful (somewhat malign) agent capable of 'causing' unwanted outcomes".

In the view of feminist political scientist Johanna Kantola (2010), degendered public health framing is concerning for DFV gender equality advocates, because it positions DFV as part of a bigger public health problem rather than part of a bigger gender equality problem, with a commensurate focus on eradicating health problems instead of gender inequality or the gendered intersections between problematic substance use and DFV (see also Flood 2015). Public health framing also lends itself to market-based and economic arguments, as a challenge to public health can endanger government priorities such as jobs, economic growth, and reducing the public burden of the health system (Kantola 2010). This is at odds with more traditional feminist arguments about the right of women to safety and personal integrity.

Gender equality advocates such as Cathy Humphreys and Ingrid Miller framed the problem in cultural gender equality terms and were careful to stay on the feminist side of the boundary marker by arguing that AOD does not cause DFV. Humphreys in particular argued for consistent language use in this area; gender inequality and violence supportive attitudes should be described as 'causes', and AOD a 'contributing factor'. However, these policy actors are also serious about addressing AOD, and frustrated that discussion of the intersection between AOD and family violence seems to have stagnated in the Victorian DFV sector. According to P16, feminist actors tend to be so concerned that AOD will be seen as causal, and that this will take attention away from gender inequality and diminish perpetrator accountability, that they are hostile to opening up this discussion. P16 found that their conversations with feminist DFV advocates and workers tended to stop at "alcohol and drugs do not cause family violence", with no apparent appetite for addressing the intersection between the two issues. The gender equality advocates appearing before the Commission's AOD hearing did want to explore the relationship between gender, AOD abuse and DFV – without letting substance abuse serve as a distraction from issues of gender inequality or allowing a shift of responsibility from perpetrators to an external factor. As a result, there was some gender *process* thinking in these feminist actors' framing of the problem. For example, Australia's sporting culture and its association with masculinity and heavy drinking formed part of their analysis, as did norms about drinking allowing men 'time out' from the normal rules of social behaviour.

The Commission concluded that a focus on alcohol consumption did not excuse violent behaviour: rather, it suggested that "more extensive engagement with all of the

risk factors that contribute to family violence is required to appropriately respond to violence, to support victims, and to hold perpetrators to account" (vol III, 300). Its treatment of AOD to a large extent matched gender equality actors' framing. It framed AOD as a contributing factor along with other individual level risk factors such as mental health and prior experience of violence. Contrary to the public health usage of the word 'cause' as described above, when I asked Commissioner Marcia Neave about causal factors, she described an approach to causation that was much less definitive. She argued that "it's not possible with complex social phenomena to give a scientific answer" about which factors cause what percentage of the problem. The report positioned intoxicated perpetrators (particularly men) as responsible for their own actions, and included evidence suggesting that cultural norms rather than any effect of the alcohol itself are to blame for disinhibition and subsequent violence. However, it did not strongly engage with the relationship between AOD-related DFV and gender processes. While substance abuse/addiction does not form part of a classic intersectional analysis, which tends to focus more on the intersection of structural oppressions such as class, gender and race (Weldon 2008; Sokoloff and Dupont 2005), the principle of seeking to understand the uniquely gendered intersection of alcohol abuse and violence is a missing piece that would have been useful for the Commission to consider.

The prescriptions relating to AOD mainly focused on service integration between the AOD and family violence sectors. Several of these (e.g. placing DFV workers in AOD services) appeared geared towards increasing the (gendered) DFV expertise in the AOD sector, aligning with concerns of the gender equality coalition that insufficient expertise in that sector has done a disservice to female victims. Thus, the Commission does appear to have attended to the concerns of those actors who wanted to make sure that increasing attention to drugs and alcohol did not diminish perpetrator accountability or water down the focus on gender as a key driver of DFV.

The Commission's openness to non-standard viewpoints and its determination to take AOD into account as a risk factor led researchers and anti-alcohol advocates to be hopeful that it would make 'courageous recommendations' (P19) such as reducing the density of liquor licenses, reducing trading hours, or regulating alcohol advertising. However, the truncated timeframe of the Commission limited the number of 'non-core'

family violence policy options it could thoroughly consider. According to Deputy Commissioner Faulkner:

> There were a number of what I call 'spokes' – such as child protection, hospitals, alcohol – that come out from the centre of family violence, and we couldn't deal with all of them in one year. …Topics that we went into in more depth were either very much within the centre of family violence, or they had existing evidence that had been drawn in other quarters that was very convincing. Now the debate in relation to alcohol is still very open, so to come to a conclusion was going to be very difficult within the time that we had.

Another consideration may well have been the fact that the Andrews Labor Government committed to implement all of the Commission's recommendations before it had even been established – as some of my interview participants reflected, this would have been an impetus for the Commission to make recommendations that were practically and politically feasible. Faulkner reported being aware of this during the Commission's period of operation: "The government had always said that they were prepared to accept what we came up with. We needed to come up with recommendations that could practically be implemented." Thus the technically and politically controversial aspects of alcohol supply and regulation were left to the Government's forthcoming review of the *Liquor Control Reform Act 1998*.

5.4.1 A 'family violence' approach

Having considered the role of gender in actors' framing of drugs, alcohol and DFV, I now turn briefly to the 'family violence' angle on this issue. When considering the intersection of AOD and DFV, what is the implication of using a family violence approach, as opposed to a more traditional 'domestic violence' approach? A domestic violence focus captures the dynamic of men whose substance use is intertwined with their use of violence against female partners, and women's use of AOD to cope with the violence they experience – and even circumstances where both partners use substances and are violent to varying degrees. However, the experiences and needs of children, and women in their role as mothers, are not served so well with a focus only on the adult participants. The practices of AOD services have typically been indifferent or even hostile towards mothers' parenting responsibilities (Salter and Breckenridge 2014). Commission staff acknowledged this service gap in their questioning of witnesses in the AOD module. A family violence framing of the problem such as that taken by Victoria explicitly prioritises the needs of children exposed to

violence – indeed, the Commission's Terms of Reference instructed it to make recommendations considering "the needs and experiences of people affected by family violence with particular regard to children" and other vulnerable groups. Given that many of the complexities faced by women as they navigate DFV and AOD-related services are a direct result of their parenting responsibilities, a family violence framing may be better suited to addressing the needs of those most affected by DFV. I will consider issues of children and DFV more extensively in Chapter 8. Another angle captured by family violence but not necessarily domestic violence is the abuse perpetrated by substance-using adult children against their parents, who generally seek to stop the violence while retaining a family relationship, and without involving punitive justice system responses (see e.g. the evidence of Jenny Blakey from Seniors' Rights Victoria, public hearings day 17, 81-82).

5.5 Conclusion

In this chapter, I have explored the controversy about whether it is acceptable to say that AOD is a cause of DFV. Because of this sensitivity, discussion of gender tended to focus on whether or not AOD is a cause, neglecting the finer points of how gender and AOD interrelate. In other words, my analysis suggests that a hurdle has to be overcome before any nuanced discussion of gender and AOD can take place. Two feminist witnesses hinted at ways in which Australia's drinking culture (particularly as it applies to men) is related to family violence, but these analyses were not a focus of the public hearings and were not reflected in the Commission's report. There was no discussion of how substance abuse (particularly drinking) and constructions of masculinity might relate to DFV, although such explorations do exist in the literature (e.g. Towns et al. 2011, 2012; Lindsay 2012; Hart 2016; Galvani 2004; Peralta et al. 2010). I will return to the intersection of alcohol, violence and masculinity in Chapter 9. The following chapter considers gender and framing in the Commission's treatment of mental health and DFV.

Chapter 6

Family violence and mental health: Reducing the stigma

Introduction

There is strong agreement that domestic and family violence has significant mental health impacts for many people who experience it (Hegarty 2011; Dillon et al. 2013). In addition, research suggests there may be some links between mental disorders and DFV perpetration; for instance, people diagnosed with certain types of severe mental illness are more likely to perpetrate violence than the general population (Choe et al. 2008; Short et al. 2013). However, as with the AOD theme the relationship between mental health and this form of violence is complex and not well understood. This chapter focuses on how gender and gender equality appear in the framing of the witnesses in the mental health module, and in the Commission's discussion of these issues.

The Royal Commission into Family Violence conducted its public hearing focused on mental health on Wednesday 22 July 2015. As with alcohol and other drugs (AOD), the Commission had not been specifically instructed in its terms of reference to investigate the link between mental illness and the perpetration of family violence. However, taking a broad perspective on the issue, it decided to devote one of its 23 topic 'modules' to the relationship, and specifically sought consultation with researchers and practitioners working in this area. In this chapter, I draw on the witness statements and public testimony of the expert witnesses who gave evidence before the Commission in its mental health module. I also draw on data from three interviews with mental health witnesses to contextualise some of the results.

I begin with a discussion of issues and themes from the literature, and then explore the framing of Commission participants in the mental health module, and the way the Commission framed mental illness and DFV in its report and recommendations. Most of the expert witnesses noted the very small contribution of mental illness to violence perpetration, and focused their attention on the mental health impacts of DFV on female victims without much discussion of male perpetrators. I demonstrate that there was a gendered silence in this module: applying the continuum of DFV frames, none of the witnesses had an overtly gendered (as opposed to women-centred) framing of

the problem. Discussion was largely about male perpetrators and female victims, without discussion of gender inequality or the intersection of gender and mental ill health. In its report and recommendations, the Commission took care to frame mental health as an individual risk factor for the use of violence, in conjunction with gendered drivers of violence at a population level, thus framing the intersection of mental health and DFV in a more gendered way than these witnesses.

6.1 Background issues: Mental health and domestic and family violence

In this section I define mental health and mental disorders. I then draw on research about mental ill health and DFV victimisation and perpetration, as well as the response of the mental health system to DFV, to set up discussion of expert witnesses' framing in section 6.2.

6.1.1 Mental health and mental illness

The World Health Organization (2018) defines mental health as an essential component of health. It suggests sound mental health is a "state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community". It is determined and impacted by multiple social, psychological and biological factors, and is more than simply the absence of mental disorders (WHO 2018). A mental disorder, according to the world's most influential diagnostic manual for mental ill health, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), is:

> a behavioral or psychological syndrome or pattern that reflects an underlying psychobiological dysfunction, the consequences of which are clinically significant distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning), that must not be merely an expectable response to common stressors and losses (e.g., the loss of a loved one), a culturally sanctioned response to a particular event (e.g., trance states in religious rituals), or a result of social deviance or conflicts with society (American Psychiatric Association 2013, summarised in Paris 2013, 44).

The Victorian *Mental Health Act 2014* (s4) uses the term mental illness rather than mental disorder, defining it as "a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory". The DSM-5 recognises many

different types of mental disorders, including schizophrenia and other psychoses, bipolar and related disorders, depressive disorders, anxiety disorders, trauma-related disorders, substance use, eating, and sexual disorders, neurodevelopmental and disruptive behavioural disorders, and personality disorders (American Psychiatric Association 2013). Some of these, including depression, anxiety and post-traumatic stress disorder (PTSD), have been linked to external stressors such as being the victim of DFV (American Psychiatric Association 2013; Herman 1992; Trevillion et al. 2013). Research demonstrates that the stigma associated with mental illness is consistently high and widespread (Schnittker 2013; Jorm and Reavley 2014).

6.1.2 A cause or consequence of violence?

Despite evidence to the contrary, there is a strong public perception that mental illness is associated with the perpetration of violent crime (Office of Police Integrity 2012; Schnittker 2013; Jorm and Reavley 2014), including DFV. Media coverage of DFV-related murder and murder-suicide cases adds to this perception by focusing on individuals' mental ill health as an explanatory factor, reinforcing the stigma of mental illness and neglecting causal factors such as "power relations within patriarchy" that might entail "a societal obligation to act" (Little 2015, 610).

Available data suggest that while mental illness is an important factor to consider in the response to *victims* of domestic and family violence, it is not a major *cause* of violence. Evidence from Victoria indicates that some groups of patients with severe psychotic mental illness (e.g. those with schizophrenia) are more likely than the general population to engage in violence, and that violence is most likely to be directed against family members (Short et al. 2013). However, forensic psychiatrists Elbogen and Johnson (2009, 159) argue that the increased perpetration of violence by those with some types of severe mental illness (compared to the general population) is likely to be the result of a complex web of co-occurring factors, such as substance abuse, environmental stressors and past experience of violence, rather than the mental illness itself. In addition, the violence in this type of discussion is usually physical and is not examined in the context of a structured attempt to exert control over another person – which is commonly considered a core feature of DFV (valentine and Breckenridge 2016; Backhouse and Toivonen 2018). It is important to distinguish the type of coercive control associated with severe DFV from one-off incidents of violence that result from mental health episodes.

Programs for DFV perpetrators in Australia, as discussed in Chapter 5, have not historically provided tailored support for those with individual risk factors such as mental illness or substance abuse issues, focusing instead on the gendered drivers of violence (Brown et al. 2016). They are also provided mainly within criminal justice and child protection contexts, neglecting a large segment of the population. This means that those perpetrators who do have mental health problems have not been well-serviced by these programs (Brown et al. 2016).

In general, those with mental illness – even severe mental illness – are more likely to be the *victims* of violent crime than to perpetrate violence (Buzawa et al. 2015; Choe et al. 2008; Hegarty 2011). Many scholars and clinicians agree that DFV is a causal factor in the development of mental ill health such as depression, anxiety and PTSD (Herman 1992; Humphreys and Thiara 2003; Trevillion et al. 2013; Dillon et al. 2013). Social work scholar Nicole Moulding (2015), in contrast, prefers to eschew discussions of causation, while acknowledging the wealth of research evidence that connects experiences of gendered violence with subsequent poor mental health and wellbeing.

There is also some evidence to suggest that certain types of mental disorders and negative mental health consequences – such as fear, depression, anxiety and PTSD – are more prevalent among female victims of DFV than male victims (Caldwell et al. 2012; Allen 2011; Hamberger 2005; Walby 2004). As discussed in Chapter 1, Caldwell et al. (2012) explain these differences with reference to gendered contextual factors (e.g. economic inequality between the sexes; cultural norms that men are the decision-makers) that disempower women relative to men in intimate relationships. Psychiatrist Judith Herman, in her seminal 1992 book *Trauma and Recovery*, argued that the psychological syndrome observed in survivors of DFV, sexual assault and child abuse was so similar to that observed in survivors of war that it implied that "the subordinate condition of women is maintained and enforced by the hidden violence of men" (Herman 1992, 32).

For Moulding et al. (2015, 66), the mental health consequences of DFV need to be seen in the context of "the gender discourses and unequal power relations that frame domestic violence itself", including recognising coercive control as a gendered attack on women's agency and autonomy, and recognising the relationship between DFV, mental health and gendered structural factors such as women's insecure housing and

employment. This linking of gendered norms and structures with mental health status suggests that intersectionality (as introduced in Chapter 1) is an important conceptual frame when considering the ways that gender and mental illness relate to DFV. The stigma associated with mental ill health also makes mental health status – along with more traditional factors such as race, class, and gender – a candidate for inclusion in an intersectional analysis of DFV (Jackson-Best and Edwards 2018).

6.1.3 The mental health sector's response to domestic and family violence

A number of scholars note that the mental health sector has not historically responded well to mental health patients who have experienced violence in the home (Laing et al. 2010; 2012; Breckenridge et al. 2012; Xiao et al. 2016). Mental health services often do not ask clients about their history of violence, or feel ill-equipped to respond when they do uncover violence (Laing et al. 2012; Breckenridge et al. 2012). These problems are partly tied up, as with AOD, in the siloing of the mental health and family violence sectors (Laing et al. 2010). Many psychiatrists receive very little family violence training – the Royal Australian and New Zealand College of Psychiatrists found that about half of its members have had less than two hours (Fordyce et al. 2018). A recent Victorian study of 100 randomly chosen adult female psychiatric inpatient files showed that in 51% of cases, clinicians did not record any information about previous trauma or abuse. For most of those patients with trauma history recorded, no mention was made of trauma-associated psychiatric symptoms (Xiao et al. 2016, 362). Given the high percentage of mental health patients who have experienced violence and the fact that trauma is a significant risk factor for mental health problems, this is a concern (Xiao et al. 2016).

A move to trauma-informed care – a strengths-based model in which practitioners focus on "what happened to you" rather than "what is wrong with you", is seen by some actors as a way to address this concern (Kezelman 2016; Xiao et al. 2016). It is founded on the core principles of safety, trustworthiness, choice, collaboration, and empowerment (Kezelman 2016; Fallot and Harris 2009). Trauma-informed care also involves recognising and addressing the re-traumatising nature of many mental health treatment environments (Xiao et al. 2016). Other scholars (e.g. Tseris 2013; Moulding 2015; Becker-Blease 2017) sound a note of caution on trauma-informed care. They argue that not all victim/survivors experience trauma as an effect of DFV, and a move to pathologise all those who have experienced violence as mentally unwell may be

equally unhelpful (Tseris 2013). For Moulding (2015, 20), work informed by trauma theory can be deterministic about the effects of violence and abuse, and devalue women's own narratives and agency (see also Tseris 2013).

Having covered some issues in relation to mental health and DFV perpetration and victimisation, I turn to how mental health expert witnesses called to appear at the Commission's 'mental health' module framed the problem.

6.2 Framing by Royal Commission participants in the mental health module

The Royal Commission into Family Violence conducted its mental health public hearing on Wednesday 22 July 2015. The mental hearing began with Professor Patrick McGorry AO as a sole witness. McGorry is an influential expert and advocate in the area of youth mental health and a former Australian of the Year for his contribution to this field. This made him an obvious choice for the Commission to consult on matters of mental health. However, he is not well-known as an expert on family violence. He was followed by a 'lay witness' giving evidence about her experiences of mental health and DFV (her testimony was embargoed and so does not form part of this analysis), and a panel of four concurrent witnesses taking up the remainder of the day. An overview of witnesses' framing can be found in Table 6.1, with more detailed descriptions at Appendix 4.2.

Table 6.1: Mental health texts analysed

Voice		Why chosen/area of expertise	Framing
Witness statements			
Prof Patrick McGorry AO Founding Director, National Youth Mental Health Foundation		Prominent expert and public commentator on youth mental health	Individualised
Dr Angelina Sabin Fernbacher Women's mental health consultant & Families where a Parent has a Mental Illness co-ordinator, Northern Area Mental Health		Women's mental health expert; has led DFV/mental health/sexual assault sector collaboration	Women-centred
Prof Jayashri Kulkarni Professor of Psychiatry, Monash Alfred Psychiatry Research Centre		Women's mental health expert; has educated other sectors in detecting/responding to DFV	Women-centred
Drew Bishop Senior social worker, North West Area Mental Health		Cross-sector collaboration between mental health and DFV	Women-centred
Dr Mark Oakley Browne Chief Psychiatrist, Department of Health and Human Services		Clinical leadership re quality and safety of Victorian mental health services	Women-centred
Transcripts from mental health public hearing			
Prof Patrick McGorry		As above	Degendered
Expert panel	Dr Sabin Fernbacher	"	Women-centred
	Prof Jayashri Kulkarni	"	Women-centred
	Drew Bishop	"	Degendered
	Dr Mark Oakley Browne	"	Individualised

Of the four witnesses who gave evidence concurrently, two work mainly with women (including victims of DFV), or on women's issues: Professor Jayashri Kulkarni, CEO of the Monash Alfred Psychiatry Research Centre, and women's mental health consultant Dr Sabin Fernbacher of Northern Area Mental Health. A third witness, Dr Mark Oakley Browne, was then Chief Psychiatrist of the Department of Health and Human Services – a clinical leadership role responsible for promoting continuous improvement in the quality and safety of mental health services. Finally, Drew Bishop is a senior social worker with North West Area Mental Health, which provides mental health services to people of all ages. He works to address identified service gaps relevant to the

intersection between family violence and mental health, and has worked in partnership with organisations that provide services to DFV victim/survivors.

There was general agreement between the four panellists on many issues. On the diagnosis side there was agreement on a least four key points: 1) the small contribution of mental ill health to violence perpetration; 2) the failure of mental health services to take trauma into account when dealing with mental health patients; 3) mental health practitioners' lack of training and understanding about how to uncover and respond to family violence; and 4) the 'different languages' used by DFV and mental health services. The panellists also agreed on key prescriptions, including: 1) the need for a shift to trauma-informed care in mental health services; 2) collaboration between mental health and DFV services; 3) the need for whole-of-profession culture change on understanding and responding to DFV; 4) the desirability of multi-disciplinary DFV response centres; and 5) the pitfalls of mandating mental health practitioner reporting of DFV due to its potential to reduce victim/survivor autonomy. However, one of the important ways the framing of the four experts differed was in the extent to which they positioned women as the primary victims of family violence, and men as the primary perpetrators.

6.2.1 Gender equality framing

Despite considerable discussions of women's mental health and women as victims of DFV, gender equality was not a feature of the diagnosis or prescription of any witnesses in the mental health module. There was no discussion of gendered societal factors anywhere in the panel, in either diagnosis or prescription. The only reference to anything resembling gender processes was testimony from Sabin Fernbacher about the way perpetrators use the children of mentally ill mothers against them. She noted that perpetrators threaten to have the children removed, or "undermin[e] her mothering role whilst appearing to be helpful to professionals", who can miss the violence unless they have a chance to speak to the woman on her own (day 8, p. 65).

6.2.3 Women-centred framing

Six texts associated with the mental health module employed women-centred framing. Women's mental health experts Jayashri Kulkarni and Sabin Fernbacher had the strongest women-centred framing; they talked mainly about women and used female nouns and pronouns for victims. Both were also women-centred in their written witness

statements (see Appendix 4.2). Kulkarni expressed concern that women who have experienced violence (as children and in adult relationships) can be diagnosed as having a mental disorder rather than having their trauma response recognised. She advocated for borderline personality disorder to be reframed as complex trauma disorder, with a commensurate focus on uncovering and addressing past trauma (day 8, p. 51). Fernbacher was the only witness to describe victims as 'survivors' who have agency and have often spent decades coping with their traumatic histories. Survivors may need simply to be heard and believed by mental health professionals, rather than have practitioners leap into action on their behalf (day 8, p. 61). Fernbacher's framing was thus the closest to traditional feminist approaches to DFV, which privilege listening to women's voices, using approaches that empower them, and granting them agency in what services and support they require (Abrar et al. 2000). In her witness statement, Fernbacher noted that she had been involved in the development of a "Service Guideline on gender sensitivity and safety" for mental health and AOD services, and argued:

> While the guideline on gender sensitivity and safety…goes some way towards directing mental health clinicians in responding to family violence and sexual assault, it does not go into enough detail (Fernbacher WS, 7).

Drew Bishop's witness statement, with its constant references to women as victims and an implication that men are perpetrators, was also women-centred. For example, he argued that "women and children [who have been traumatised] need to have positive experiences with men so they can learn that not all men are violent and abusive" (Bishop WS, 7). Chief Psychiatrist Mark Oakley Browne's witness statement also employed women-centred framing that was in parts implicitly gender equality-friendly (e.g. references to single parenting, women's dependence on their partners, and the particular vulnerability of Aboriginal women). However, as I will explore below, this women-centred framing did not extend to Bishop or Oakley Browne's oral testimony.

6.3.3 Individualised and degendered framing

In this mental health module there were two individualised and two degendered texts. Patrick McGorry framed the problem of family violence and mental health in an individualised way in his witness statement, while his oral evidence was degendered. His oral evidence at the Commission covered youth mental health; the crisis response

for young people experiencing acute mental health episodes; working with young people's families rather than just the young person in isolation; and the funding and structure of Victoria's mental health system. In both witness statement and oral testimony, McGorry was highly critical of what he saw as the underfunding of mental health in Victoria and a lack of focus on youth mental health. This formed the major part of his problem diagnosis. There was very little discussion relating directly to *family violence* in McGorry's testimony. Out of 14 substantive questions from counsel assisting (excluding clarifications and questions designed to elicit further information on the same topic), only three were specifically about family violence, and McGorry used the term 'family violence' only once in his testimony. There was no mention of gender inequality or the gendered drivers of violence in his testimony or witness statement. The word 'gender' did not appear, and males and females (or young men and women) were only mentioned briefly in the 29 pages of transcript. The framing was also not individualised, as causes (individual or otherwise) were not explicitly mentioned at all – instead, it can be defined as 'degendered'.

The framing in his accompanying witness statement was slightly different, as it did discuss causation. Family violence was in his view caused by "multiple factors", not specifically listed, but "potent causal factors" included untreated/poorly treated mental illness and substance abuse (McGorry WS, 5). He also mentioned trauma during childhood (i.e. intergenerational violence) as a factor damaging to mental health and thus a risk factor for violence perpetration. McGorry alluded to unspecified "recent high-profile cases" that had preventable underlying causes such as mental ill health and substance misuse which may have been "covered up or downplayed" (McGorry WS, 5-6). McGorry's prescription in this witness statement focused exclusively on government and service providers, with the most important action being an increase in mental health funding by government. He concluded: "Tackling this unmet need for mental health and substance use care would contribute greatly to reducing the risks of family violence" (McGorry WS, 12), which resonates with some of the literature that calls for more attention to individual circumstances such as mental health and substance abuse in perpetrator programs (e.g. Day et al. 2009a; 2009b). This framing can be termed 'individualised'.

Chief Psychiatrist Mark Oakley Browne's framing was also individualised. He described mental health problems as being a small contributor to violence, with

"gender, age, use of substances, having had a prior history of violence, having been exposed to violence yourself as a child or a teenager" being more powerful in predicting the likelihood of violence perpetration than the presence of a mental health disorder (day 8, p. 49). Oakley Browne used non-gendered language through most of his evidence. The exception was during a discussion of mandatory reporting, where he described the difficulty posed by people who refuse to report violence and the need to "balance her autonomy versus the risk [that] exercising her autonomy poses to herself" (day 8, p. 116). While both he and McGorry employed individualised framing, he differed from McGorry in that he emphasised dealing with victims as the 'principal consequence' of violence for mental health services, where violence has contributed to the onset of their mental health problems. He was not as concerned with the role of mental health in dealing with perpetrators.

Drew Bishop also used largely non-gendered language. He generally referred to 'clients' or 'people', and used singular they rather than gendered pronouns. He used gendered language only when talking about a specific woman, or when talking about refuge services, which are only available for women. His only allusion to male violence was when commenting that male workers should be allowed inside refuges because it afforded women and children exposure to positive relationships with men. While this one instance indicated an awareness of the gendered nature of DFV, Bishop's framing was otherwise degendered.

6.4.4 Framing that contested gender equality diagnoses and prescriptions

Unlike the AOD module, no witnesses in the mental health module explicitly contested gender equality framing.

Figure 6.1 summarises the framing across witness statements and oral testimony in the mental health module. In the following section, I discuss the way mental health and DFV were framed in the Commission's report and recommendations.

Figure 6.1: Number of texts in each framing category
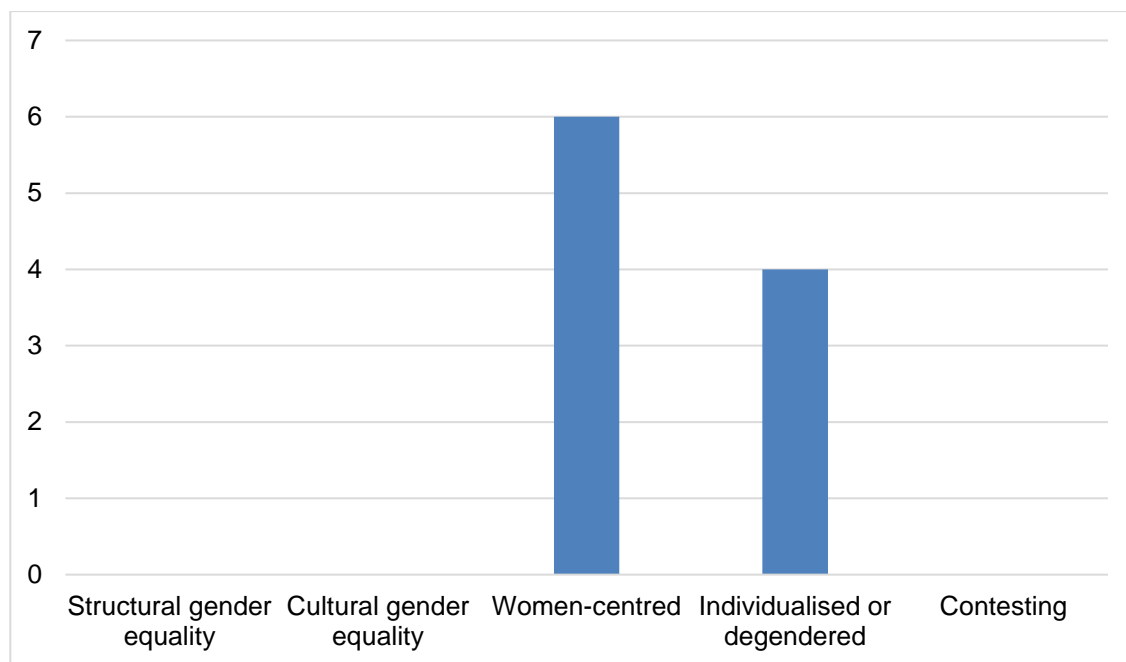
6.3 Mental health in the Commission's report and recommendations

As noted earlier, the Commission's terms of reference did not require it to investigate or make recommendations about the role of mental health in family violence. However, the subject was mentioned in the terms of reference under the heading 'background' as a 'contributing factor' to the problem:

> The causes of family violence are complex and include gender inequality and community attitudes towards women. Contributing factors may include financial pressures, alcohol and drug abuse, mental illness and social and economic exclusion (State of Victoria 2015).

As discussed in Chapter 5 on alcohol and other drugs, this choice of wording frames gender inequality and community attitudes towards women as 'causes', while AOD, mental illness and socioeconomic factors are 'contributing factors'. This is similar to the framing of the influential national research and advocacy organisation Our Watch, which lists gendered factors as causal and very briefly refers to mental ill health as a 'correlate' (Our Watch et al. 2015a, 39) or 'reinforcing factor' of violence against women (Our Watch et al. 2015b, 56). Thus, the Commission's terms of reference – its 'ground rules', according to Commissioner Neave in interview – reflected quite a gendered framing.

Despite hearing a day of testimony on the issue of mental health, the Commission's final report did not feature a chapter on the issue. Instead, sections on mental health were included in various relevant chapters, most comprehensively in the chapters entitled 'Perpetrators' (Chapter 18), 'The role of the health system' (Chapter 19), and 'Recovery: health and wellbeing' (Chapter 20), which deals with the effects of violence on victims.

6.3.1 The treatment of mental health in the report ('diagnosis')

As discussed in Chapter 5 on AOD, the Commission's report consistently cited research from Our Watch[32] and others arguing that violence-tolerant attitudes and gender inequality are the 'root' causes of intimate partner violence ("the most common form of family violence and the one we know most about") (RCFV Report, vol I, 17). These were also referred to as "population-level risk factors", and were given primacy in discussion of prevention efforts. Mental health, while frequently mentioned throughout the report, was described as an "individual level risk factor", along with AOD and exposure to violence as a child. The Commission echoed the voices of many of its participants by emphasising that "not all people who have had these experiences perpetrate violence, and men who have not had these experiences can still be violent towards women" (vol I, 17). This framing, like the terms of reference, mirrors that of gender equality advocates who contrast individual risk factors that may or may not be present with factors such as gender inequality and violence supportive attitudes, which are seen as more ubiquitous.

Perpetrators

Mental health services were mentioned many times throughout the report in an incidental manner. The first lengthy section on mental health occurred in the chapter dealing with perpetrators and perpetrator interventions, which began: "It is important to emphasise that the vast majority of people who have a mental illness are not violent" (vol III, chapter 18, 250-251). This reflected the evidence presented by the four expert panellists discussed above. Mental health charity SANE Australia was quoted arguing that people with mental illness are more likely to be the victims of violence than perpetrators, as was Chief Psychiatrist Oakley Browne's testimony that mental ill

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[32] Our Watch was established in 2013 in response to the *National Plan to Reduce Violence against Women and their Children 2010–2022*. Its mandate is to drive change in the culture, behaviours and power imbalances that underpin violence against women and their children (see https://www.ourwatch.org.au/Who-We-Are/Our-Purpose).

health is a "small contributor" to violence, while other factors such as gender (meaning sex) and a prior history of violence are more powerful predictors of violence (vol III, 251).

However, the Commission noted that a number of victims and service providers raised the mental health of perpetrators as a concern. Family violence service provider Safe Steps had reported that 31% of their clients identified depression or other mental health issues in the perpetrator (vol III, 250). Further, Victoria Police data indicated that mental health was a factor in one in five incidents attended by police in 2013-14, although the report notes these data may not be accurate due to limited police capacity to identify mental health issues, and perpetrators' varying awareness of their own mental health issues (vol III, 251). Centre for Forensic Behavioural Science data also indicate that many Victorian forensic mental health patients (people with serious mental illness who have offended or are at a high risk of offending) perpetrate family violence (vol III, 251).

Thus, in its diagnosis of mental health's role in DFV perpetration the Commission appeared to be balancing the evidence of its mental health expert witnesses – who hoped to reduce stigmatising views of people with mental illness as violent – against the concerns of victims and service providers who see the mental health of perpetrators as a significant issue to address. McGorry's framing of untreated mental illness as a "potent causal factor" of DFV was not included in the Commission's diagnosis.

The mental health system's response to victims

Chapter 19 (vol IV) of the Commission's report covered the role of the health system in addressing family violence. It included nearly 4,000 words of discussion on the mental health system's response to family violence, including a description of mental health services in Victoria and their funding, as well as their role in identifying and responding to DFV (vol IV, 18-19). The Commission quoted Sabin Fernbacher's evidence that of people accessing mental health services, approximately 40% of men have experienced childhood sexual abuse, and 50-90% of women have experienced some form of family violence (vol IV, 18). It also quoted her evidence on service demand: "services in Victoria are under resourced and over stretched" (vol IV, 19).

A subsequent section referencing mental health issues described the barriers that prevent mental health services from addressing DFV, which leads to important opportunities for intervention being lost (vol IV, 29-30). Relying on the testimony of clinical psychologist Dr John Read, the Commission reports that people with mental illness are "often particularly marginalised and vulnerable" (vol IV, 29). The family violence they experience may not be heard through the criminal justice system but should be identified and addressed by mental health services. Here the Commission drew, for the only time in its discussion of adults and mental health, on the evidence of Patrick McGorry. It cited his testimony that mental health workers tend to focus on the presenting symptoms, applying a diagnostic label rather than viewing patients through a systematic family-level or DFV lens (vol IV, 30).

Subsequently, a section headed "Safety issues for vulnerable women and children" (vol IV, 32-33), began with: "A common concern raised with the Commission was the failure of the mental health system to deal adequately with the trauma experienced by victims of family violence". This is interesting from a framing perspective, because 'women and children' in the heading was translated as 'victims' in the first sentence, implying that all victims are women and children. This practice of using gendered terms interchangeably with generic non-gender-specific terms occurred in all four of the key themes. It invites the reader to view women and their children as the primary victims of DFV, despite the many forms of violence explored by the Commission.

Barriers to collaboration between mental health and DFV services (vol IV, 35-36) were described as a lack of communication that leaves each unsure about the capacities of the other, their tendency to work to different timeframes, and different requirements for service access (e.g. the requirement for DFV clients to acquire a potentially stigmatising diagnosis of a mental health disorder before they can access mental health support). Chapter 19 also covered the lack of family violence training at all levels of medical and psychiatry education, citing the Royal Australian and New Zealand College of Psychiatrists' argument that this hinders engagement with the complex issue of family violence (vol IV, 39).

Recovery of victims

The effects of DFV on the health and wellbeing of victims, along with strategies for assisting their recovery, were discussed in Chapter 20 (vol IV). The mental health

consequences of violence were introduced with the heading "Women's experience of family violence and mental health" (vol IV, 67-69). This is another example of the Commission's tendency to use generic non-gender-specific terms interchangeably with the gendering of victims and perpetrators, as 'women' became 'victims' in the following sentence, followed by "a woman's mental health" in the third sentence (emphasis added):

> Many **victims** described to the Commission the experience of psychological harm during and following family violence. These included emotional and psychological breakdowns, post-traumatic stress symptoms, self-harming behaviours, changes in eating and sleeping patterns, anxiety and depression.

> Research shows that exposure to family violence contributes to the development of mental health problems, and that the more severe the abuse, the greater the impact on a **woman's** mental health.

In another example of the conflation of women with victims, Victoria Police data about the number of Affected Family Members (i.e. victims) who were recorded as having mental health issues was not disaggregated by sex, but still came under the heading of 'Women's experience of family violence and mental health' (vol IV, 67).

The Commission cited extensive evidence from both Australian (e.g. ANROWS and VicHealth) and international sources about the effects of violence and associated stress on women's mental health, and the risk of further violence that mental ill health poses for these women. This included expert witness Kulkarni's discussion of complex trauma disorder (commonly known as borderline personality disorder) and its strong links to earlier violence. For women with this condition:

> …the relationships they form later in life are often very poor. Along with the experience of violence is the fear of abandonment, which means that even if a relationship is violent, the woman will not want to leave…because there is this major fear that she will be left to fend for herself and she feels as if she cannot (vol IV, 68).

Throughout most of this chapter of the report, women were positioned as victims, while men – including in their implied role of perpetrators – were mostly invisible. The exception was in the section headed "Tactics of abuse used against women with mental illness" (vol IV, 70) – which did bring perpetrators (framed as male) back into the picture. The Commission again quoted Fernbacher, who as discussed earlier had the most feminist framing of the module's expert witnesses. Fernbacher listed the

'myriad' techniques perpetrators can use against women with mental illness, including telling her that nobody will believe her due to her condition; telling other people that she makes things up; threatening to tell others of her behaviour when she is unwell; colluding with delusions that she may have to increase the severity of the delusions; and threatening to have her children removed because she is 'unfit' (vol IV, 70). The Commission further detailed perpetrators' 'gaslighting' behaviours as described in its consultations, and perpetrators' ability to use mental ill health to:

> …trivialise the violence, use it as an excuse for violence or claim the victim is hysterical – to avoid detection or deflect the focus away from their violence and onto the women's mental health (vol IV, 70).

A lay witness (i.e. former victim of violence) who was medicated for depression was quoted recalling an incident where she had called the police. Her husband had laughed, saying he could tell them she was off her medication: "All I have to do is tell them 'You understand women, they're irrational, they over-exaggerate, they overreact sometimes'" (vol IV, 70). While this discussion was of course women-centred, it missed the opportunity to discuss the ways in which gender processes (e.g. expectations that women will be irrational compared to men) allow perpetrators of violence to so effectively use women's mental health against them.

Overall, the Commission's diagnosis in relation to DFV and mental health was one of insufficient training and awareness of DFV, and service gaps for victims and (to a lesser extent) perpetrators. The Commission clearly did not see mental ill health as a major cause of DFV but wanted to assure worried victims and service providers that their concerns about perpetrator mental health had been heard (Chapter 18). On the other hand, it presented much evidence in Chapters 19 and 20 that violence is a major cause of mental ill health in victims. The diagnosis focused much more heavily on the mental health effects of violence on DFV victims, particularly women. In fact, the framing was such that all the discussion about the mental health of victims in Chapters 19 and 20 appeared to be about women. However, there was no discussion of the intersection between gender and mental health beyond a focus on women as a gender category.

6.3.2 The treatment of mental health in the recommendations and related commentary ('prescription')

The Commission made 11 recommendations relating to mental health, mainly covering training for the sector, intersectoral coordination, and the increased provision of counselling and other therapeutic services for victims.

Integration and coordination

In response to consistent calls from Commission participants from all sectors, four recommendations were about integration and coordination of mental health services with the family violence sector and with other DFV allied services. The Commission found that "there was a level of consensus across the evidence" on how services could be better delivered for people presenting with family violence and mental health issues (vol IV, 36). Family violence needs to be recognised as important in mental health service delivery and therefore better resourced. Mental health workers need sufficient time to build and maintain relationships with their clients and with other family violence support services. Both sectors need to have a shared goal and a reciprocal relationship. This includes family violence services having the benefit of education and support from mental health services in responding to people with mental health issues. The relevant recommendations were:

- Recommendation 87: Perpetrator interventions that coordinate the men's behaviour change, mental health, drug and alcohol, and forensic sectors are to be trialled – subject to input from an expert advisory committee and relevant ANROWS (Australia's National Research Organisation for Women's Safety) research.
- Recommendation 98: Specialist family violence advisors are to be located in key mental health and AOD services across Victoria.
- Recommendation 99: AOD, mental health and family violence services are to be resourced to adopt shared casework models, and are to be represented on multi-agency risk management (RAMP) panels.
- Recommendation 100: GP, psychiatry, psychology, and AOD peak bodies are to collaborate to create a database of family violence-trained professionals to help GPs when referring family violence-affected patients.

The report noted a general acknowledgement even among those that advocate for different paradigms of perpetrator response that these responses need to include interventions addressing individual risk factors such as AOD misuse and mental illness. While the Commission emphasised that addressing 'gender attitudes' should be 'core' to most perpetrator interventions, the current "one-size-fits-all approach is failing victims by not recognising the unique and personal dynamics of their families" (vol III, 293). Victims of family violence had suggested that these types of interventions were "sorely needed" (vol III, 296). "At a very basic level", the report continued, "[men's behaviour change program] providers need to better understand substance misuse and mental illness, and drug and alcohol and mental health practitioners need to better understand family violence" (vol III, 296). However, Recommendation 87 about including AOD, forensic, and mental health content in perpetrator interventions kept the focus on gender by recommending input from ANROWS, an organisation that takes a strongly gendered approach. In its other efforts to encourage service integration (Recommendation 98), the Commission recommended that family violence advisors be located in mental health services – thus bringing family violence expertise into the mental health sector – but not the reverse.

Training and increased family violence knowledge for the mental health sector

Two further recommendations related to training for health and mental health workers:

- Recommendation 3: Whole-of-workforce training for priority sectors (including mental health) in the Common Risk Assessment Framework (CRAF)
- Recommendation 102: The Chief Psychiatrist, in consultation with peak GP and mental health bodies, coordinate the development of a family violence learning agenda that includes undergraduate and graduate training in family violence, continuing professional development in family violence, and guidance on responding to people with a mental illness who have suffered family violence.

These recommendations complemented each other: the Commission acknowledged that pre- and in-service family violence training (as in Recommendation 102) is a long-term goal (vol I, 141), but that DFV "should form part of the critical working knowledge of health professionals, rather than being an optional add on to their studies and ongoing professional development" (vol IV, 54). This again addressed the concerns of the expert witnesses, many of whom noted the lack of family violence knowledge in

the mental health sector. Thus, CRAF training will help to fill the knowledge gap in the short term, and will need to include information about the nature and dynamics of family violence (vol I, 141). As the CRAF is informed by a gendered approach to DFV (McCulloch et al. 2016), this will ensure that initial DFV training provided to the mental health sector is gender-sensitive.

Another recommendation related to mental health sector practice and risk management:

- Recommendation 97: The Chief Psychiatrist issue a guideline relating to family violence, including that family violence risk should be assessed when considering discharging/transferring the case of a person receiving mental health services, and when consulting with families or carers in relation to treatment planning.

The Commission noted the current absence of such a guideline, and the need for:

> …additional consolidated guidance from the Chief Psychiatrist on the dynamics of family violence, the gendered impacts of violence and how to best deliver services to victims of family violence in mental health settings (vol IV, 51).

This recommendation thus addressed the concerns of those who feel that mental health services do not have sufficient understanding of the gendered nature of DFV. The accompanying commentary established that in making this recommendation the Commission was considering the needs of DFV victims rather than mental health risks related to perpetrators (vol IV, 51).

More mental health treatment options for perpetrators

Recommendation 89, as discussed in Chapter 5, dealt with broadening the range of services that magistrates can require perpetrators to attend as part of a counselling order, which will allow magistrates to mandate attendance at mental illness treatment programs. It requires service providers to have family violence training, and, as per Part 5 of the Act (section 127(b)(i)), the service must have the purpose of "increasing the respondent's accountability for the violence the respondent has used against a family member". Thus the recommendation was worded in a way designed to allay concerns about an increasing focus on mental illness eroding perpetrators' responsibility for their actions. Recommendation 87 (discussed earlier) also fits with

this theme of extending the range of service options available to perpetrators so that they can cover individual as well as society-level (i.e. gendered) risk factors.

Counselling services for victims

Three further recommendation related to recovery and wellbeing:

- Recommendation 17: The Victorian Government expand the provision of Family Violence Flexible Support Packages, which include costs for securing and maintaining counselling (along with housing, employment, education and financial supports).
- Recommendation 104: The Victorian Government increase investment in counselling programs to ensure that people affected by family violence have group-based or individual counselling for as long as they need.
- Recommendation 105: The Victorian Government, through the Council of Australian Governments, encourage the Commonwealth Government to consider a Medicare item number for family violence counselling and therapeutic services.

Recommendations 17 and 104 were underscored by the Commission's commentary that a broad range of therapeutic interventions should be available for victims and their children, and should be flexible and delivered according to their needs (vol IV, 83). Trauma-informed support was considered "essential to responding effectively to family violence" (vol IV, 83).

A special item number for family violence under Medicare, Australia's nationally-administered publicly funded universal health care system, would allow victims and their children access to counselling and therapeutic services without requiring a mental health diagnosis (which is important in the context of mental health stigma). It would allow tracking of expenditure so that "the disease burden of family violence can be captured more accurately" (vol IV, 85). Such a measure would also provide data for better tracking of the prevalence of DFV. It could not be implemented by the Victorian Government, being a federal matter, but the Victorian Government could exert pressure on the Federal Government through the Council of Australian Governments.

Of these 11 recommendations, few directly related to the role of mental ill health in the perpetration of DFV, although it is clear that mental illness was intended as one of a

range of factors to receive more focus in updated perpetrator programs and risk management models. In the Commission's mental health prescriptions, service coordination and efforts to increase the family violence knowledge of the mental health sector appeared paramount. In addition, the Commission heeded the evidence of a number of its witnesses in recommending increased mental health care for victims, in an effort to manage and prevent the development of mental illness and disorders in the victims of DFV.

6.4 Discussion

The literature indicates that public perception of mentally ill people as violent, fuelled by media reporting linking violent incidents with mental illness, feeds into the stigma surrounding mental ill health in Australia (Little 2015). This concern was also raised in interview by mental health professional P02, who noted that one of the primary aims of the mental health sector is to reduce the stigma of mental illness. Thus, most witnesses in the mental health module appeared keen to downplay rather than emphasise the role of mental health in causing DFV. With the exception of Patrick McGorry, no expert witnesses in the Commission's mental health module framed mental illness as a significant casual factor in DFV. This is consistent with the literature on mental illness and DFV perpetration.

As mentioned above, McGorry's position and influence as a mental health advocate and commentator likely made him an obvious choice for the Commission to consult in their mental health module. He has spent much of his career calling for reform and increased funding in the area of youth mental health, and appears to have used his testimony at the Commission to further advance this cause. My interviews with P02 and P03 suggest that he had limited expertise in family violence, observations supported by the fact that his witness statement and oral testimony focused very little on family violence and spent much more time on youth mental health more generally. However, his public profile as former Australian of the Year means that "people tend to go to him for all things mental health" (P03), which arguably lends extra weight to his framing. For example, his remarks were picked up by *Guardian* columnist Gay Alcorn in an article about whether gender inequality is really the root cause of DFV:

> In a statement to the Victorian royal commission, the mental health expert Prof Patrick McGorry stated unequivocally that family violence was the "result of multiple factors including untreated or poorly treated mental illness and/or substance misuse. These

are potent causal factors which have been very poorly responded to in terms of
preventive care" (Alcorn 2016).

This kind of commentary arguably feeds the public perceptions of mental health's role
in DFV perpetration that the other mental health witnesses were concerned to allay.
Alcorn did not include the evidence of Chief Psychiatrist Oakley Browne, who
submitted that mental illness is a small contributor to violence at a population level
except with regard to some types of severe mental illness. He and the other three
panellists seemed more interested in mental illness as a *consequence* of DFV, or a
factor making women more vulnerable to DFV victimisation. Despite the public
attention paid to McGorry's remarks at the Commission, and the fact that he appeared
before the Commission singly rather than as part of a concurrent panel, his evidence
and framing do not look to have had much influence on the Commission's report.
McGorry was cited only three times, mainly in the chapter on adolescent violence – as
befits his expertise in youth mental health.

In contrast, the four other expert witnesses (Kulkarni, Fernbacher, Bishop and Oakley
Browne) were cited much more consistently in the Commission's report. While as
discussed they differed from each other in their framing – particularly in the extent to
which they positioned women and children as the primary victims – they presented as
more knowledgeable about family violence than McGorry. This expertise was
recognised by the Commission in the extent to which it drew on their input. The report
cited Kulkarni five times, Bishop six times, with the most heavily cited being
Fernbacher 17 times, and Oakley Browne 16 times. The latter two were cited several
times in the Commission's explanation of how the mental health system in Victoria
operates, as they had both provided input on this topic, but they were also extensively
cited on matters directly related to family violence.

None of the witnesses in this module explicitly challenged the predominantly gendered
focus and framing of Victoria's DFV response system. In fact, there was little
discussion of causal factors in the entire module, and none at all of gender inequality
or gender processes. Two of the panellists (Kulkarni and Fernbacher) used mainly
women-centred framing, while Oakley Browne and Bishop used mainly degendered or
individualised framing, with some hints of a women-centred understanding. There was
very little direct mention of men in the role of perpetrators, although the implied
problem under discussion was almost exclusively male-perpetrated intimate partner

violence. Framing from witnesses and counsel assisting tended to be about women as 'problem holders', with discussion of barriers to mentally ill women receiving treatment, tactics used by male abusers against mentally ill women, mental health consequences of abuse for women, but no examination of the gendered processes and structural problems behind these issues. Framing scholars Carol Bacchi (2012) and Erikson (2017) urge attention to the silences in problem representation; here there was a palpable silence on the issue of gender, in its sense beyond the categories of male and female.

While this women-centred and degendered framing occurred in the evidence presented before the Commission, two of the three witnesses I interviewed did use 'cultural gender equality' framing in response to my questions about the diagnosis and prescription of DFV. This shows that, as I raised in Chapters 2 and 4, problem framing is not static: actors may at different times frame problems in different ways, in response to the situation and the questions asked of them. During the mental health module, counsel assisting did not specifically ask the witnesses about the causes of family violence. By contrast, in the AOD-related expert witness panel discussed in Chapter 5, counsel assisting *did* specifically ask about the fact that AOD is not involved in all cases of DFV, and the need to consider multiple risk factors. This prompted a range of responses from panellists about the causes of DFV and the role of gender versus other factors in the diagnosis. Thus, the lack of gendered content in the mental health module may partly be due to the fact that there were no questions about gender, risk factors or causation. However, it is worth noting that gender issues in either diagnosis or prescription were not raised independently by any of the witnesses. It led to a combination of women-centred, degendered and individualised – but not gender equality – framing of DFV as it relates to mental health.

In its report, the Commission accepted the evidence of Chief Psychiatrist Oakley Browne and others that mental illness is a small contributor to DFV, but strove to consider the concerns of service providers and community members who argued for more services for mentally ill perpetrators. While taking on board suggested prescriptions about increasing the capacity of the mental health sector to respond to violence; more collaboration between the mental health and DFV sectors in services responding to victims and perpetrators; and the adoption of a more trauma-informed approach for the sector, the Commission emphasised in its diagnosis that mental

health (often mentioned together with AOD abuse, perhaps because they overlap substantially) is an individual risk factor that reinforces the gendered drivers of DFV. This makes its diagnosis a little more gendered than its mental health module witnesses, who across witness statements and oral testimony were at most women-centred.

The Commission's prescriptions were also careful to ensure that training and development of the mental health sector (and other allied sectors) takes into account gendered explanations – for example, its commentary on Recommendation 97 that the Chief Psychiatrist's family violence guidelines cover the gendered impacts of violence. The report also spent much more time discussing the impact of DFV victimisation on the mental health of women than the relationship of mental ill health to the perpetration of DFV, making its framing of the issue mainly women-centred. However, it did not present an analysis of gender and mental health, such as exploring the ways that gender processes might intersect with mental health to influence the experience and perpetration of DFV. Thus, while both the expert witnesses and the Commission did explore some of the barriers and problems experienced by female victims, the analysis did not extend to why this was so for women rather than for men.

6.4.1 A 'family violence' approach

I will now consider the use of an overall family violence approach in the context of mental health. This was seen by mental health practitioner P02 (who used feminist framing) as useful:

> …in the context that I work in, [family violence] is actually a very helpful term. …we work with people with a mental illness who experience violence, maybe physical, sexual, emotional, psychological, or financial, from a family member, that may or may not be their partner. …And then we also work with people who perpetrate violence, sometimes only ever when they're really really unwell, and during a psychotic episode. They might be violent towards any of their family members, but often their partner, often parents, and within parents often their mother.

P02, like AOD interviewees P06 and P07, noted that in the DFV sector – which has its roots in refuge services for women and children escaping male violence – the lines of perpetration and victimisation are often more clearly drawn than in the mental health sector:

Within this sector, it's not [clear-cut]. There are so many different variables, and when we talk about young people …who have experienced childhood abuse themselves, most often in families, and then now are young people who also perpetrate violence. And that person has also got an emerging mental illness. So it is so complex, and so in that way I've embraced family violence, because it is actually helpful thinking through that.

Similar to the AOD sector, there are complications involving children – and mothers' parenting responsibilities – that are also not as well captured by a domestic violence framing. As discussed above, and represented in the Commission's report, mothers with mental illness are particularly vulnerable to abuse relating to their children, and face skepticism about their parenting capacity from the community and from service providers (Humphreys and Thiara 2003). A child-inclusive family violence response can help to recognise and respond to these complexities.

6.5 Conclusion

My findings show that in the mental health module, most witnesses did not frame the problem of DFV in a particularly gendered way, although they demonstrated awareness of women and children as the primary victims of DFV. However, they did not frame mental illness as a cause of DFV either. Quite the reverse – the experts tended to be more focused on DFV as a cause of mental illness, with commensurate attention to trauma informed care. A focus on the consequences rather than the causes of DFV, combined with the sector's minimal engagement with both DFV and gender, meant the Commission's discussion of family violence and mental health missed the opportunity to explore some of the complexities of gender processes and mental health, and the underlying gendered inequalities that contribute to the dynamics of mental illness and DFV.

The following chapter considers Aboriginal and Torres Strait Islander experiences of DFV, and the sensitivities of applying a gendered analysis to violence in those communities.

Chapter 7

"We're not unified in any way, shape or form": Family violence in Aboriginal and Torres Strait Islander communities

Introduction

Research has shown that Aboriginal and Torres Strait Islander peoples are disproportionately affected by DFV compared to those in non-Aboriginal communities. They are also among the most disadvantaged population groups in Australia, and face particular barriers to accessing services. These factors are widely recognised to be linked to Australia's history of colonisation and subsequent mistreatment and dispossession of its first peoples (Blagg et al. 2018; Gallant et al. 2017; Day et al. 2012; Olsen and Lovett 2016; Prentice et al. 2017). Given the extent and nature of DFV in Aboriginal communities, and recognising a significant service gap in responding to DFV in Aboriginal communities, the Victorian Government specifically instructed the Royal Commission into Family Violence to investigate the needs and experiences of this population group. The Commission held a day of public hearings on the matter (20 July 2015), and consulted widely with relevant researchers, communities, service organisations and public servants.

Both in the literature and at the Commission, the problem diagnosis and the most suitable prescriptions were controversial in this context, with disagreements among Aboriginal and between Aboriginal and non-Aboriginal stakeholders as to the best way to approach the problem and over the extent to which gendered or feminist analyses are appropriate.

In this chapter, I draw on the witness statements and public testimony of six expert witnesses who gave evidence before the Commission in its Aboriginal and Torres Strait Islander module. I also refer to data from three interviews with the day's witnesses (P08, P09 and P12). I argue that the Commission, while under strong pressure from large sections of Victorian Aboriginal communities to keep 'gender' out of the diagnosis and prescription, nevertheless kept the framing focus on women and children through its choice of witnesses for the public hearing. The Commission's diagnosis largely side-stepped issues of gender, but emphasised women and children as the primary victims of violence to a greater degree than many of its contributors,

and its prescription recommended investment decisions and service models that reflect women's needs. At the same time, it quite appropriately deferred to Aboriginal expertise and Aboriginal-led initiatives in its prescription.

In writing this chapter, I acknowledge my privilege and lack of firsthand knowledge in this area. Like Stubbs and Tolmie (1995), also non-Aboriginal women writing about DFV in Aboriginal communities, I struggled with the decision to engage with this as one of my key themes. I consulted with academic colleagues and my interview participants, none of whom felt I should not write about the topic, as long as I took care to approach it respectfully and did not seek to publish the material in a journal or book chapter without involving an Aboriginal co-author. I asked those interviewees from Aboriginal communities about appropriate language to use, and to inform me if I spoke in a way that was inappropriate, and I have acted on their suggestions. I followed P09's guidance:

> …as long as you treat people with dignity and respect I don't think you can ever go wrong. …I make as many mistakes communicating with my people as anybody does, so it's not a white or a black thing, it's just a thing. [laughs]

Similar to the Commission in its report (see vol V, 8), I refer to Aboriginal peoples and communities rather than to Aboriginal and Torres Strait Islanders. This is because although Victoria has a Torres Strait Islander population, the information provided to the Commission related mainly to DFV in Victorian Aboriginal communities. This also reflected the language of most of the relevant submissions, witness statements and hearing transcripts. In doing so I do not intend to exclude Torres Strait Islanders from my analysis. I also use the word 'Koori' where appropriate; this term refers to Aboriginal people from Victoria and parts of New South Wales. 'Indigenous' is another word used for Aboriginal and Torres Strait Islander people, but I will not use it except in quotes or proper nouns, as all three Aboriginal interviewees agreed that 'Indigenous' is a word used by government to "lump us all into one" (as explained by P08). Where appropriate, I refer to the specific tribe or people that witnesses identify as belonging to, as P09 felt that "people are now identifying with their traditional owner groups" because Australia is "an artificial construct that was placed on us, there's thousands of communities in Australia and they all have different names".

7.1 Background issues: Family violence in Aboriginal communities

Research demonstrates that DFV affects Aboriginal communities more than non-Aboriginal communities. While fear of reporting and poor data collection have led to unreliable statistics, the available data suggest very high rates of violence in Aboriginal communities. The Steering Committee for the Review of Government Service Provision (2016, 4.98) reported that in 2014-15, Indigenous women Australia-wide were 32 times more likely to be hospitalised for DFV-related assaults than non-Indigenous women. For men, the rate was 23 times higher than for non-Indigenous men (although women were still much more likely to be hospitalised for a DFV assault than men). In Victoria, 2013-14 data indicate that where Aboriginal status was known, Aboriginal people were over seven times more likely to report a family incident to police than non-Aboriginal people (PwC's Indigenous Consulting 2015). However, these figures almost certainly underestimate the problem: distrust of authorities, previous negative experiences with reporting, fear of child removal, fear of men being incarcerated, normalisation of violence, community pressure, and an insufficient understanding of legal and service options lead to an underreporting of violence in Aboriginal communities (Wilson et al. 2017; Prentice et al. 2017; Olsen and Lovett 2016).

There is also little doubt that the drivers of the higher levels of DFV found in Aboriginal communities are complex and include the numerous negative effects of colonisation on Aboriginal people and their way of life (Gallant et al. 2017; Day et al. 2012; Wilson et al. 2017; Al-Yaman et al. 2006). DFV scholars Partridge et al. (2018, 25) explain these effects as multiple and reinforcing: the 'genocidal violence' of the colonisers included murder, rape, slavery, and sexual exploitation. Forced child removal, together with the mission system (where Aboriginal people from many different cultural groups were forced to live together away from their traditional country), severely disrupted family and community relationships, parenting practices and cultural connections (Partridge et al. 2018, 51). Dispossession from land and economic exclusion have led to disempowerment and enforced dependency on government programs. Policies of assimilation caused a significant loss of culture, language and knowledge, which has seriously disrupted the societal norms of many Aboriginal families and communities. High rates of incarceration further disrupt family and cultural relationships, and can cause lasting psychological damage (Partridge et al. 2018, 51). Many scholars note the intergenerational grief and trauma that these factors have caused, which is demonstrated through destructive behaviours such as violence (Prentice et al. 2017;

Day et al. 2012; Gallant et al. 2017; Blagg et al. 2018; Day et al. 2012). These multiple historical and contextual factors mean that the extent to which 'gender' is framed as part of the problem, and the extent to which women and children should be the focus of DFV services delivered to Aboriginal communities, is extremely controversial. The reasons for this controversy are explored in the following sections.

7.1.1 Defining family violence in Aboriginal communities

As outlined in Chapter 3, use of the term 'family violence' (as opposed to 'domestic violence') in Victorian policy and legislation "reflects Indigenous communities' preference for the term because it more accurately reflects extended kinship ties and how the impact of violence affects all members of a family" (Office of Women's Policy 2002, 20; see also Stubbs and Wangmann 2017; Murray and Powell 2009; Olsen and Lovett 2016; Healey et al. 2013).

According to Day et al. (2012) and Al-Yaman et al. (2006), law enforcement and other mainstream services tend to have a narrower view of what constitutes family – and what constitutes family violence – than Aboriginal services and communities. This narrow Western understanding of family has long led to challenges in delivering public services for Aboriginal communities (Morphy 2004), and this is particularly true in the DFV policy area. In mainstream services there tends to be a focus on intimate partner violence, or violence occurring between family members who live in the same household.[33] But in Aboriginal communities, the concept of a nuclear family living in a single household has less relevance (Morphy 2004; Nancarrow 2009). Children may be brought up by many 'mothers', regardless of whether those women have borne children (Robertson et al. 2005). Family violence may include behaviours between aunts, uncles, grandparents, cousins and others in the wider community (Al-Yaman et al. 2006, 14). Sometimes, violence occurring in the street between Aboriginal people who may not seem closely connected may be understood as family violence – especially in remote communities, where all relationships may be kin relationships (Al-Yaman et al. 2006, 16).

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[33] This may be a legacy of previous family violence legislation, which defined family as spouses, children, and other current or former household members (*Victorian Crimes (Family Violence) Act 1987*). This understanding of family was not updated until the *Family Violence Protection Act 2008*, which as discussed in Chapter 2 significantly broadened the definition and included relationships that are "like family in the relevant person's or other person's community".

Because Aboriginal kinship systems are much broader than those of many non-Aboriginal communities, the definition of family violence used in Aboriginal communities is commensurately broader. The influential Victorian Indigenous Family Violence Taskforce (2003, 123) defined family violence in Aboriginal communities as:

> An issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one on one fighting, abuse of Aboriginal community workers as well as self-harm, injury and suicide.

This definition also informed the 2008 10 Year Plan Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities (Aboriginal Affairs Victoria 2008) and is widely endorsed by Victorian Aboriginal policy actors.

Some Aboriginal actors include lateral and community violence in their diagnosis of the broader family violence problem, arguing that these are the same behaviours but in different contexts. Lateral violence involves violent and negative behaviours between members of an oppressed community. It is theorised as a response to an inability to fight back against disadvantage and marginalisation because of the overwhelming power held by the oppressors. As the former Aboriginal Social Justice Commissioner Mick Gooda explained: "In this situation we are safer and more able to attack those closest to us who do not represent the potent threat of the colonisers" (ATSISJC 2011). Family violence in Aboriginal communities is sometimes argued to be a facet of lateral violence (Gallant et al. 2017). This resonates with the fact that, for Indigenous people, there can be a more 'blurred' line between the private and public spheres (MacDonald 1998, 13; Al-Yaman et al. 2006).

7.1.2 Controversies over 'gender' in the Aboriginal family violence sector

Gendered and feminist approaches to DFV, as mentioned earlier, are controversial in Aboriginal and Torres Strait Islander communities (McGlade 2012; Nancarrow 2009; Gallant et al. 2017). The disagreement over gender appears to stem from three main sources: firstly, a perception that gendered approaches reflect 'white feminist' beliefs, making them too linear and simplistic in approach, and based on a power and privilege understanding that clashes with a view that incorporates the powerlessness, discrimination and disadvantage faced by Aboriginal men on a daily basis (Day et al.

2012; Gallant et al. 2017). Drawing on notions of hierarchies in masculinities (as discussed in Chapter 1), Salter (2016, 11) notes that programs focusing on addressing male power and privilege "can fail to address the experience of subordinated masculinities in poor and disadvantaged communities", including those from Indigenous communities.

However, the extent to which powerlessness, discrimination and disadvantage resulting from colonisation are accepted as the primary driver of DFV among Aboriginal people is controversial. In the literature, this controversy is largely outlined in the work of Aboriginal feminists who argue for gender to be considered alongside colonisation as a key driver of family violence in Aboriginal communities (e.g. McGlade 2012; Liddle 2015; Price et al. 2016; Langton 2018). Aboriginal legal academic Hannah McGlade (2012, 66) argues that Aboriginal feminists who apply a gender lens to understanding family violence can be stigmatised, marginalised, and even subjected to or threatened with violence for challenging men's violence against women or their position of power in communities. This highlights the dual challenge Aboriginal feminists face; they know that Aboriginal people have suffered collectively, but also emphasise the 'structural power' that many Aboriginal men have over Aboriginal women (McGlade 2012). Aboriginal activists Price et al. (2016) have also written on the pressure to prioritise racial solidarity over feminist activism. According to McGlade (2012, 71-72), if Aboriginal women speak out, they risk social opprobrium or worse; if they do not, they allow the dominant narrative of racism having 'primacy' over sexism to go unchallenged. In a keynote speech at a conference about DFV against Aboriginal women, feminist Celeste Liddle (2015) reflected that "time and time again, I hear the reasons given", including poverty, racism, isolation, alcohol consumption, and lack of access to services – but they "do not tell the full story". She argued that "we need to stop ignoring gender as the key contributor to violence against women". Prominent Indigenous scholar Marcia Langton (2018) recently wrote of her frustration at Aboriginal people and white feminists who frame DFV in Aboriginal communities as a result of colonisation and its effects:

> Another excuse for the violence – the dominant one, I think – is that Aboriginal men are the victims of 'colonisation' and 'need to heal' before we can deal with the violence. ...At times it feels like there are more white feminists defending the indefensible – the violence of the perpetrators as an exceptionalist category of colonial impact – than those defending the women whose family life is torn apart by the violence.

This emphasis on causal factors other than gender occurs in sections of the academic literature, and particularly in Australian government policy documents. For example, Indigenous legal academic Kyllie Cripps (Cripps 2007, 8; Cripps and Adams 2014, 404-405) locates the causes of violence and abuse in Australian Aboriginal communities in a series of interconnecting factors resulting from colonisation and marginalisation (as discussed above) and does not provide a gendered analysis of the problem (see also Memmott et al. 2001). In Victoria, two influential policy documents – the report of the Victorian Indigenous Family Violence Taskforce (2003)[34] and the resulting 10 Year Plan (2008) – both emphasise the importance of colonisation and its effects as key drivers of DFV in Aboriginal communities (Victorian Indigenous Family Violence Taskforce 2003, 6; Aboriginal Affairs Victoria 2008, 12). Neither document includes gender inequality in its diagnosis or prescription, although both acknowledge women and children as disproportionately affected. The same is true of the New South Wales Department of Health's (2011) strategy report Responding to Family Violence in Aboriginal Communities.

However, there is much scholarship by both Aboriginal and non-Aboriginal authors that argues for the need to address both gender and race – including the impacts of colonisation – through an intersectional approach (Gallant et al. 2017; Partridge et al. 2018; Blagg et al. 2018; Stubbs and Tolmie 1995; 2008; ATSISJC 2002). As discussed in Chapter 1, intersectionality involves exploring the ways that social structures uniquely intersect to privilege or disadvantage particular groups of people (Weldon 2008). For example, DFV researchers Gallant et al. (2017, 61-62) argue that a sustained debate in the literature on Aboriginal family violence sets the power structures of colonisation and the power structures of gender in opposition to each other, but they are equally relevant in the context of Aboriginal family violence, and the prescription needs to address both these sets of factors through an intersectional approach. Likewise, Partridge et al. (2018), in a report endorsed by an Aboriginal and Torres Strait Islander Women's Advisory Group, argue that Aboriginal women experience the combined, intersecting and mutually reinforcing impacts of both colonialism/racism and gender inequality, leading to the disproportionate impact of DFV on Aboriginal women and children. For example, they suggest that colonial imposition of Western gender structures led to a loss of equal but well-defined

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[34] A group of key Indigenous leaders with experience relevant to family violence, constituted to facilitate development of an Indigenous family violence strategy (Victorian Indigenous Family Violence Taskforce 2003, 23).

traditional male and female gender roles in Aboriginal communities. This resulted in some Aboriginal men experiencing a loss of power and status associated with their traditional roles, and the means to compensate for it by asserting Western-influenced patriarchal power over Aboriginal women (Partridge et al. 2018, 67, 69-70).

According to Blagg et al. (2018, 53) it is especially important to emphasise 'Indigeneity' in this intersectional analysis and not just race, as race is too general a notion that glosses over the specific experiences of Aboriginal and Torres Strait Island women in Australia (such as deliberate attempts to kill off Aboriginal women's caring and reproductive roles, and the denial of their rights as owners and custodians of law and country). These scholars also caution against the construction of 'rigid binaries' between a pro-arrest, carceral white feminist discourse and an Indigenous family healing discourse, arguing their research shows that elements of both approaches are often in play in service delivery situations (Blagg et al. 2018, 53).

Another theme or concern around 'gendered' versus 'gender neutral' approaches concerns the level of funding for men's programs and women's programs. It emerged through data surrounding the Aboriginal and Torres Strait Islander module at the Commission, which I explore in the next section through the framing of the witnesses called in this module.

7.2 Framing by Commission participants in the Aboriginal and Torres Strait Islander module

The Commission held its 'Aboriginal and Torres Strait Islanders – experiences and opportunities' public hearing module on 20 July 2015. Most of this day was taken up with a panel of three representatives from Aboriginal service providers, and one from an independent statutory body. These four witnesses were brought together in an attempt to represent diverse Aboriginal community perspectives on family violence, while a subsequent panel comprised two senior Aboriginal public servants (whose framing is summarised at Table 7.1 and Appendix 4.3).

Table 7.1: Aboriginal and Torres Strait Islander texts analysed*

Voice	Why chosen/area of expertise	Framing
Witness statements		
Antoinette Braybrook CEO, Aboriginal Family Violence Prevention & Legal Service	Head of org that provides services to Aboriginal DFV victims (mainly women)	Structural gender equality
Annette Vickery Deputy CEO, Victorian Aboriginal Legal Service	Senior exec of org that provides legal assistance to Aboriginal DFV perpetrators and victims	Women-centred (Contesting)
Prof Muriel Bamblett CEO, Victorian Aboriginal Child Care Agency	Expertise in Aboriginal children in out of home care	Contesting (Women-centred)
Andrew Jackomos Commissioner for Aboriginal Children & Young People	Expertise in the safety and wellbeing of Aboriginal children	Women-centred
Jacki Turfrey Director, Koori Justice Unit, Department of Justice and Regulation	Responsible for coordinating Vic Govt's Aboriginal justice policies and programs	Women-centred (Contesting)
Angela Singh Executive Director, Aboriginal Affairs Victoria	Responsible for coordinating Vic Govt's Aboriginal affairs policy agenda	Women-centred (Degendered)

Transcripts from Aboriginal and Torres Strait Islander public hearing

Expert panel	Andrew Jackomos	As above	Women-centred
	Annette Vickery	"	Contesting
	Prof Muriel Bamblett	"	Women-centred
	Antoinette Braybrook	"	Structural gender equality
Govt panel	Angela Singh	"	Degendered (Women-centred)
	Jacki Turfrey	"	Degendered

* Minor frames are listed in parentheses.

The community perspectives panel comprised Annette Vickery, Antoinette Braybrook, Muriel Bamblett, and Andrew Jackomos. In this witness panel, although the panellists agreed on some things – such as the impact of the overall racism and disadvantage

faced by Aboriginal people, the inadequate funding for Aboriginal family violence, the importance of Aboriginal-controlled organisations in delivering services, and the need to pay more attention to child victims – the differences in framing were stark. Aboriginal sector executive P09 welcomed this diversity of framing as having underscored for the Commission the fact that there is no consensus on family violence issues among Aboriginal stakeholders: "sometimes government thinks that we're all of the same mind, and we are not". Or, as Aboriginal public sector executive P12 put it: "We're not unified in any way, shape or form." For these reasons, I largely focus on the community perspectives panellists in the following discussion, although I also cover the framing of the two senior public servants.

7.2.1 Gender equality framing

Only one participant in this module framed family violence in either cultural or structural gender equality terms. This was Antoinette Braybrook who is a Kuku Yalanji woman and the CEO of the Victorian Family Violence Prevention and Legal Service (now known as Djirra), which is the only organisation in Victoria to work exclusively with Aboriginal victims of family violence. Braybrook emphasised that 93% of her organisation's clients were women, and that the perpetrators of violence against these women were not all Aboriginal, but came from "many different cultures and backgrounds" (day 6, p. 12). Thus, she mitigated to some degree the potential accusation of others in her community that in drawing attention to violence against Aboriginal women, she demonised Aboriginal men in particular. Braybrook employed structural gender equality framing in her problem diagnosis in both witness statement and oral evidence.

Braybrook brought up gender and women's experiences at every possible opportunity, describing a complex system of poverty, sexism, racism and violence that Aboriginal women face every day, affecting their decision making and their transition from girls to women (day 6, p. 71). While she saw colonisation and its effects as linked to DFV, she argued "I would like to make it very clear that…they are certainly not a cause of violence against women" (day 6, p. 19). Rather, in her diagnosis the disempowering effects of colonisation on Aboriginal women, such as sexual violence and the distress of child removal, have made these women more vulnerable to violence from both Aboriginal and non-Aboriginal men (day 6, p. 18-19). Aboriginal women's vulnerability to DFV is due to "extreme levels of disadvantage [they experience] because of their

gender and their race" (day 6, p. 13) – but she argued that these women are almost invisible to policymakers. Further, she noted "there is a call in our community to keep family violence gender neutral, but we do not support that". The response must be gendered "if we have any chance of moving forward" (day 6, p. 13).

7.2.2 Women-centred framing

Another witness strongly advocated for women's issues, while eschewing gender equality framing. Andrew Jackomos is a Yorta Yorta man, and at the time held the independent statutory position of Commissioner for Aboriginal Children and Young People. In this role he supported the safety and wellbeing of Aboriginal children and young people by monitoring and evaluating programs, and promoting and advising government on best policies and practice. Jackomos' framing emphasised the roots of Aboriginal family violence in 200 years of colonisation and government policy. This history "is significantly driving family violence", which has intergenerational impacts "particularly [on] our women and children" (day 6, p. 15). To move forward, the diagnosis must be "that our women and our children …are the primary victims of family violence" (day 6, p. 15). He criticised those who downplay this aspect of the problem and included 'respect for women' and rebuilding culture as part of his prescription. Thus Jackomos aligned himself with Braybrook on the question of a focus on women and children as victims, but not to the extent of citing gender inequality as a key driver of DFV. His witness statement also called for 'gendered' approaches, which as discussed below appears to refer to the provision of adequate services for female victims and their children.

Muriel Bamblett, a Yorta Yorta and Dja Dja Wrung woman, was more ambivalent about gendered approaches, using a combination of women-centred and contesting framing (I return to the latter in section 7.2.4). She is CEO of the lead Aboriginal child and family welfare organisation in Victoria, with a focus on assisting children in out of home care and working with communities to prevent the removal of children from their families. She was concerned about the intersection between family violence, child protection and out of home care, and how this contributes to the overrepresentation of Aboriginal people in the family violence statistics. She argued that white colonisers empowered Aboriginal men over Aboriginal women (who before then had separate but equal roles) by dealing only with the men. Bamblett saw the "rights, interests and needs" of mothers and children in the context of family violence as important (day 6, p.

10). She personally perceived a 'disappointing' lack of focus on women's needs in Aboriginal DFV services, which nonetheless resulted from an appropriate level of Aboriginal control of local decision-making and service provision (day 6, p. 38). She also felt that poverty and racialised discourses affected Aboriginal women in comparison to white women: "Aboriginal women have always been viewed as less than, less than white women" (day 6, p. 70). For example, magistrates who have just left their wives at home, if "your view of women is [like] that...and then you go to a court and you see an Aboriginal woman who doesn't fit that imagery, then your view of women changes" (day 6, p. 70).

Despite this attention to women's issues and her implication of gendered and racialised hierarchies, she was clear in her diagnosis that colonisation was the main driver of DFV in Aboriginal communities, with any prescription needing to take into account the wrongs that have been done, including the "genocide of our people and our culture" (day 6, p. 17). Her prescription recommended partnership between Aboriginal agencies and mainstream services (because Aboriginal people cannot deliver all the necessary services by themselves), and the need for mainstream services to be culturally competent and culturally safe for Aboriginal clients. Programs for female and youth perpetrators also need to be available.

7.2.3 Individualised and degendered framing

Two senior public servants were called to give evidence on behalf of Victorian Government agencies in this module. Jacki Turfrey, a Palawa woman, was the Director of the Department of Justice and Regulation's Koori Justice Unit. Yorta Yorta woman Angela Singh was the Executive Director of Aboriginal Affairs Victoria. Their testimony at the Commission was largely degendered; they saw colonisation and its effects as key causal factors in Aboriginal family violence without linking this violence to gender inequality, and endorsed the very broad definition of family violence as given by the 10-year plan. Both supported largely Aboriginal Community Controlled Organisation-delivered, holistic family-based responses to DFV. Neither focused on women as the primary victims of DFV, although Singh – upon specific questioning by counsel assisting after earlier witnesses had criticised the 10-year plan – argued that the 10-year plan does adequately respond to women and children's overrepresentation as victims, and considers their safety needs.

7.2.4 Framing that contested gender equality diagnoses and prescriptions

Finally, some witnesses' framing included elements that explicitly contested gender equality-based diagnoses and prescriptions. Annette Vickery, who introduced herself as an Aboriginal woman, is Deputy CEO of the Victorian Aboriginal Legal Service. This Aboriginal Community Controlled Organisation assists Aboriginal people with their legal problems, including both perpetrators and victims of family violence. Vickery's witness statement had acknowledged that women are 'overwhelmingly' the victims in family violence (p. 4), and emphasised women's needs as the primary victims of violence – in fact, I found this statement to be largely women-centred. However, her diagnosis in both statement and oral testimony clearly contested dominant narratives about men's violence against women (in Victoria, this means feminist/gendered narratives):

> We have an absolute belief that there is a dominant social narrative that needs a complete shift to address family violence as the significant issue that it is in our communities (day 6, p. 7).

The necessary reforms should "widen the scope of the work and acknowledge that there are many different victim experiences and many different offender behaviour experiences" (p. 7). To be effective, Vickery maintained that prescribed services and programs should be tailored and responsive to this diversity. She explained her position that sometimes there are situations of mutual violence, and made the following observation:

> I think we as a society struggle to identify women as being able to be violent …So the majority of women, yes, they are victims of family violence. The majority of men may well be perpetrators, but there is that crossover (day 6, p. 84).

Braybrook and Jackomos both objected to Vickery's diagnosis, with Jackomos responding:

> I must take issue with Annette's comments. It's not that men **may** be more prone to be the perpetrators; they **are** more prone. That's such an important thing to say and acknowledge (day 6, p. 85-86, emphasis added).

Vickery argued that family violence service delivery should be "gender neutral" (day 6, p. 7) so that all people who experience it receive the same support. Holistic behaviour change is needed for male and female victims and perpetrators, and it should be culturally appropriate and "appropriate to the gender of the perpetrator" (p. 8). This

implies that men and women have different needs when they perpetrate violence, despite the earlier call for gender neutral services (see section 7.2.5 for an exploration of this seeming contradiction in the use of 'gender neutral'). In addition, "we must remove the fluency of the gender allocation in our referencing of family violence and focus on the behaviour not the gender of the person". In other words, she argued that if we use female terms interchangeably with 'victim' and male terms interchangeably with 'perpetrator' (putting women in one category and men in the other), girls and boys grow up into "cycles and experiences of violence that are defined by gender", thinking this is inevitable (day 6, p. 9; also WS, 5-6).

Another witness in this module contested gendered framing: Muriel Bamblett's oral testimony framing, as mentioned above, was mainly women-centred, with references to Aboriginal women's particular disadvantage relative to white women. However, Bamblett's witness statement more strongly contested mainstream gendered prescriptions for family violence:

> Our belief is the mainstream heavily gendered approach, with its power and privilege explanation of family violence does not really apply to Aboriginal perpetrators of family violence. It is therefore no surprise that programs delivered through this lens result in little change in Aboriginal perpetrators of family violence (Bamblett WS, 19).

Bamblett's statement implicitly recognised women and children as the primary victims through its use of nouns and pronouns, for example: "Many Aboriginal women want to keep each other safe" (Bamblett WS, 16). However, she also noted that individuals can be both victims and perpetrators of DFV (a point also made by Vickery). This framing was both contesting and in some senses women-centred. Similarly, Jacki Turfrey's witness statement emphasised the safety of women and children as its top priority, but framed feminist models locating the cause of DFV as differential power between men and women as of limited use in Aboriginal communities (Turfrey WS, 7).

7.2.5 Funding disagreements: 'gendered' versus 'gender neutral' approaches

As described above, gendered approaches are controversial for a number of reasons. The literature identifies a strong opinion that gendered approaches are based on an understanding of gender and power that is inappropriate for Aboriginal communities. This view was supported by Bamblett and Turfrey, as noted previously. One of my interview participants, Aboriginal sector executive P08, also described an opinion in

Aboriginal communities that "this gender inequality [focus] is a Western and white feminist kind of thing ...and we can't have that".

Secondly, there is a perception that gendered approaches criminalise already traumatised and disadvantaged Aboriginal men, breaking up families by incarcerating men and encouraging women to leave their violent partners instead of working to heal the whole family. Vickery's witness statement reflected these concerns:

> It must equally be acknowledged that victims of family violence may, for a multitude of reasons, not leave the situation of violence. An examination of the forceful imposition of policies and laws that have seen the breakup of Aboriginal families, destructions of language and denial of cultural practices goes some way to understanding this, but every decision to remain is personal and must be respected (Vickery WS, 3).

Singh too argued that Aboriginal often seek assistance from services to stop DFV in their relationships rather than leave their partners, but are commonly refused ongoing support in these scenarios (Singh WS, 14). However, Braybrook argued that there is an over-emphasis on keeping families together that puts pressure on Aboriginal women to stay in violent relationships when they would rather leave, effectively 'silencing' these women (day 6, p. 23).

Analysis of data surrounding this module reveals a third source of disagreement over gendered approaches, which is the use of the phrases 'gendered' and 'gender neutral' to describe the funding allocated to men's programs versus women's programs. According to P12, a policy actor who had observed funding debates for many years, there is direct disagreement on the normative question of whether the problem of male violence against women should be viewed through the lens of "getting the men right", supporting the women and children, or funding both equally. P12 explained the opposing views:

> P12: [X organisation] will say that it's gendered and all the money needs to be put into that, like it's a women's issue so therefore …victims and children should be properly funded.
>
> …
>
> SY: So when you're talking about [a] gendered approach, what you mean is if you take a gendered approach then you're mostly focusing on funding services for women.
>
> P12: And if you say it's gender neutral, then you run a risk of the funding going to men, and not enough funding going to women.

At the time of the Commission, there were directly opposing views in Victorian Aboriginal communities about whether current funding arrangements were (or should be) skewed towards men's services, women's services, or both. For example, the Koori Caucus[35] submission argued that "the current focus is not on men or the rehabilitation of men, or programs for men, but rather on the impact of the family violence, mainly on the victim/survivors" (p. 25) – in other words, it felt the current funding environment was too 'gendered'. Vickery and her organisation the Victorian Aboriginal Legal Service argued for "a gender neutral response to program and service delivery", including services for female perpetrators (day 6, p. 7-8).

In contrast, Jackomos (WS, 3) argued that "the focus of Victorian funding and policy has been a non-gendered approach leaving significant shortfalls in services and focussed responses to the high proportion of women and children who are victims of family violence". Braybrook was also of this view:

> FVPLS Victoria recognises that there needs to be appropriate services available for Aboriginal men who use violence…[however] Men's services should not be prioritised at the expense of the women who are bearing the brunt of the violence (Braybrook WS, 3).[36]

On Day 2 of the public hearings, Jackomos highlighted Aboriginal communities' hostility to gendered approaches by claiming that, when funding decisions are made by the community-controlled Indigenous Family Violence Regional Action Groups, "if you take the gendered approach, you are more likely to not get funded" (p. 95). Further, he reported that organisations taking "the gendered approach" can be excluded through community pressure from government forums and roundtables (day 2, p. 83). Bamblett too noted that "we've had in the north a lot of focus in saying if 80 per cent of the problem are men, then 80 per cent of the resources should go to men". This had been challenged by the women in the region, "but to date that hasn't flowed through with resources" (day 6, p. 102).

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[35] The Koori Caucus comprises Aboriginal community members from Indigenous Family Violence Regional Action Groups, Regional Aboriginal Justice Advisory Committees, and several high-profile Aboriginal Community Controlled Organisations that provide services to Aboriginal communities.

[36] A recent essay by Langton (2018) echoed similar sentiments: "But the justification for violence is that Aboriginal men have been colonised and are victims who need to be addressed as a priority over their victims. Why? Well apparently because men come first, if we follow this specious reasoning".

It is clear from the foregoing analysis that these panellists both implicitly and explicitly disagreed with each other on a number of features of the diagnosis and prescription. While all six witnesses to some extent acknowledged sex asymmetry in perpetration and victimisation, they differed in the extent to which they considered gender inequality to be part of the diagnosis and prescription, how much funding should be allocated to women as victims and men as perpetrators, and even on the question of whether sex asymmetry should be a feature of how we talk about the problem. Witnesses' framing encompassed the full range of my typology, from structural gender equality to gender equality-contesting. Further, witnesses' evidence referred to longstanding and ongoing disagreements about the framing of DFV in Aboriginal communities. Figure 7.1 summarises the framing across witness statements and oral testimony in this module. The following sections will discuss how the Commission's report and recommendations covered these issues.

Figure 7.1: Number of texts in each framing category
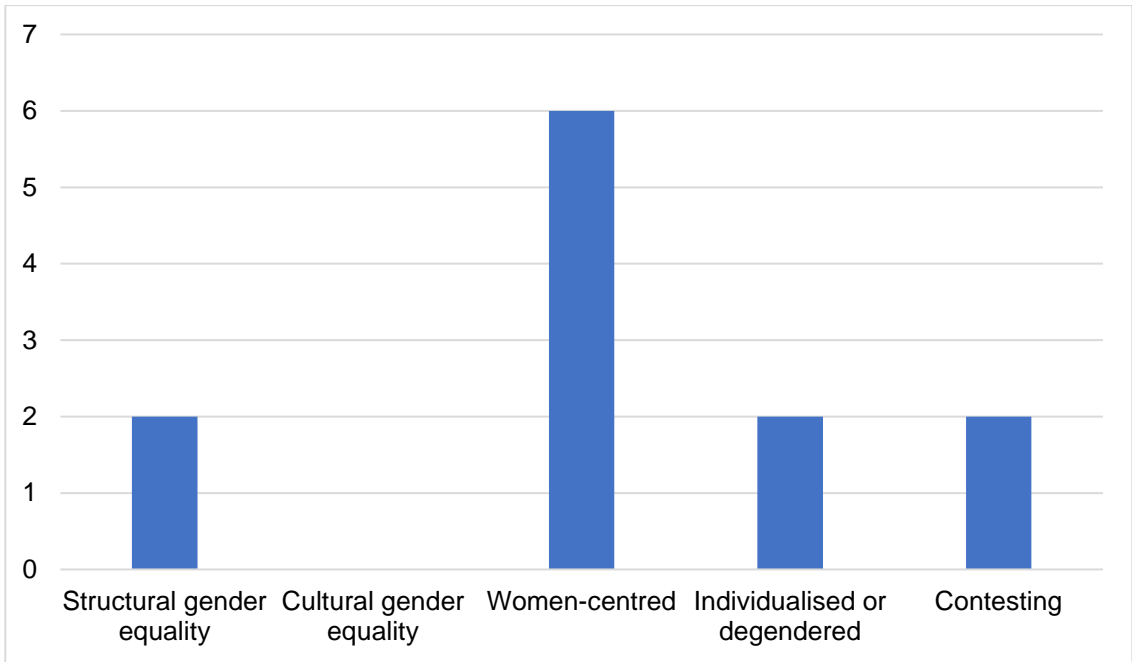
7.3 Aboriginal and Torres Strait Islander issues in the Royal Commission report and recommendations

The Commission's report referred constantly to Aboriginal issues, and – unlike the AOD and mental health modules – the report included a chapter devoted to "Aboriginal and Torres Strait Islander peoples" (vol V, Chapter 26). This reflected the Commission's explicit instructions in its terms of reference to investigate the needs and experiences of Aboriginal and Torres Strait Islander communities. Twelve recommendations also mentioned or specifically related to Aboriginal peoples and communities.

7.3.1 The treatment of Aboriginal and Torres Strait Islander issues in the report ('diagnosis')

The report stated that the Commission's work on this issue was informed by the definition of family violence given by the Victorian Indigenous Family Violence Task Force (vol V, 9; definition quoted above in section 7.1.1). It also noted that this broad definition of violence is the reason the *Family Violence Protection Act 2008* (Vic) uses the term 'family violence' rather than 'domestic violence', and includes in its definition of 'family member' a person who, under Aboriginal tradition or social practice, is a relative. Public violence involving a number of people, physical violence against those who report violence, elder abuse, and violence by young men and women against older women and grandparents was also part of the diagnosis.

The Commission reported that it received consistent evidence about the importance of understanding family violence in Aboriginal communities through the lens of dispossession of land and culture, racism and vilification, economic exclusion and poverty, alcohol and drug use, inherited grief and trauma, and the loss of traditional Aboriginal male and female roles (vol V, 10). The high rates of family violence in Aboriginal communities "reflect this history" (vol V, 8).

The only section of the chapter that discussed gender primarily referred to gendered prescriptions (explored further below), and the Commission itself did not take a position on the 'primacy' of gender in DFV in Aboriginal communities (vol V, 38). Instead, in its section titled "The way forward", the Commission stated that family violence in Aboriginal communities "contributes to and is caused by individual, familial

and community trauma" (vol V, 47). However, prominent in its diagnosis was the fact that Aboriginal women and children are disproportionately affected (vol V, 7, the second sentence of the chapter) and are the primary victims (vol V, 12). There was a section headed "Impacts of family violence on women and children" (vol V, 12), but no corresponding section for men. The report included Braybrook's evidence that women are 'silenced' due to community pressure to keep families together (vol V, 28). In addition, the language used about perpetrators and victims was quite gendered in many places, in sections where the Commission was setting forth its own views as well as those in which it was reporting the contributions of stakeholders. Thus, the Commission framed DFV in Aboriginal communities as a problem primarily affecting women and children, with men as the violent parties. There was only one brief reference to violence perpetrated by Aboriginal women, in the form of young women using violence against older women and grandparents (vol V, 9).

7.3.2 The treatment of Aboriginal and Torres Strait Islander issues in the recommendations and related commentary ('prescription')

In making recommendations about DFV in Aboriginal and Torres Strait Islander communities, the Commission endorsed the 2003 Indigenous Family Violence Task Force's final report, as well as the influential 10 Year Plan (Aboriginal Affairs Victoria 2008) based on that report:

> Their report was a landmark in Victorian Aboriginal policy, vividly describing the scale and impact of family violence in Aboriginal communities and establishing sound principles for prevention and response based on community ownership and action. The Commission has drawn on the findings and principles contained in that report, and in the subsequent 10 year plan, to distil the key issues and inform our recommendations (vol V, 8).

Of its 227 recommendations, the Commission made 12 that mentioned or specifically related to Aboriginal and Torres Strait Islander peoples. These are given in more detail at Appendix 5, and were aimed at:

- Improving risk assessment to be more inclusive of people from Aboriginal and Torres Strait Islander communities.
- Improving the lives of vulnerable Aboriginal children and young people, including interrupting or reversing the trajectory of children into the child protection system.

- Resourcing Aboriginal Community Controlled Organisations to provide DFV services for women and children; family- and child-centred services; legal services for victims and perpetrators; crisis accommodation for women and children; services for men who perpetrate family violence; and early intervention and prevention actions.
- Improving the 'cultural safety' of mainstream services.
- Culturally appropriate evaluation for Aboriginal family violence interventions.
- Improving Aboriginal-specific data collection and sharing
- Implementing the recommendations of the (culturally appropriate) mid-term evaluation of the 10 Year Plan
- Improving police and court services with Koori-specific protocols and support systems.

I focus here on where gender fits in the Commission's discussion of the response to family violence in Aboriginal communities, and the implications of these recommendations for gender.

The Commission's report did address the controversy surrounding gender and DFV in Aboriginal communities, stating in its discussion of DFV service responses that the Commissioners had heard "a range of views regarding the primacy of gender in family violence in Aboriginal communities" (vol V, 38). Firstly, it noted the 'centrality' of family and community in the literature. This holistic focus on family was set up in opposition to gendered approaches to family violence, which have a damaging effect on families (implied by several contributor quotes). Gendered approaches were seen by some contributors as disempowering men: "men are no longer man of the house. The men have fallen away and the women have taken over" (quote from community consultation, vol V, 38). They also isolate women and children from perpetrators, with limited results. All the criticisms of gendered approaches offered in this section still framed men as perpetrators and women and children as victims; 'gendered' seemed to imply separate services for male perpetrators and female victims that focus on power and privilege explanations for violence, and do not emphasise the importance of keeping families together. This side of the debate supported "a gender neutral focus on the family" (vol V, 39), and the report positioned it as the majority viewpoint.

On the other hand, expert witnesses Jackomos and Braybrook were cited as supporting gendered approaches. The report quoted Braybrook's argument that

despite a call in the community to keep family violence 'gender neutral', Aboriginal women and children need to be acknowledged as the primary victims of violence. Her comments about the systemic discrimination, violence, social disadvantage and gender inequity that Aboriginal women experience were also quoted. Citing Jackomos:

> …there is a falsehood in our culture that the black man has fallen from the top of the patriarchal tree and he needs to be re-installed before we can find balance in our community (vol V, 39).

In the report, Jackomos and Braybrook (along with Braybrook's organisation FVPLS) were the only actors cited as supporting a gendered analysis or response. Despite this, the Commission argued that given the disproportionate effect of DFV on Aboriginal women, it is 'vital' that investment decisions and service models reflect their needs. The Commissioners felt that specialist services for women were required as well as whole-of-family services, which was formalised in Recommendation 146 about the increased resourcing of Aboriginal Community Controlled Organisations to deliver services. This recommendation also called for services for male perpetrators, as well as child- and family-centred services; the frame for this prescription is one of male violence against women and children. Thus, the Commission's prescription reflected that of Braybrook and Jackomos, who called for the recognition of the needs of women and children, and a substantial investment in relevant services. It especially echoed Braybrook's call for specialist services for women, to both meet their greater need and allow Aboriginal women to withstand community pressure to stay with their abusive partners. However, these services need not be implemented with a feminist approach that focuses on power and privilege, as their substantive content will be left to the Aboriginal Community Controlled Organisations funded to deliver them, overseen by Aboriginal governance structures.

In contrast, those who urged the Commission to prescribe perpetrator programs for women (including expert witnesses Vickery and Bamblett) were not heeded. The calls to keep family violence 'gender neutral' (i.e. equal funding for men's and women's services and a primary emphasis on whole-of-family programs) were also not reflected in the Commission's prescription.

There was also no discussion of lateral violence in the diagnosis or prescription, although one witness – public sector executive Jacki Turfrey – had argued strongly for

family violence to be considered in the overall context of lateral and community violence, arguing that the various types of violence are difficult to distinguish from each other (Turfrey WS, 5).

7.4 Discussion

As with the other key themes I have explored in this thesis, there were complex sensitivities for the Commission in making recommendations on DFV in Aboriginal and Torres Strait Islander communities. Given two centuries of oppressive and discriminatory government policies, the Commissioners were conscious of needing to leave as much power as possible in the hands of Aboriginal decision-makers. This is an important component of the self-determination principle espoused by the Andrews Labor Government (Andrews 2015),[37] which began working towards a treaty with Victorian Aboriginal communities during the Commission's period of operation (Hutchins 2016). However, as my analysis has shown, Aboriginal stakeholders did not agree on either the problem diagnosis or the prescription; framing of Aboriginal participants ranged from 'structural gender equality' to those that contested framing of DFV.

As outlined above, 'gender' and 'gendered approaches' are particularly fraught in Aboriginal communities for a number of reasons. Firstly, gendered approaches tend to be based on a power and privilege understanding of DFV, which can clash with an understanding that foregrounds the powerlessness, discrimination and disadvantage faced by Aboriginal men. Secondly, there is a perception that gendered approaches are geared toward victims separating from their violent partners and thus have the effect of breaking up families, rather than focusing on healing the whole family and keeping them together. Thirdly, Commission data indicate that Aboriginal communities may see 'gendered approaches' to family violence as providing most of the funding to programs that support women and child victims, while 'gender neutral' approaches fund both male perpetrators and female victims and children. Each side had strong proponents. This meant that in the debate surrounding this module of the Commission, even Aboriginal supporters of gendered approaches leant towards a very narrow, categorical understanding of gender, as the discussion focused on what proportion of

[37] Premier Andrews' (2015) Closing the Gap speech had strongly supported Aboriginal Victorians' self-determination: "It's not government's job to dictate to our Aboriginal communities what a good future looks like and feels like. …Aboriginal health outcomes are best when Aboriginal Victorians control them. And that's the direction we have to lead."

funding goes to which category of people. Discussions of the intersection of gender and race or Indigeneity such as that found in some of the literature (e.g. McGlade 2012; Stubbs and Tolmie 1995; 2008; Maddison and Partridge 2014) were largely absent, except for Braybrook's references to the 'double disadvantage' Aboriginal women experience due to their gender and race. This framing has been identified in the literature as 'additive' intersectionality, recognising the disadvantage conferred by racism *plus* gender inequality, but not analysing the way these two sets of structures can *transformatively* intersect to create constraints unique to that group of people (Weldon 2008; Lombardo and Rolandsen Agustín 2016).

How then did the Commission attempt to balance these opposing views while supporting the principle of self-determination, and maintaining the focus on victim supports for women and children required by its terms of reference and advocated for by the mainstream DFV sector? Firstly, as discussed above, the Commission called two witnesses very supportive of 'gendered' approaches (Braybrook and Jackomos), who were committed to seeing adequate funding for Aboriginal women and their children. This served to balance out the others who (to varying degrees) thought gendered approaches were inappropriate, and it put the spotlight on women's experiences and women's voices in the public hearing devoted to Aboriginal issues. Most contributors to the Commission seemed to agree that Aboriginal women and children are more at risk than men of experiencing violence, and that men are the main perpetrators. However, the problem of violence in Aboriginal communities was mainly framed in relation to the risk to families (as opposed to women and children), with a reluctance to 'demonise' already disadvantaged Aboriginal men a significant concern.

The Commission made sure to acknowledge women and children as the primary victims in the second paragraph of its Aboriginal and Torres Strait Islander chapter, as well as in other places throughout the chapter. In its discussion of Aboriginal communities, the report stayed women-centred in its framing, with both direct statements and noun/pronoun use showing that the Commission prioritised the needs of women and child victims of DFV. On the other hand, it also endorsed the 2003 Indigenous Family Violence Task Force's final report and the subsequent 10 Year Plan (Aboriginal Affairs Victoria 2008). The 10 Year Plan had been criticised by Braybrook and Jackomos for its insufficient focus on women and children. In this way the

Commission was able to show its support for important Aboriginal-led research and policy documents that tended toward a family protection frame, while at the same time framing its own comments around the needs of women and children.

Regarding the controversy on 'gender', the Commission side-stepped this by briefly outlining some of the opposing opinions while not putting forward a view of its own. Instead, the report highlighted the effects of colonisation and dispossession as key drivers of violence, a position supported by almost all actors in this policy area. This was probably an appropriate course of action, as coming out with a very gendered diagnosis or prescription may have lost it the trust of many Victorian Aboriginal stakeholders. Another element of the prescription that likely satisfied all parties was the increased resourcing of Aboriginal Community Controlled Organisations to deliver services to the community.

With such decisions, the Commission kept a focus on the needs of women and children while avoiding making a statement on controversial issue of gender, and adhering to the principles of Aboriginal self-determination endorsed by the Victorian Government. It was essential for the Commission to establish legitimacy and retain trust with policy actors from the Aboriginal communities, and this balancing of priorities appears to have succeeded. Strongly feminist expert witness Antoinette Braybrook welcomed the report as a 'watershed moment' (FVPLS 2016), while Prof Muriel Bamblett (who had framed the issue in a women-centred and occasionally contesting way) also welcomed the Commission's approach (VACCA 2016). Indigenous academic Kyllie Cripps (2016) was likewise largely supportive of the Commission's Aboriginal-specific recommendations. However, these decisions reduced the Commission's ability to confront and comment on the operation of gender processes and structures in Victorian Aboriginal communities, and their relationship to the problem of DFV in those contexts. Although the precise issues and details of this theme are very different to the AOD and mental health themes, this finding indicates a similar gap in analysis of gender as it intersects with other factors.

7.4.1 *A 'family violence' approach*

The consideration of the pros and cons of a family violence approach is perhaps simplest in relation to this key theme. Victoria has long adopted the term 'family violence' for the explicit reason of operating in a manner that feels more inclusive for

Aboriginal communities. If 'family violence' better reflects the experiences of violence in Aboriginal families and kinship networks than other related terms, and Victorian policy actors accept the principles of inclusion and Aboriginal self-determination that have long been the aim of Victorian governments, then it would be difficult (and indeed counter-productive) for the Commission and the Victorian DFV response system as a whole to approach the problem in any other way. The issue for gender equality advocates then becomes how, within a family violence frame, to retain gender as an important component of the diagnosis and prescription. I will explore these issues further in Chapter 9.

7.5 Conclusion

As I have shown in this chapter, the Aboriginal and Torres Strait Islander module presented some of the most polarised framing of the four key themes; in the Aboriginal community perspectives concurrent witness panel, problem framing ranged from 'structural gender equality' to 'contesting' framing that rejected gendered diagnoses and prescriptions. Most of the texts in this module were women-centred or contesting, or a combination of the two. Much of the competing framing seemed to centre around whether prescriptions should be 'gendered' (meaning more services for women and children) or 'gender neutral' (meaning equal funding for programs targeting male victims and female perpetrators, with a focus on holistic family-centred programs). The Commission heard evidence that those supportive of gendered approaches are less likely to be funded, and can be excluded from decision-making bodies. In its report, the Commission was careful to note the competing views about 'gendered' approaches in the chapter on Aboriginal and Torres Strait Islander issues, while not putting forward a view of its own on the 'primacy' of gender. However, it did heed the more gendered and women-centred of its witnesses by making sure its relevant commentary included a focus on women and children as victims, and recommending specialist services for women as well as family-centred services. On the other hand, the Commission was careful to support community-led governance and service provision, in line with the Victorian Government's support for Aboriginal self-determination.

In Chapter 8, I address the fourth key theme – the intersection between children, gender and DFV.

Chapter 8

"Victims in their own right": Children and family violence

Introduction

Many children in Australia are exposed to domestic and family violence or are direct victims of it themselves. Data from the 2012 Australian Personal Safety Survey revealed that for over half a million women who had children in their care while they experienced violence from a current or former partner, the children heard or saw the violence (Cox 2015). There is strong and mounting research evidence that violence in the home has a negative effect on most children who are exposed to it, and that direct abuse towards children often co-occurs with intimate partner violence (Campo et al. 2014; Coulter and Mercado-Crespo 2015; Richards 2011).

In recognition of this growing understanding of the effects of violence on children, and much evidence from stakeholders that these issues had previously been neglected in Victoria, the Royal Commission into Family Violence heard two days of evidence on children and family violence (days 2 and 3). The first day of this topic module dealt with 'introduction and early intervention', and the second day with 'intervention and response'. The Commission's report included two chapters specifically on matters relating to children and young people. A key finding from the analysis is that although there is much to say about gender and children's experiences of violence, most expert witnesses in this module – and the Commission itself – framed the intersection of children and DFV in a largely women-centred way. They acknowledged the serious and intertwined impact of violence on mothers and children, but presented little gender equality analysis.

Many witnesses in other topic modules included references to children in their evidence, however it is outside the scope of this project to analyse all discussion of matters relating to children in the public hearings and the report. Instead, I focus on the witnesses called before the Commission specifically due to their expertise on children and DFV. I draw on the testimony of 13 witnesses over two days, associated witness statements, and two chapters comprising over 100 pages of the report. Due to the volume of these data compared to other themes, this chapter is lengthier than the other empirical chapters.

8.1 Background issues: Children and domestic and family violence

Children experience direct violence in the home, which in Victoria comes under the definition of family violence. In this section, I cover research evidence about perpetration of child abuse, including that it is the one area of family violence where available statistics indicate roughly equal perpetration by men and women. Children are also exposed to family violence between other family members, often their parents, and I discuss the evidence suggesting that exposure to DFV can be as damaging for children as direct violence. This has had consequences for the response to DFV in the Victorian context. Next I discuss the range of short-term and long-term effects of DFV on children, noting that arguments about the intergenerational effects of this violence can (when not connected explicitly with societal-level gender and power structures) work against gendered problem framing. Finally, I combine some of these insights from the literature to highlight the ways in which children, gender and DFV are intertwined.

8.1.1 Mothers' and fathers' direct violence against children

While men perpetrate public violence and intimate partner violence at much higher rates than women, child maltreatment is the one type of violence where women are found to be perpetrators at similar rates to men (Scott 2014; AIFS 2014). The nationally representative 2005 Australian Personal Safety Survey assessed participants' experiences of violence before the age of 15. It found that 10% of men and 9.4% of women had experienced physical violence as children. Of these participants, 55.6% had experienced violence from their fathers or step-fathers, and 25.9% from mothers or step-mothers (ABS 2006 – subsequent iterations of the Personal Safety Survey did not disaggregate parental abusers by sex). This is broadly consistent with evidence from other liberal democracies: a representative sample of UK young adults found that participants who had experienced incidents of physical violence as children had experienced this violence more often from their mothers (49% of the sample) than fathers (40%) (May-Chahal and Cawson 2005, 978). In the US, the fourth National Incidence Study of Child Abuse and Neglect found that children abused by their biological parents were about equally likely to have been abused by mothers (51%) as by fathers (54%), but those abused by step-parents or others were much more likely to be abused by men (Sedlak et al. 2010, 14). Sexual abuse from mothers is much less common: the 2005 Australian Personal Safety Survey indicated

that while 12% of women and 4.5% of men had experienced sexual violence before the age of 15, the most likely perpetrator was a male relative or family friend/acquaintance. Only 13.5% had been sexually abused by fathers, and fewer than 1% by mothers (ABS 2006).

From a gendered point of view, this finding of relatively equal perpetration of child abuse between fathers and mothers, while other forms of violence tend to be mainly perpetrated by men, has been explained by the fact that women are usually the primary caregivers. Accordingly, they spend more time with children (experiencing more of the frustrations of parenthood), and have more opportunity to offend against them than fathers (Scott 2014; AIFS 2014). Social work scholar Dominique Damant and colleagues (2010, 17) also note that power dynamics in families should not be reduced to a simple patriarchal understanding of male dominance over women and children; mothers' position as adults and parents affords them power over children, and violence against children can be seen as an abuse of this power. Put differently, mothers have more opportunity than fathers to abuse their children, and have the age-related and intergenerational power to do so. Feminists have also explored the idea that women may feel ambivalent about their mothering in the context of "unrealistic expectations of maternal perfection" combined with the devaluation of caring responsibilities, which can lead to mothers' negative behaviours toward children (Davies et al. 2007, 25; Damant et al. 2010; Peled 2011).

More controversially, there is the issue of women who abuse their own children in the context of intimate partner violence. In her critical review of the literature on abused women who abuse their children, social work scholar Einat Peled (2011, 326) observes that while many studies point to the co-occurrence of domestic violence and child abuse, most do not clarify the sex of the offending parent. However, a systematic review of child abuse in the context of domestic violence by psychologists Jouriles et al. (2008, 227) found that where the sex of the abuser was identified, studies found approximately equal perpetration by mothers and fathers. Peled (2011, 328) notes that the scholarship on this issue has been "limited, tentative and apologetic". She argues that radical feminist activism, which formed the original foundation of the battered women's movement, struggles with the issue of women's violence. Within the battered women's movement, there is a feeling that paying attention to women's violence could threaten some of the social and political achievements of their activism (Peled 2011,

328) – in other words, their struggle to name domestic violence as men's violence against women as a result of patriarchal power.

Much of the limited research on mothers' abuse of children in the context of domestic violence sees this violence as "situational and temporary", related to the stress and constraint of the mother's own experience of abuse, and men's use of violence to target the mother-child relationship (Peled 2011, 326; Damant et al. 2010 – see e.g. Department of Human Services 2014, 26; Kerig and Fedorowicz 1999, 110; Kaspiew et al. 2017, 20). However, Damant et al. (2010) argue that women also have agency and responsibility in these situations – many scholars have noted the positive aspects of women's mothering in the context of domestic violence, for example the extraordinary actions women take to protect their children in the context of domestic violence. Thus, their negative (i.e. abusive) actions must also be seen as agentic (Damant et al. 2010, 16). Damant et al. (2008) argue that an intersectional feminist approach, which recognises the ways that different structural factors combine in qualitatively different ways to advantage and disadvantage certain groups of people, is required to understand abused mothers' abuse of their children. This approach allows for a diversity among women and a recognition of different axes of power that operate in families – for example, the intersection of patriarchal power with intergenerational power.

8.1.2 Direct child abuse versus 'exposure' to domestic and family violence

Intimate partner violence between parents often co-occurs with direct child maltreatment and neglect (Coulter and Mercado-Crespo 2015; Namy et al. 2017; Macvean et al. 2015). Richards (2011) notes that the two are so intertwined in children's lives that distinguishing children who are 'exposed' to violence from those who experience direct child abuse is methodologically and conceptually difficult. Exposure to violence goes beyond direct witnessing, and includes children's awareness of violence they do not see or hear (Callaghan et al. 2015). Research has consistently demonstrated that exposure to DFV is harmful to many, although not all, children who experience it (Holt et al. 2008; Callaghan et al. 2015; Richards 2011; I explore the nature of this harm below), and thus is increasingly considered a form of child maltreatment (Gilbert et al. 2009).

Some Australian jurisdictions, including Western Australia and the Australian Capital Territory, have applied these insights about children's DFV exposure to their legislative frameworks by including it in their legal definitions of DFV. In Victoria, where there has been an increasing emphasis on DFV in child protection practice, this has been the case since the introduction of the *Family Violence Protection Act 2008*. Section 5(1) stipulates the behaviours that constitute family violence by a person towards a family member of that person, and 5(1)(b) states that family violence includes "behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of" these behaviours. It includes examples such as overhearing threats of abuse, seeing an assault between family members, comforting or assisting an abused family member, cleaning up after a violent incident, or being present when police attend an incident. Thus in Victoria, children are considered to be victims whether they experience family violence directly or are exposed to violence (or its consequences) between other family members. This legislative approach was unique to Victoria until 2017, when Western Australia and the Australian Capital Territory adopted similar definitions.[38]

If exposing a child to family violence legally constitutes violence against that child, family violence becomes a child protection issue. In fact, while the Victorian *Children, Youth and Families Act 2005* does not specifically list exposure to family violence as grounds for statutory protection, section 162(1)(e) lists "emotional or psychological harm of such a kind that the child's emotional or intellectual development is…likely to be significantly damaged". Children's exposure to family violence is considered to constitute emotional or psychological harm; the Child Protection and Victoria Police joint protocol states that "reasonable grounds" for mandatory reporting (by police members, teachers, registered medical professionals and nurses) may exist where "persistent family violence…is impacting on the child or young person's safety, stability or development" (DHS 2012, 10). According to Humphreys (2008), mandatory reporting to child protection for reasons of DFV can be counter-productive, as it can overwhelm statutory intake systems with notifications that often require a human services rather than a statutory response.

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[38] Western Australia introduced changes to its *Restraining Orders Act 1997* in July 2017, and the ACT introduced its new *Family Violence Act 2016* in October 2017. Both included exposing children to domestic and family violence in their definitions.

8.1.3 The effects of domestic and family violence on children

The increasing attention paid to children's experiences of DFV throughout liberal democracies such as Australia, the US and the UK partly arises from a changing understanding of the nature of childhood. Particularly in the last two decades, work from the field of childhood studies has influenced child researchers and practitioners in moving away from the developmental psychology, deficit-based model of understanding childhood – that children are incomplete adults – to a more socially constructed model, in which children have agency and search for their own meanings and understandings in what happens to them (Mullender et al. 2002; Katz 2015). They are increasingly being seen as able to make their own decisions, take actions, and influence their surroundings (Katz 2015). A growing focus on children's rights, codified through the UN Convention on the Rights of the Child, mandates that harms against children caused by abuse, exploitation and neglect should be identified and addressed (Mullender et al. 2002). Australia has signaled its support for the rights approach of this convention – having ratified it in 1990 – but has not introduced legislation to bring it into effect in domestic law (The Law Handbook 2018).

Scholars note that the effects of DFV on children are not universal – children respond in different ways (Breckenridge and Ralfs 2006), and many are resilient and show outcomes similar to children who have not been exposed to violence (Kitzmann et al. 2003; Johnson and Sullivan 2008). However, it is well-established that violence in the home negatively affects the majority of children who experience it, from conception through pregnancy and childhood to adolescence. It has both short and long-term effects. Men's violence toward female partners often begins during pregnancy (Campo 2015), and mothers' resulting stress levels can negatively impact foetal development and contribute to premature birth (which has multiple implications for neurological and physical development), low birth weight, and higher levels of stress hormones in the babies themselves (Carpenter and Stacks 2009; Campo 2015). Early and prolonged exposure to DFV is likely to have more severe long-term consequences for children, as it affects the subsequent chain of development (Holt et al. 2008). Children's experiences of DFV can also drive behavioural problems, mental illness and trauma responses, school absences, and contact with the juvenile justice system (Holmes et al. 2015; Holt et al. 2008; Murphy et al. 2013; Campo et al. 2014). Recent ANROWS analysis of Longitudinal Study of Australian Children data showed robust associations between maternal-reported persistent inter-parental conflict and poor outcomes for

children. These included worse results on measures of physical health and health-related quality of life, socio-emotional wellbeing and school readiness, and educational indicators such as vocabulary, literacy and mathematics (Kaspiew et al. 2017, 9).

Ultimately, DFV can shape how children experience and conduct intimate and family relationships throughout their lives, and it thus has a role in the perpetuation of violence – known as the 'intergenerational transmission' of violence (Holt et al. 2008). The intergenerational view is one of the three major explanatory theories of DFV, which also include the feminist sociocultural view and theories about individual psychopathology (Corvo et al. 2008; Corvo and Johnson 2013). From a social learning perspective, intergenerational arguments posit that observing violence in the family of origin forms children's ideas about the appropriate way to treat (and be treated by) other family members (Corvo et al. 2008). The research on children's exposure to DFV and its subsequent negative effects is so compelling that many people (including some contributors to the Commission, as discussed below) frame DFV as predominantly an intergenerational phenomenon (see e.g. Ehrensaft et al. 2003; Smith et al. 2011; Franklin and Kercher 2012). Personal narratives are important here, as many people who experienced violence as children and subsequently experienced it or used it as adults contributed to the Commission, sharing their powerful stories and attributing later violence to earlier experiences.

However, social work scholar Fiona Buchanan (2013; 2018) argues that, divorced from a gendered perspective, the intergenerational transmission theory could increase the policy focus on individual families rather than social structures and inequalities. This is an individualised psychological perspective on discord in the family, focused on identifying which families are problematic and require treatment, rather than applying broader sociocultural insights about gender, power and social structure (Buchanan 2018). Buchanan (2018, 136-137) argues that gendered power imbalances transcend the boundaries of the family: children can only learn different attitudes and behaviours if "men stop abusing power in all fields", and "policies can address power relations by supporting women towards economic independence and equity".

8.1.4 The intersection of gender, childrearing and DFV

The intersection of children and DFV is particularly fruitful for discussion of gender, because of discourses and processes positioning mothers as primary caregivers for

children, solely responsible for their safety and wellbeing (Wendt and Zannettino 2015; Hester 2011; Humphreys and Absler 2011; Buchanan 2018; Powell and Murray 2008).

The 'three planets' of child protection, domestic and family violence services, and child contact

Historically, child protection's response to DFV has focused on children as primary victims. They have generally seen mothers only in their parenting role, assessing them on their ability to protect children from violent fathers (Fleck-Henderson 2000). Fathers as perpetrators have been largely 'invisible' to the child protection system, while mothers' behavior has been more heavily scrutinised (Douglas and Walsh 2010). Child protection services have their origins in responding to direct child abuse and neglect, in which the children are the only victims, rather than children's exposure to DFV between parents or other family members, where there is an adult and a child victim (Tomison 2001; Scott and Swain 2002). This is despite the high level of cases that now come to the attention of child protection services because of violence between parents (Zannettino and McLaren 2014; Blacklock and Phillips 2015). Child protection has been slow to recognise that DFV drives much of its work, and to provide the necessary services for child victims (Blacklock and Phillips 2015).

The DFV victims' service system, however, has focused on the adult victim, with children largely seen as 'add-ons' and receiving little service focus of their own (Powell and Murray 2008). The female victim is perceived as in need of protection and support, and the male perpetrator as a potential target for criminal or civil action to punish him or change his behaviour (Hester 2011). His role as a father is not a primary concern.

Lastly, in the family law system men become 'visible' again when there is an emphasis on shared parenting, shared decision-making, and the rights of the child to know and have a relationship with both parents (Wangmann 2008; Stubbs and Wangmann 2015). In the context of the rising influence of fathers' and men's rights groups (Murray and Powell 2011; Wangmann 2008), mothers who prefer no contact between fathers and children are framed as 'hostile' and perceived in a very negative light, criticised for denying their children the right to see their fathers (Murray and Powell 2011; Laing 2010). These principles are outlined most clearly in Marianne Hester's (2011) 'three planets' model of child protection, DFV services and child contact/family law, which

traces the history and operational philosophy of the different 'planets' and the different and sometimes contradictory demands they place on women (see also Stubbs and Wangmann 2015).

Gender processes and the three planets

We can thus see that gender – in its sense as a set of processes and institutions related to the social assignment of people to one category or another based on their sex – is very relevant to women's and children's experiences of violence in the family and to their treatment on the three planets of child protection, DFV services and child contact. As explored in Chapter 1, gender norms and institutions near-universally position women as primary caregivers to children, leading to their economic and social disempowerment (relative to men) as they face reduced workforce participation and limited social networks outside the home (Htun and Weldon 2018; Fox 2001; Ferraro 2013; Kabeer 2016). This gendered division of labour also places them in a position where they can abuse their relative power as parents and perpetrate violence against the children themselves (Damant et al. 2010). Using the mother-child bond these social relations create, men can control and attack women through their children, e.g. through threatening to harm the children, making children participate in the abuse, blaming women for the children's behavior, or undermining the relationship and turning children against their mother (Mullender et al. 2002; Moulding 2015; Morris 2009; Kaspiew et al. 2017). This is gendered because, as argued by Moulding (2015, 129) "it strikes at a key domain of femininity and feminine agency" (i.e. mothering) (see also Wendt and Zannettino 2015, Ch 3).

As knowledge of the effects of DFV on children has increased, women as primary caregivers have been assigned responsibility for protecting children from the effects of violence, even if they are not the perpetrators of this violence (Wendt and Zannettino 2015; Powell and Murray 2008). Women may face decisions such as being required to leave the man perpetrating the violence, to be deemed a 'protective parent', or stay and risk having their children removed by child protection (Laing et al. 2018). Paradoxically, leaving may put the children in more danger. Due to gendered economic disempowerment, women frequently depend on their male partners for support, and may end up in much-reduced circumstances or even homelessness if they leave (Ferraro 2013; Braaf and Barrett Meyering 2013; Zufferey et al. 2016). Further, women face heightened risk of DFV post-separation, as men who seek to

control their partners feel their control slipping away and may react violently to reassert it (Brownridge 2006; Hester 2011; see DeKeseredy et al. 2017 for a discussion of male proprietariness and male peer support in post-separation violence). Thus women experiencing DFV end up in a child welfare 'double bind', where the options of staying or leaving both present child welfare problems for the mother; child protection services see women as responsible for the consequences of taking either path, while violent fathers are largely invisible (Murray and Powell 2011; Humphreys 2008). This can lead to underreporting of DFV to authorities, as mothers are afraid that reporting violence will lead to their children's removal; this outcome compounds the problem of achieving child safety (Douglas and Walsh 2010; Campo et al. 2014).

Once separated from their partners, women must then apply to the family court to settle parenting arrangements, where according to DFV scholar Laing (2010, 8) "protection of children depend[s] on the resources – both financial and emotional – of the women". As mentioned earlier, family courts have a tradition of presuming that contact with both parents is beneficial for children (valentine and Breckenridge 2016; Powell and Murray 2008; Elizabeth 2017). As legal scholars Sandra Berns et al. (2003, 40) note, the presumption of shared parenting in the Australian legal context is predicated on the gendered notion of fathering as "essential and as a uniquely masculine practice" (see also Berns et al. 2003). Laing (2010; 2016) reports that this can lead to family law professionals such as solicitors, court appointed assessors, contact services and mediators recommending ongoing contact with fathers no matter what violence or abuse has occurred. In Laing's study of 22 Australian women going through the family law process after leaving violent relationships, participants had been told by "many professionals" that fathers are essential to children, regardless of what the children might wish (Laing 2016, 64; Laing 2010; 2017). Stubbs and Wangmann (2015) also note that the family law system insufficiently recognises risks associated with post-separation violence. Thus, children in post-separation contexts "legitimate ongoing parental interactions", which makes children and decisions about their care a potential vehicle for fathers' ongoing coercive control (Elizabeth 2017, 186). Women who have left relationships, are living in financially reduced circumstances, sometimes in hiding, and are trying to minimise the disruption to their own and their children's lives, are much less well equipped to deal with legal proceedings than their ex-partners (Laing 2010).

As the foregoing discussion has demonstrated, gender processes are intimately bound up with children's and mothers' experiences of DFV. They affect women's and children's potentially disempowering and contradictory experiences as victims on all three of the service delivery 'planets' (Hester 2011), as well as being implicated in women's perpetration of violence toward children. While I do not mean to imply that gender is the only relevant concern or power-distributing mechanism, it is clear that a gendered analysis has much to offer our understanding of how children experience DFV. The following section examines where gender appears in the framing of expert witnesses in the Commission's two-day module dealing with children.

8.2 Framing by Royal Commission participants in the children module

In the Commission's 'children' module, 13 witnesses gave evidence over two days, some individually and some in concurrent panels of 2-3 participants. One expert could not give evidence during the Commission, but her witness statement was included in the Commission's public materials for that module. I summarise in Table 8.1 the framing across all 14 witness statements and transcripts, with more detail for each text given in Appendix 4.4. Three witnesses were called twice over the two days, and their framing is given for each time they appeared.

Table 8.1: Children texts analysed*

Voice	Why chosen/area of expertise	Framing
Witness statements		
Dr Robyn Miller Social worker and family therapist	Former senior child protection practitioner	Women-centred
Prof Louise Newman AM Director, Centre for Women's Mental Health, Royal Women's Hospital	Expertise in trauma and women's and children's mental health	Women-centred
Andrew Jackomos Commissioner for Aboriginal Children and Young People	Expertise in the safety and wellbeing of Aboriginal children	Women-centred
A/Prof Stephanie Brown Perinatal and Maternal Epidemiologist, Murdoch Children's Research Institute	Expertise on DFV in the perinatal period	Women-centred
Ailsa Carr Executive Manager, Family Youth and Children's Services, Gippsland Lakes Community Health	Manager of integrated intervention program for 'at risk' families with children 0-2	Individualised
Prof Mark Feinberg Research Professor, Prevention Research Centre, Pennsylvania State Uni	Has implemented co-parenting programs with the outcome of reducing DFV	Individualised
Wendy Bunston Senior social worker, family therapist, infant mental health clinician	Research and professional focus on programs for children who have experienced DFV	Children-centred
Dr Richard Fletcher Senior Lecturer, Uni of Newcastle	Expertise in fathering and DFV	Contesting
Julianne Brennan Director, Community Crime Prevention, Department of Justice and Regulation	Responsible for implementation of Baby Makes 3 DFV prevention program	Cultural gender equality
Prof Cathy Humphreys Professor of Social Work, Uni of Melbourne	Senior violence against women researcher w/ expertise in child protection and DFV	Women-centred
Beth Allen Assistant Director, Child Protection Unit, Statutory and Forensic Services Design Branch, Department of Health and Human Services	Senior child protection practitioner	Women-centred

Voice	Why chosen/area of expertise	Framing
Emma Toone Senior Clinician, Northern Family and Domestic Violence Service, Berry Street	Expertise in programs for mothers and children who have experienced DFV	Women-centred
Dr Rebecca Giallo** Research Fellow, Murdoch Children's Research Institute	Research expertise on fathers' mental health	Individualised
Anita Morris Social worker and PhD student	Doctoral research focused on children's experiences of DFV	Women-centred

Transcripts from children public hearing

Panel	Louise Newman	As above	Women-centred
	Robyn Miller	"	Women-centred
Andrew Jackomos		"	Women-centred
Panel	Stephanie Browne	"	Women-centred
	Louise Newman	"	Women-centred
Ailsa Carr		"	Women-centred
Anita Morris		"	Children-centred
Mark Feinberg		"	Individualised
Panel	Wendy Bunston	"	Children-centred (Individualised)
	Richard Fletcher	"	Contesting
	Julianne Brennan	"	Cultural gender equality
Panel	Cathy Humphreys	"	Women-centred
	Robyn Miller	"	Women-centred
	Beth Allen	"	Women-centred
Panel	Emma Toone	"	Women-centred
	Wendy Bunston	"	Children-centred

* Minor frames are listed in parentheses.

** Dr Giallo made a witness statement but did not appear at the public hearing.

8.2.1 Gender equality framing

There was little gender equality framing in this module; only one witness in the children module framed the problem of DFV in gender equality terms. Julianne Brennan is the Director of the Community Crime Prevention Unit in the Victorian Department of Justice and Regulation. She gave evidence on the implementation of pilot violence prevention program Baby Makes 3, which was delivered in a family setting as an add-on to maternal and child health services. It featured brief interventions with couples in the transition to parenthood, and was based on the premise that increasing gender equity in intimate relationships would help to prevent DFV. The program aimed to help couples develop an awareness of the impact of societal expectations and gender stereotypes on how they relate to each other and form a family, equipping them with tools to discuss and negotiate these things. Brennan's oral and written evidence were the only texts in the children module to connect prevention of violence with gender equality. This prescription focused on respectful relationships and equality between men and women in couples, i.e. in the domain of intimacy. It made no other connections to broader (e.g. economic, public participation, or legislative) gender equality, so I termed it 'cultural gender equality' framing.

8.2.2 Women-centred framing

Women-centred framing was by far the dominant framing category in this module. Experts from the mental health, social work, child protection, Aboriginal, family violence, and maternal and child health sectors all saw the problem of children's experience of DFV as related to (and often intertwined with) the abuse suffered by their mothers.

Four witnesses in particular were strongly women-centred in their framing. They were infant mental health specialist Professor Louise Newman; social worker and family therapist Dr Robyn Miller; DFV scholar Professor Cathy Humphreys (who has authored many papers on children and DFV, including several I cite in section 8.1 above); and Assistant Director of Child Protection Beth Allen. Newman and Miller gave concurrent evidence on the morning of the first day of this module (day 2 of the Commission's hearings), to introduce the effects of violence on children and the role of the health system in responding to children's experiences of DFV. Humphreys, Allen and Miller (recalled) gave concurrent evidence on the second day (day 3) about the statutory child protection system and related systems for protecting children at risk.

Collectively they accounted for 158 out of 330 pages of transcript, or nearly half the evidence the Commission heard during this module. Accordingly, much of the following discussion focuses on their comments.

Male violence against mothers and children

At the Commission, women-centred experts framed the problem as one of male violence against mothers and either directly or indirectly against children, with serious implications for children's health and wellbeing. For example, Louise Newman and Robyn Miller were asked by counsel assisting about the effects of violence on children. They emphasised the profound impacts of both directly and indirectly experienced DFV on children of all ages, including the way it affects their development and later ability to form positive relationships. Newman argued that while not all children are affected in the same way, "there is no safe level of violence or traumatic exposure in children" (day 2, p. 19). They agreed that DFV rarely presents in isolation: often it is one of a complex set of problems experienced by families (including substance abuse, unemployment and others) that cumulatively cause harm to children.

The diagnoses of Miller, Allen, Humphreys and Newman almost entirely involved violence perpetrated by fathers against mothers and children. This included emotional violence and controlling behaviour as well as physical violence. Miller's witness statement explained that family violence perpetrated by men "is the common presentation in child protection and family services and is reflected in the examples and language used in my statement" (Miller WS, 4). She presented abuse as deliberate and calculated, using words such as 'coaching' and 'brainwashing' about perpetrators' behaviour (day 2, p. 37), and speaking of violent partners who vexatiously return to the family court in order to re-abuse the "protective mother" (day 3, p. 144). Cathy Humphreys (WS, 2) saw a systematic attack on the mother-child relationship as a major 'tactic' of abuse. Newman mentioned that children often witness physical attacks and psychological violence against their primary caregiver, "the mother". The perpetrator is "usually the child's father or step-father", who "aims to undermine his partner's sense of self-esteem and capacity for autonomy, to disempower her" (Newman WS, 4-5).

None of these witnesses discussed female-perpetrated violence in the hearing, although both Newman and Miller briefly mentioned mothers' violence toward children

in their witness statements (Newman WS, 8; Miller WS, 4). They covered adolescent violence as a reaction to young people's earlier experiences of violence (usually from their fathers), reflecting an intergenerational perspective.

Other witnesses also talked almost entirely about men's violence against women and children. Commissioner for Aboriginal Children and Young People Andrew Jackomos submitted that 90% of Aboriginal children in out of home care come from homes where there is DFV, and men drive "the great majority" of that violence (day 2, p. 74). He perceived resistance in the Aboriginal community to 'gendered' approaches to DFV, and a lack of services "that support the rights of Koori women as victims" (day 2, p. 95). A/Prof Stephanie Brown subsequently gave evidence on men's emotional and physical violence against mothers and its effects on their children. She argued that women's mental health goes "hand in hand" with DFV (Brown WS, 3). Lastly, family violence clinician Emma Toone, who appeared in the final panel of the children module, also framed the problem to be addressed as one of men's violence against women, which can have a significant and traumatic effect on children (often through the mother-child relationship).

Repairing damage to the mother-child relationship

Several witnesses discussed the problems that mothers can experience with their parenting when they are affected by violence, and the impact of this on the mother-child relationship and children's sense of security and wellbeing. For example, Miller and Newman in their opening panel were careful not to blame mothers for the DFV-related harm that their children experience – even if the harm partly arises from their inability to parent properly because they are dealing with the violence that has been done to them (see e.g. day 2, p. 24 and 26). Their prescriptions centred around early identification and intervention with both parents and children, particularly improving the quality of the relationship with the primary carer (usually the mother). In their view, Victoria needed a flexible service system for children that assesses children for the level of care they require and provides services as and when needed (rather than one size fits all).

Co-panellists Humphreys, Miller and Allen also recommended services for rebuilding children's relationships with their mothers. Miller argued that the basic orientation of an improved integrated DFV response system that keeps children safe should be to

support the mother-child relationship (Miller WS, 20). Humphreys' statement recommended working with mothers and children in the aftermath of family violence, in recognition of DFV as "an attack on the mother/child relationship" (Humphreys WS, 13). Humphreys' argument shows how the diagnosis (that DFV involves a deliberate attack by men on women's relationship with their children) leads to the prescription (programs to rebuild the relationship).

Family violence clinician Emma Toone also focused on the mother-child relationship in her contributions, seeing an unmet need for trauma-informed therapeutic services for children and their parents (largely mothers, but also fathers where it is safe to do so). She saw supporting the mother-child relationship as "an effective vehicle for children's healing" (Toone WS, 2), although clinicians should also consider children's feelings about their fathers.

Child protection, family law and post-separation violence

Echoing the extensive literature on child protection and DFV, several witnesses also highlighted the burden placed upon mothers when services expect them to protect their children from the effects of violence perpetrated by fathers. Child protection practitioner Allen described "the need to shift historic and misguided practices, which characterised the mother as ultimately responsible for addressing family violence" (Allen WS, 32). Humphreys agreed that child protection have been "overly focused on the woman and is she protective" rather than on the father and his risk and potential for change (day 3, p. 129). Initiatives such as embedding DFV workers into child protection areas would help this, although Humphreys felt these workers would need to figure out how to avoid being 'sucked into' the child protection system (day 3, p. 127); she clearly saw a culture clash between the areas. While she, Allen and former child protection practitioner Miller did feel that practice had improved, Miller argued that mothers could still be manipulated through the threat of child removal:

> Frequently perpetrators have threatened women into staying silent …with the possibility of child protection becoming involved and taking the children (Miller WS, 22).

Allen, Miller and Humphreys strongly criticised police practice of notifying child protection every time there is a family violence incident that involves children. While police did have the option to refer to either non-statutory family services (known in Victoria as Child FIRST) or child protection, they were risk averse and insufficiently

trained, and so exclusively notified the latter. Humphreys called this "extraordinarily inefficient" (day 3, p. 85), as most family violence incidents do not involve the serious and obvious risks to children that are required for child protection intervention, and women also "hate that route"; when they ring police in an emergency, they are 'horrified' to find that child protection has also been notified (day 3, p. 88). Allen agreed that sifting through police notifications trying to find the one child that genuinely requires help from child protection (as opposed to some other service) is like finding "the needle in the haystack" (day 3, p. 96).

Humphreys also raised differing views and expectations of women between different service systems. She explained that women are often caught between being the 'protective parent' for child protection purposes and leaving their partner to keep the children safe, while simultaneously being called the 'alienating parent' in the family law system when they try to stop violent fathers seeing their children (day 3, p.143). She felt there was still an unhelpful notion in the child protection area that parental separation will increase the safety of children, when in fact (as documented in the literature discussed earlier) separation is a high-risk time for victims and children (day 3, p. 128). She argued that the family law system too fails to recognise DFV as a risk in the post-separation period. Miller and Allen agreed that while work has been done to improve child protection practice after separation, more needs to happen. The police and the justice system should also have a more active role in perpetrator accountability in these situations so that there are more 'eyes' on "the offending father" (Allen, day 3, p. 133). Humphreys also saw a need for child protection and family services to develop a perpetrator focus. She felt that practice was shifting, but had "a long way to go" (day 3, p. 128).

Hints of gender: expectations of mothers

None of these witnesses presented any explicit gender equality analysis in either their diagnoses or prescriptions (as opposed to discussion of women/mothers and men/fathers as categories of people). However, hints of gender came through in the testimony of key women-centred witnesses Miller, Allen and Humphreys. In the context of the question "why doesn't she just leave?", Miller noted "that societal, cultural sort of expectation of mothers and women is something we hear played out again and again" (day 2, p. 34). However, she did not explain these expectations, and it is not clear from

her argument what they might be. Subsequently, she argued that women stay in violent relationships because of cultural and religious expectations:

> …a lot of that stuff that we all carry about wanting the happy ending and wanting the relationship to work, women who experience violence are no different to the rest of us. They held those same hopes and dreams we all have for the happy ever after (day 2, p. 36).

Miller did not explain why these cultural expectations exist for women, or her implication that men are not subjected to them in the same way. Similar to the discussion in the mental health theme, gender was the missing piece here: it was alluded to, but not fully analysed.

Miller's witness statement diagnosis contained elements of gendered discourses about mothering; for example, children may "blam[e] the mother for not 'fixing it' because our culture has embedded beliefs about mothers" (p. 16). She also noted that adolescents may become "bullying and over-entitled in their attitudes towards women" after learning from their abusive fathers (p. 16). She recommended respectful relationships programs in her prescription (as did Humphreys), which implicitly recognised a gender equality aim.

Lastly Allen's witness statement noted that Victorian child protection practitioners following the 'Best Interests case practice model', which is a "single unifying case practice model focused on the best interests of the child" used by "all practitioners directly working with vulnerable children and families" (Allen WS, 23), are required to be 'gender aware' and assess the dynamics of gender, power and hierarchy in the family. They must be aware of the disproportionate effects of DFV on women (Allen WS, 24). In other words, there is a requirement for Victorian child protection practitioners to be aware of gender and power dynamics in families with vulnerable children.

Intergenerational transmission

In the absence of any direct gender equality framing, the intergenerational transmission of violence took prominence as a major causal factor in several actors' framing. For example, Louise Newman argued:

I think one of the major issues that we face is this notion of transgenerational effects of having grown up in these sort of situations, and the impact that that can have on children when they grow up and attempt to parent themselves (p. 50).

Robyn Miller then argued that young people who were exposed to violence as children "are more likely to end up in relationships themselves where there's violence …it's almost this unconscious sort of seeking out and replicating the trauma dynamics" (p. 55). Emma Toone also emphasised the importance of "stopping the cycle of violence" by helping children to develop non-violent ways of managing their feelings (Toone WS, 7). As discussed earlier, focusing on the intergenerational effects of family violence can (when not connected explicitly with societal-level gender and power structures) work against or draw attention away from gendered problem framing.

8.3.3 Children-centred framing

Wendy Bunston – a clinical mental health social worker, family therapist, and infant mental health specialist who had created several programs for working with parents and children in the context of DFV – was so child-focused in her framing that I created a new framing category to account for her position. She talked about children without the commensurate focus on mothers that most other witnesses showed, and did not bring up gender or gender inequality in any way. Bunston argued that we should not assume, as adults, that we know what is best for children, and should put aside our assumptions and try to see the world from their point of view. Diagnosing violence as primarily an intergenerational phenomenon, Bunston argued that early intervention, including for children staying in women's refuges, was vital to prevent transmission to the next generation.

Her diagnosis also saw family violence as "expressed when there is some sort of trigger happening within the relationship itself where one person's feeling vulnerable and to counteract their feelings of vulnerability" they resort to violence (day 3, p. 57). This framing of perpetrators as vulnerable people with traumatic pasts who need help to express their emotions conflicted with framing from witnesses such as Miller and Humphreys that saw perpetrators as deliberately asserting power and using tactics to control and undermine women.

Counsel assisting questioned Bunston on her work with fathers and whether the DFV sector works enough with fathers. According to Bunston, traditional notions that men

are the perpetrators and women are the victims can alienate children, who often "have very significant attachments to both parents" and "have experienced both mum and dad as being violent at times" (day 3, p. 20). In her prescription, programs for children should involve fathers if the children feel this is appropriate. This implies that the use of violence should not preclude a man from having contact with his children, in contrast to the argument often found in feminist advocacy that violent men cannot be good fathers and should not have a presumption of child contact (see e.g. Douglas and Walsh (2010).[39] She felt that the work that men's behaviour change programs do with perpetrators was very psycho-educational and 'left brain' (i.e. logical and analytical), which she did not think had long-term benefits for people who have suffered intergenerational trauma. Better trauma-informed perpetrator programs were required, seen as "right brain work" (day 3, p. 21) that emotionally engages with them to help them tolerate their feelings of vulnerability and loss, and enables a shift in how they relate to their children.

Social worker Anita Morris also employed children-centred framing, reporting on her research into children's experience of fathers' violence against their mothers. While the context of her research was men's violence against women, she largely focused on the need to recognise children as victims in their own right, and accord them a voice in their own service response, safety planning and post-separation parenting decisions.

8.3.4 Individualised and degendered framing

Two witnesses in this module employed individualised framing. Family and community prevention expert Professor Mark Feinberg, appearing via video link from the US, was invited to give evidence concerning the efficacy of his universal co-parenting program for reducing conflict in families. His problem diagnosis of conflict in families included emotional and physical violence in family relationships including between parents, parents and children, and particularly between siblings. Violence, including mild aggression, has harmful effects on children. He argued that sibling relationships have the highest levels of violence of any family relationship, but this form of violence has been neglected – in fact, he was the only witness in this module to mention sibling violence as an area of concern. His diagnosis saw parents as violent due to poor self-

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[39] For example, a 2016 Victorian Government anti-violence advertising campaign featured the tagline "There's nothing good about dads who abuse women" (see http://www.vic.gov.au/familyviolence/videos.html).

and relationship-management skills, using it either to control a situation, or because of "intense negative emotions that they cannot control" (Feinberg WS, 6). Feinberg presented risk factors for DFV as combinations of mainly individualised stressors affecting families, such as poverty or mental ill health, substance use, or childhood experience of violence. He prescribed universal co-parenting services in the transition to parenthood to reduce conflict in the parenting relationship, and thus violence, as well as increased attention to sibling violence in service responses.

Psychologist Dr Rebecca Giallo, an expert on parental mental health, focused on the mental health of fathers. She reported that fathers' mental ill health is associated with demographic and employment, stress, and social-network-related factors, and can lead to parenting problems such as hostility toward children and decreased parental warmth. She argued for bringing a men's mental health lens to the issue of DFV by attending to specific health and wellbeing issues that men face in their parenting years. Regional family services manager Ailsa Carr also, in her focus on prescriptions that provide integrated services to families with particular risk factors, presented the problem in an individualised manner. Lastly Wendy Bunston's framing, although I have coded it as 'children-centred', also contained elements of an individualised analysis in its absence of gendered content and its focus on the intergenerational transmission of DFV.

8.3.5 Framing that contested gender equality diagnoses and prescriptions

Only one witness explicitly contested gendered or feminist approaches to DFV. Fathering researcher Dr Richard Fletcher criticised the 'simplistic' power-based explanatory model that he deemed 'strong' in the DFV sector. While he praised the women's movement's efforts to put family violence on the agenda, he argued that the following set of 'mutually reinforcing' ideas are promoted in policy and academia:

> (a) men's violence is all about power;
> (b) women are clearly less powerful and cannot be perpetrators of violence; and
> (c) men including fathers, are motivated above all by their wish to dominate and abuse women (Fletcher WS, 4).

In Fletcher's view, this kind of thinking 'infects' people, blinding them to the complexity that is in front of them. It also 'demonises' fathers, who are sidelined and not engaged (day 3, p. 29).

Fletcher did not connect his diagnosis or prescription (which mainly involved working with fathers in the perinatal period) to gender inequality. He appeared to diagnose violence as a problem of people in intimate relationships being unable to relate to each other or parent their children without violence. He framed fathers as ignorant but well-meaning men who are undergoing a significant life change and need help to avoid being overwhelmed. For example, he described men in antenatal classes as having not thought about their role after the birth (p. 55). He criticised the Duluth model, which is rooted in ideas about power, control and gender inequality, as a punitive approach that "uses the threat of jail to enforce re-education of perpetrators" (Fletcher WS, 4). Rather than the current "historically-based, reactive approach", Fletcher preferred a holistic one that engages fathers in the wellbeing of their children and families (Fletcher WS, 5). The three main programs he described for prevention were about co-parenting – "support[ing] them to figure out how to relate without violence" (day 3, p. 36) – and offering mental health support to new fathers.

Figure 8.1 summarises the framing across witness statements and oral testimony in the Commission's 'children' module. Having established that most of the framing informing this module was women-centred (with some each from the children-centred, individualised, gender-equality 'contesting', and one example of cultural gender equality framing), I next examine how the Commission framed the issue in its report.

Figure 8.1: Number of texts in each framing category
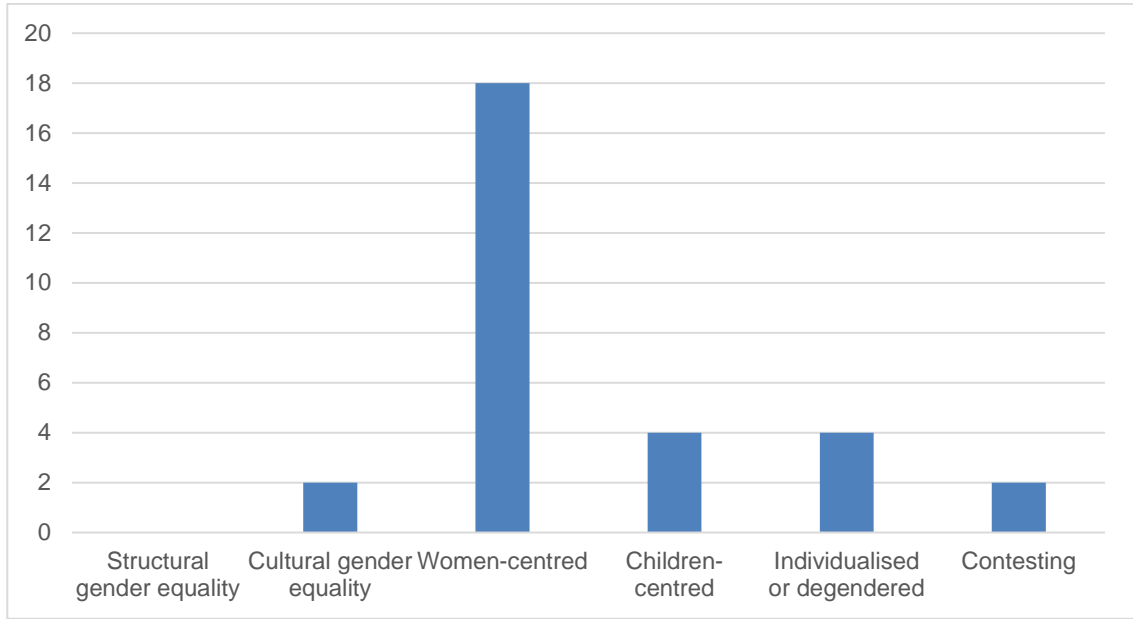
8.3 Children in the Royal Commission report and recommendations

The Commission's report referred constantly to children and their needs, as well as devoting two chapters to children and young people.[40] Chapter 10, "Children and young people's experience of family violence", addressed the effects of family violence on children, and non-statutory services for children and families. Chapter 11, entitled "Family violence and the child protection system", dealt specifically with the statutory child protection system and ways of improving it. The framing overwhelmingly painted fathers as perpetrators and mothers as victims, which will be reflected in my language below.

8.3.1 The treatment of children in the report ('diagnosis')

Many contributors on the issue of children referred to the right of children to live free from violence, although there was overall little human rights framing made by contributors or the Commission in the context of the other modules I investigated. The Commission outlined the Victorian statutes that protect children's rights, including its charter of human rights (reflecting Australia's obligations under the UN Convention on the Rights of the Child), the *Children, Youth and Families Act 2005*, and the *Child Wellbeing and Safety Act 2005*.

Children and young people were framed in Chapter 10 of the report as 'silent victims' who were marginalised in responses to DFV, and whose voices were infrequently heard in comparison to the voices of adults (vol II, 129). A lengthy section of the chapter was devoted to the effects of family violence on children and young people, who were reported to be present at 34.3% of recorded family violence incidents in 2013-14, and recorded as the 'affected family member' (i.e. direct victim) in 8.9% of incidents (vol II, 103-104). Where parents were the 'other parties' (i.e. perpetrators), 58% were fathers and 42% were mothers (derived from statistics given at vol II, 104 and vol VIII, 37).

The Commission drew heavily on the evidence from Newman, Miller and several other contributors to describe the impacts of violence during pregnancy and infancy, and the physical, emotional, mental and behavioural effects on older children. As mentioned

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[40] The report defined young people as under 25 years of age, while children are under 18.

earlier, the report included many powerful stories from lay contributors, such as people who had been exposed to violence as children:

> Once he cut the head off my Mother's pet to 'teach her a lesson.' He regularly beat—and I mean beat the shit out of our dogs. Hearing the sounds of this in my memory is still gut wrenchingly sickening. In fact, I hate ever thinking about my childhood, because all I can remember is screaming, crying, horrible insults, and the sounds of people running away from each other (vol II, 107).

The report also noted the co-occurrence of family violence and child abuse (vol II, 107), and the way male perpetrators sometimes use the family law system to control or inflict abuse on the child's mother, which can be highly stressful for children (vol II, 108).

The effects of DFV on the mother-child relationship were considered, drawing greatly on the testimony of Newman, Miller, and the submissions of Humphreys' research organisation (the Melbourne Research Alliance to End Violence against women and their children, or MAEVe). The Commission described research showing that some perpetrators systematically undermine the mother-child relationship. Children may align with the perpetrator in a desire for closeness and acceptance, and participate in the abuse of their mother. Family violence can result in 'disorganised attachment', where infants fear both their mother and the perpetrator because they have no consistent strategy for getting comfort or help from their mother (vol II, 108). Further, mothers' physical and emotional parenting capacity may be undermined by the abuse, or they may experience perinatal depression as a result of the abuse. This is exacerbated by the fact that children who experience violence often need additional parental attention due to emotional and behavioural difficulties (vol II, 108).

Finally, the report noted that mothers also use violence against their children, although this discussion also came under the heading "Effects of family violence on the mother–child relationship". The report cited Victoria Police statistics that women are the offenders in just over 40% of reported family violence incidents where the victim is a child (vol II, 109). However, this statistic was immediately followed by a quote from an anonymous contributor arguing that while their mother was abusive:

> I believe that a lot of her emotional instability was as a result of my stepfather's creation of an incredibly frightening, negative household where everybody was reacting out of sheer terror constantly (vol II, 109).

In this way, the Commission acknowledged female violence toward children while simultaneously framing it as a result of men's violence against women. This short paragraph was the only discussion of mothers' violence in the Commission's two chapters on children. This reflected the comparative inattention to mothers' violence in the contributions of witnesses, as noted above.

Young people, who the report treated as a distinct and important group, were also reported to experience negative effects from DFV. They may have additional caring responsibilities for younger siblings due to violence, and they are more vulnerable to poor mental and sexual health, homelessness and unemployment. The report noted that young women and young men tend to react differently to experiences of DFV; girls are more likely to internalise their trauma and then experience violence in later intimate relationships. This can affect their income and financial stability, housing security and parenting capacity (vol II, 109-110). In general, intimate partner violence among young women is attributed to beliefs about gender roles, limited experience of interpersonal relationships, and lack of access to support services (vol II, 110). Boys who experience violence as children are more likely to 'act out' (i.e. demonstrate behavioural difficulties) and then perpetrate violence in later relationships (vol II, 109).

In terms of the intergenerational effects of violence (vol II, 111-112), the report noted that many submissions and consultations had raised the subject. The Commission employed further personal stories from people who had experienced violence in childhood:

> As a young adult, I replicated what I knew. I entered into and then became trapped in a relationship that was dangerously violent (vol II, 111).

The report noted that young women who experience violence in childhood are more likely to experience it in adult relationships. Violence experienced by young women in their earliest relationships, even if not during childhood, can affect their notions of gender roles and intimacy, and set a 'damaging precedent' for their later family lives. Children who experience violence are more likely than others to both perpetrate it and experience it later in life (vol II, 111-112).

The Commission's diagnosis of the problems with Child Protection were summarised in Chapter 11 (vol II, 169). These concerns largely reflected those of Prof Cathy Humphreys in her witness statement and oral evidence, corroborated by Miller and

Allen, which showed the dominant influence of these women-centred witnesses on the Commission's treatment of this topic. They included:

- the invisibility of perpetrators in the child protection system;
- the pressure placed on (typically) mothers to be 'protective parents', and the lack of support they receive, including concerns about the 'failure to protect' offence (outlined below);
- the inattention to post-separation violence;
- the increase of reports to Child Protection (particularly fuelled by police notifications and their underuse of the differential response options), and related reluctance of victims to report violence; and
- concerns with current Child Protection risk assessment.

8.3.2 The treatment of children in the recommendations and related commentary ('prescription')

Of its 227 recommendations, the Commission made 14 that mentioned or specifically related to children, child protection or fathering (for a full list of these recommendations, see Appendix 6). At the urging of contributors such as Bunston, the Commission clearly stated that children should be seen as victims in their own right:

> Underpinning these recommendations is the Commission's view that children and young people experiencing family violence should be recognised as victims in their own right—and that their safety and wellbeing are paramount (vol. II, 142).

In her interview, Commissioner Neave also made particular mention of children: "One thing we took very seriously was the fact that children have not been given adequate attention until now."

The Commission also heeded Bunston's arguments that children have needs that are different from their parents, and should not be a lower priority in the service system:

> The right of children and young people to live free from violence should be at the centre of family violence policy and practice. Their interests and welfare should be a primary focus – not a secondary consideration for action after the needs of the parents have been accommodated (vol II, 143).

Other principles underpinning the recommendations were that:

- Children have different needs [from each other], which should be recognised in planning and delivering services for them;
- As many children and young people display resilience and "the majority grow up to be neither perpetrators nor victims in their adult relationships", interventions should preserve and strengthen the protective factors that support resilience;
- Interventions should focus on
    - Keeping them safe
    - Supporting them in their recovery
    - Providing the right level and type of support when it is needed and for as long as it is needed;
- Services should be accessible, inclusive and responsive to the needs of all children and young people (vol II, 142).

Here the intergenerational factors were largely downplayed, however, at other points in the chapter the report talked about therapeutic interventions that break "intergenerational cycles of violence" (vol II, 146), and ways to strengthen protective factors that "interrupt the cycle of intergenerational violence" (vol II, 147).

In recognition of Bunston's evidence that women's refuges are good places to engage and support children, the Commission recommended that all refuge and crisis accommodation services catering to families have adequate resources to meet the needs of the children they are accommodating (Recommendation 21). Three other recommendations (23, 24, 26) were aimed at increasing access to adequate services and accommodation for children and young people experiencing violence. While child-centred responses are necessary, these need to "complement the work responding to women":

> In some cases this will mean working directly with the child or young person, in others it will mean working with mother and child, and in other cases by helping her, we are also helping the children (vol II, 101).

There were no specific recommendations about fathering or co-parenting programs for prevention. The witness most enthusiastic about fathering programs had been Dr Richard Fletcher, as discussed earlier in the chapter. The Commission's report did not

cite Fletcher at all, despite a brief section on available programs that focus on fathering (vol II, 123). Instead, this section cited Early Childhood Australia's evidence that new parenthood is an ideal time for engaging men as they may be more open to receiving information and services, and to considering alternative models of masculinity as they transition to parenting. Engaging them in the day-to-day care and nurture of their children can be a good way to challenge dominant notions of masculinity that play a key role in men's violence against women (vol II, 123). Together with the brief discussion of gender and young people's experiences of violence mentioned earlier, this was the only reference to gender processes in either chapter. The report stated that Humphreys' research on children's experiences of violence will inform practice guidance on working with violent men to improve the safety of women and children. This will "be useful to inform any future investment in programs for fathers" (vol II, 147). In this way (and despite Fletcher's skepticisim about gender and power analyses), fathering programs were framed as a way to reduce family violence by challenging traditional masculinity and changing the gender dynamics of families.

While fathering programs aimed at *preventing* violence were absent from the recommendations, fathering was a consideration (alongside other approaches) in perpetrator interventions to be considered under Recommendations 86 and 87. Fathering programs were mainly discussed in the context of *ameliorating* violence (e.g. in Chapter 18, 'Perpetrators') through helping fathers to understand the effects of violence on their children, rather than as a strategy for prevention. There was much more focus in Chapter 10 on programs that strengthen the mother-child relationship, as both a prevention/resilience factor and an aid to recovery (vol II, 117, 126, 128, 135, 137-138, 147). For example:

> …as mothers play a vital role in mitigating the short and long-term effects of family violence, programs that focus on rebuilding and strengthening the mother-child bond are valuable.

> The Commission considers that priority should be given to programs, such as the Turtle Program, that work to rebuild mother-child relationships. (vol II, 147).

On risk management for children and perpetrator access to children, the Commission recommended four courses of action: Recommendation 1 asked the Government to incorporate evidence-based risk indicators specific to children in its review of the Common Risk Assessment Framework (CRAF). Recommendations 27 and 28 dealt

with risk management and information sharing in the Department of Health and Human Services and between DHHS and the Magistrates' Court. Recommendation 22 was to establish a rebuttable presumption that children of the applicant should be included in the applicant's Family Violence Intervention Order, or be protected by their own order. This was to address concerns that police do not always include victims' children in their incident reports, and magistrates may consider children to be an 'add-on' to the substantive application and not strictly necessary – thus allowing perpetrators access to the children, putting them at continued risk. The Commission attended to advice from Humphreys, Miller and Allen that police reports to child protection are overwhelming the system and should be reduced. Recommendations in other chapters, such as police family violence training and the establishment of multi-disciplinary support and safety hubs (including Child FIRST workers), were intended to reduce the number of police notifications made directly to child protection instead of the non-statutory Child FIRST system. This works to ameliorate women's fears about reporting violence and potentially having their children removed, as discussed above.

Three other recommendations addressed concerns about child protection's lack of knowledge about family violence, lack of focus on perpetrators of violence, and the burden placed on the 'protective parent' to protect their children – issues raised by Humphreys, Allen and Miller in their evidence. The Commission cited Hester's work using the metaphor of different planets for family violence and child protection workers (see e.g. Hester 2011), and indeed Commissioner Neave used the same phrase during interview:

> Child protection is too siloed – family violence permeates the whole family. I would very much like to break down the three planets. Child protection people (and people of many other professions) need to understand the complexities and difficulties associated with family violence.

As detailed by Humphreys in her evidence and witness statement, the Commission noted that child protection developed in a paradigm of protecting children from abuse. It has not historically attended to the dilemma faced by mothers experiencing violence, or recognised the 'extraordinary' efforts of mothers to protect their children from the perpetrator (vol II, 200). On the other hand, DFV services have assumed that protecting women and providing them with support will also protect the child from the effects of violence, which is not always the case (vol II, 200). Thus, the Commission recommended that child protection practitioners be required to participate in training

about the nature and dynamics of family violence and the relevant DHHS guidelines (Recommendation 29). Increased services for children, as discussed above, were aimed at addressing the family violence sector's commensurate lack of focus on children.

Shifting the focus to perpetrators (vol II, 197) was the objective of Recommendation 25, which is that Child Protection and Victoria Police 'exhaust' all efforts to interview alleged perpetrators, and develop 'feedback loops' with each other to share information about perpetrators and assist with risk assessment and management. Finally, the burden on the 'protective parent' was further addressed in largely symbolic (but still significant) fashion by Recommendation 30: amending the *Crimes Act 1958* so that the Director of Public Prosecutions is required to approve a prosecution for failure to report child sexual abuse, where the alleged offender is also a victim of family violence. The Commission had heard evidence that 'failure to report' laws place responsibility for abusive behaviours on the non-abusive parent, which conflicts with other recent legislative and policy changes aimed at increasing perpetrator accountability. There "should be guidelines for the exercise of the discretion which make it clear that a person who has been subjected to family violence should not be prosecuted" (vol II, 199). The Government should also consider reconciling these changes with a similar provision in the *Children, Youth and Families Act 2005.*

In summary, the Commission's recommendations about children and child protection related largely to increasing service availability for children and young people; improving risk management in relation to children and reducing perpetrator access to children; reducing the burden on the 'protective parent' by shifting child protection focus to perpetrators; and improving child protection's understanding of family violence. None of these recommendations included explicitly gendered content, however in practice – because the accompanying commentary positioned perpetrators as largely fathers and protective parents as largely mothers – these prescriptions had gendered implications.

8.4 Discussion

The Commission's treatment of children displayed a keen sense of the injustice children have experienced both in being exposed to violence in the home, and also in being severely underserviced by Victoria's family violence response system. However,

while it dealt at length with the effects of violence on children of both sexes, its treatment of the subject was far from non-gendered. Reflecting much of the evidence provided to it, the Commission's discussion of the issues surrounding children and family violence was women-centred: it balanced a focus on children with significant attention to women's issues. The report referred constantly to the role of mothers, their relationships with their children, and the constraints placed upon women and children by violent male partners and unsupportive service systems. Mothers were coupled with children in the role of victims/survivors. Fathers were seen only as perpetrators, with no sense of their potential role in supporting or protecting children in cases where the mother is identified as violent. It is noteworthy that in its chapters on children the Commission devoted just two paragraphs to mothers' violence (vol II, 109), although as discussed, intersectional feminist analyses of maternal violence against children in the context of patriarchal power relations do exist in the literature. I will return to this theme of intersectionality and women's violence in the following chapters.

In the evidence given to the Commission about children, there was some tension between those who focused on children as victims in their own right requiring specialised services and with needs different from their mothers (e.g. Bunston; the Association of Child and Family Development), and others who focused on supporting mothers and strengthening the mother-child relationships as the primary vehicle for improving children's safety (e.g. Humphreys; Miller). The Commissioners navigated this tension by recommending in their prescription that child-centred responses need to "complement the work responding to women" (vol II, 101), which may involve working with children individually, with mother and child, or helping the mother and in so doing helping the child. Chapter 10 contained many references to the importance of the mother-child relationship, including how it is damaged by violence, its role as a resilience factor for children, and prescriptions to strengthen it.

It is also important to note what arguments from the expert contributors were not adopted by the Commission. Contesting voices such as Fletcher, with his testimony about interventions and approaches that 'demonise' fathers, were not reflected in the report. Universal co-parenting or fathering programs as recommended by Fletcher and fellow witness Mark Feinberg were not recommended as prevention measures, although the Commission did engage with the idea that fathers can be encouraged to

stop violence through their desire to be close to their children (vol II, 179; vol III, 269-270; Recommendations 86 and 87).

Similarly, the Commission drew extensively on Bunston's testimony about the needs and experiences of children, while omitting her views about interventions needing to discard traditional notions that men are the perpetrators and women are the victims, or her argument that children may see their relationships with their fathers as important, and may see both parents as violent. While the report referred to the more intentional elements of abuse (such as pursuit of mothers through family court, or the systematic undermining of the mother-child relationship), Bunston and Fletcher's framing of fathers as vulnerable people requiring services and emotional support to address their problems in relating to others was a silence in the Commission's report, as was Bunston's analysis of DFV as reactive and trigger-based rather than a deliberate assertion of power. This is consistent with similar framing choices made in relation to AOD and mental illness (Chapters 5 and 6), and aligns with the power and control-based understanding of DFV held by the Victorian family violence sector.[41]

The role of intergenerational factors in perpetuating violence featured prominently in the Commission's diagnosis for the issue of children, a perspective that my analysis suggests reflects framing from the module's expert contributors. The role of gender was much less prominent, again arguably reflecting the absence of gender in witnesses' contributions – and perhaps the tension between high-level gendered arguments and individual-level factors such as childhood trauma. There was little discussion of gender beyond the categories of men/fathers and women/mothers in either witnesses' contributions or the Commission's two relevant chapters, with the exception of Brennan and her department's Baby Makes 3 program.

8.4.1 A 'family violence' approach

While statutory child protection systems have historically been slow to recognise the implications of DFV for their practice, Victoria has been somewhat unusual in including children's exposure to family violence in the legislative definition of the problem. The inclusion of a focus on children is arguably – along with Aboriginal communities' experiences of DFV – the most prominent difference in a 'family violence' framing of

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[41] See e.g. this statement from family violence peak body Domestic Violence Victoria: http://dvvic.org.au/understand/about-family-violence/.

the problem, as opposed to a 'domestic violence' focus on violence between adult intimate partners. Family violence places the violence squarely in a family context, acknowledging damage and disruption that extends beyond the (often) adult perpetrator and victim to the youngest and most vulnerable members of the household.

It is important for policymakers to remember that as many as a third of children exposed to DFV do not suffer negative consequences – and thus to avoid the simple conflation of child protection and DFV. There is also the risk that a focus on children will amplify the burdens placed on mothers, requiring them to protect children from fathers' violence as well as coping with the violence directed at themselves. However, when combined with a gendered analysis of how DFV and reproductive divisions of labour are intertwined, a family violence approach that extends to all three 'planets' can help acknowledge and support all the victims of violence.

8.5 Conclusion

The Commission saw itself as having an important role in redressing an insufficient focus on children in the Victorian family violence system, given mounting research evidence on the negative effects of both direct and indirect family violence against children. It addressed this issue by devoting two days of public hearings, two chapters and 14 recommendations to matters of children and parenting. Witnesses called to this module were all concerned about the effects of DFV on children, but most employed women-centred framing where male violence was a problem for both children and their mothers, whose experiences were intertwined. There was a strong theme about reducing mother blame and increasing perpetrator accountability. Some competing framing saw feminist approaches as unhelpful or saw children's services and voices as the main priority, while some felt the priority prescription was services to repair the mother-child relationship. The Commission's report and recommendations clearly framed children as victims of DFV in their own right who should not be seen as extra to mothers, or as afterthoughts. The Commission recommended substantial increases in services for children. However, its narrative engaged substantially with evidence from witnesses who framed children's experiences of family violence in the context of mothers' experiences. The Commission showed in its commentary about children that it did not see their experiences as divorced from the sex asymmetry of family violence

– although as with the other key themes, its framing of the intersection of children and DFV did not engage with a *gendered* analysis of underlying processes or dynamics.

I have now covered in detail the problem framing found in each of the four key theme modules. In the following discussion chapter, I bring together insights from all four cases. Drawing on a distinction between gender as category and gender as process, I explore what *kind* of gender is most prevalent in the four key themes. I also further reflect on the implications of a family violence approach for the gendering of this policy problem.

Chapter 9

Discussion: Gender in the work of the Royal Commission into Family Violence

Introduction

In this chapter, I revisit my research questions, which consider where gender equality fits in the framing of expert witnesses and the report and recommendations of Victoria's Royal Commission into Family Violence. I consider not only *where* gender equality fits in the framing of the four key themes, but what *type* of gender is being invoked. This level of analysis helps us move beyond whether gender equality is considered in the diagnosis or prescription – and thus whether 'gender equality' framing is present – to understanding how different approaches to gender itself affect the diagnosis and prescription. Building on findings from the empirical chapters, I consider whether (if gender is salient in their framing) actors are considering gender as a categorical variable – where inequality between categories of people leads to one type of person experiencing violence more than another type – or as a set of processes that distribute power at structural, interactional and individual levels. I also consider the overall gendering of the Commission's report and recommendations. The chapter then explores the value of feminist intersectional approaches before assessing the potential risks and benefits of family violence framing.

I conclude that the Commission took care to show that it had considered many different points of view, and yet still delivered a report that was very gendered, at least in a categorical sense. The Commission acknowledged the disproportionate effects of DFV on women and children, outlined the ways that gender norms and gender inequality influence men's violence against women, and balanced this focus with attention to previously neglected population groups and individual risk factors. However, my analysis also demonstrates that the Commission neglected consideration of the significant impact of gender processes related to reproduction and childrearing on women's and children's vulnerability to DFV; was unable to account for women's violence and agency within a gendered framework of DFV; and missed an opportunity to draw on an analysis of gender as *process* to illuminate the gendered dimensions of each key theme, or to link together the many different types of violence that come under the Victorian problem diagnosis of 'family violence'. I discuss how

intersectionality provides a way of combining insights about gender with insights about other power distributing social constructs (such as age and race) in ways that are useful for understanding the perpetration and experience of DFV. Finally, I bring these insights about *gender as category* and *gender as process* together with a discussion of Victoria's family violence approach, to consider what factors are required to keep a focus on gender when the problem diagnosis is so broad. In doing so, I develop a conceptual model placing gender processes as the central feature of an intersectional approach to gender, power and DFV (Figure 9.2).

9.1 How the problem was framed in each of the key themes

In this research, I set out to understand the gendered content of domestic and family violence policy framing in the Royal Commission into Family Violence. As I was interested in policy actors' different and often competing framing of DFV, my first research question asked:

1) How was the policy problem of domestic and family violence framed by select policy actors participating in the following four topic modules of the Royal Commission into Family Violence?

   - Alcohol and drugs
   - Mental health
   - Aboriginal and Torres Strait Islander experiences and opportunities
   - Children

Using critical frame analysis, and applying a continuum of policy frames as outlined in Chapter 2, I analysed witness statements and hearings transcripts relevant to the Commission's public hearings on each of these four modules. Figure 9.1 shows the cumulative total of all framing categories across the 69 witness statements and hearings transcripts that I analysed.

Figure 9.1: Number of witness texts[42] **by theme in each framing category**
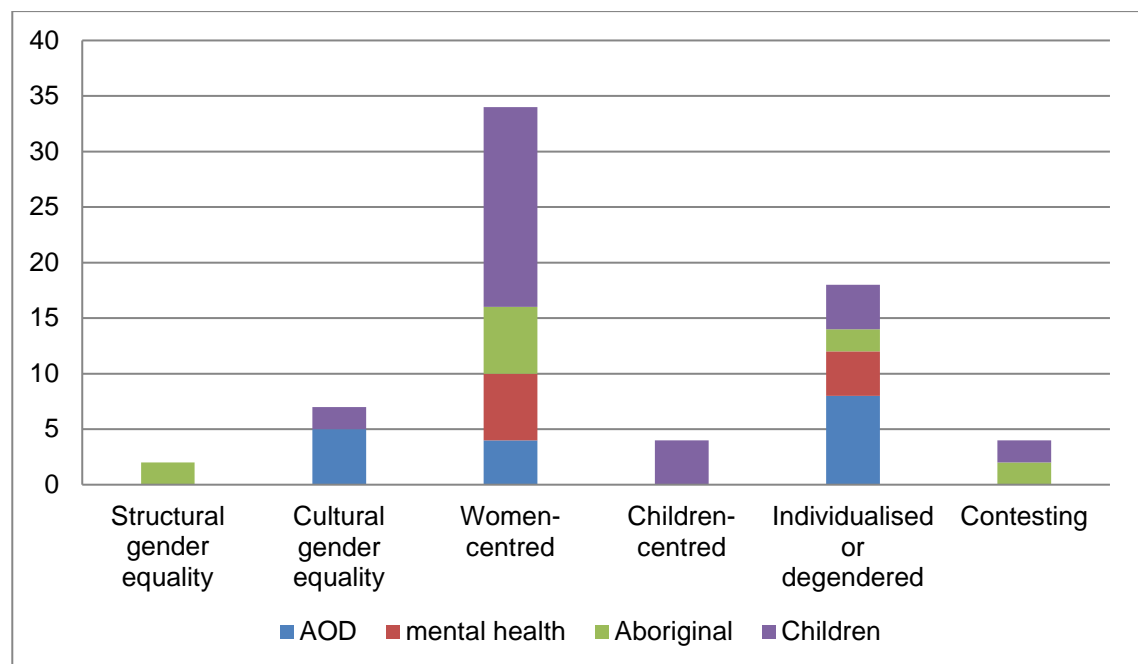
The preponderance of women-centred, rather than gender equality, framing in witnesses across the four key themes might be surprising in the context of Victoria's history of approaching family violence as a gender equality issue (Murray and Powell 2011). Indeed, given that some interview participants framed the problem in a more gendered way in interview than at the Commission (as discussed in Chapter 4), it is likely that a number of witnesses held views more consistent with gender equality framing than the evidence they gave to the Commission. This is certainly the case, for instance, with key witness Professor Cathy Humphreys, whose evidence to the children module was women-centred, while she used gender equality framing in the AOD module. Further, as Humphreys' long career of research in violence against women demonstrates, she has given considerable attention to gender equality issues. Part of the explanation may be that some witnesses would have framed the problem differently if they had been explicitly asked about gender equality issues, as occurred in the AOD module but not in the three other modules. Another possible explanation may be that in Victoria, witnesses felt that the debate about gender inequality and family violence did not need prosecuting. In other words, gender equality framing may have become so 'institutionalised' (see e.g. Erikson 2017, 40-43) in Victoria that it was made functionally invisible in parts of the discourse used at the Commission, unless

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[42] Witness statements and hearings transcripts.

actively probed for. It is not possible with the data collated for this thesis to determine why these framing differences occurred. However, it is certainly the case that with reference to the four key themes under analysis, few witnesses explicitly connected their theme to gender or gender inequality.

My second research question encompassed the Commission's framing of these issues:

2) How did the Commission represent and frame domestic and family violence in the sections of its report and recommendations related to those topics, in response to the competing frames of these policy actors?

Building on the framing from witnesses given in Figure 9.1, Table 9.1 compares the dominant framing from witnesses with the Commission's treatment of each key theme. It shows that the Commission leaned heavily on evidence and voices that supported a narrative of men's intentional violence against women, even if the gender equality aspect of this framing sometimes got lost in discussion of individual risk factors or particular population groups. Like many of its witnesses, the Commission did not include much gender equality content in its treatment of the four key themes, although it consistently drew on the evidence of its most gendered or women-centred witnesses, while downplaying or omitting the evidence of witnesses who saw the problem in an individualised way or contested gender equality framing. For example, expert witness Patrick McGorry testified that mental illness and substance abuse were potent causal factors of DFV, but the Commission's report did not include this perspective, and cited him only once in its discussion of adult mental health. Meanwhile, fathering expert Richard Fletcher, whose evidence was quite antagonistic toward feminist approaches to DFV, was not cited at all.

Table 9.1: Main framing in each theme from witnesses and the Commission[43]

Key theme	Main framing from witnesses	Main framing from Commission
Alcohol and other drugs	Individualised/degendered, with some cultural gender equality and women-centred	Cultural gender equality
Mental health	Women-centred and individualised/degendered	Women-centred (with an overall positioning of mental health as an individual risk factor in a gendered policy frame)
Aboriginal and Torres Strait Islanders	Women-centred – with minor contesting elements in some frames	Women-centred
Children	Women-centred	Women-centred

The Commission's cultural gender equality framing of the AOD module likely resulted from the controversy in that module about whether AOD was a 'cause' of violence. Feminist witnesses argued strongly for AOD to be termed a *contributing* factor rather than a *cause*, and the Commission's framing reflected this. The role of mental health in causing violence was less contested in the framing of key witnesses, and the Commission's treatment of this theme largely omitted gender equality, while extensively referring to mental health issues for female victims. As with AOD, gender equality framing was controversial in the Aboriginal and Torres Strait Islander theme, but only one witness strongly argued for it. The Commission followed its more women-centred witnesses in this module by foregrounding Aboriginal women and children as the primary victims and recommending specialist women's services, but also recommending holistic and family healing approaches. Lastly, the majority of framing in the children module was women-centred, and so was the Commission's treatment of this issue. There was a little evidence that framed the problem as individualised or contested gender equality framing, but the Commission's content on children remained strongly women-centred.

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[43] Main framing from witnesses is derived from the number of texts in each framing category (as given in Table 9.1 and explored in key theme chapters 5-8). Main framing from Commission is taken from the discussion in sections 3 and 4 of the key theme chapters.

The third research question focused on the way that witnesses and the Commissioners framed gender equality – did they see it as largely a matter of cultural factors such as attitudes and respect, or of improving structural inequalities between men and women?

> 3) How was a) gender equality and b) an understanding of gender more broadly framed and incorporated by the Commission and the policy actors in the four chosen modules?

In relation to question 3(a), as Figure 9.1 shows, where witnesses in the four relevant modules did include gender equality in their framing, it was generally what is defined as 'cultural gender equality'. That is, witnesses tended to frame gender equality in ways that invoked: men's attitudes toward women; equality on the level of individual relationships and roles within them; and the need to foster respectful relationships between men and women. Witnesses referred much less often to larger structural factors such as rights and citizenship, or economic inequality and the gendered division of labour. In other words, there was a focus on inequality in what Krizsán and Popa (2014) call the 'sphere of intimacy' rather than the spheres of 'citizenship' and 'labour' (as discussed in Chapter 2). Nor did the Commission itself attend to structural gendered factors in its discussion of the four key themes explored in this thesis.[44]

Research question 3 (part b) aimed to consider how gender was understood by the Commission and its contributors, and I address that aspect of the research in the sections below.

9.2 Gender as category and process

The supertext sensitising questions in critical frame analysis urge that attention be paid to any dimensions of gender (social categories, identity, behaviour, norms and symbols, institutions) detectable in a policy text. This highlights the importance of thinking about how actors understand the concept of gender when they are framing a policy problem. In the following discussion I explore how gender was understood by contributors to the Commission across the four key themes, and what implications this has for the way policy actors diagnose and respond to the problem of DFV. It is not enough to consider the place of gender *equality* in an actor's framing, as the

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[44] However, other sections of the report that are outside of the scope of this thesis (for example the chapter dealing with victims' financial security) did employ structural framing in relation to gender equality.

understanding of gender that underpins the actor's concept of gender equality may be too narrow to usefully encompass the complexities of the gender system and its relationship to DFV (as outlined in Chapter 1). Certain conceptions of gender, such as those that see gender as primarily a category, are also less useful when undertaking an intersectional analysis of the problem, which requires considering the way that different *structures* intersect to uniquely affect outcomes for particular groups of people (Weldon 2008; I explore intersectionality more fully in section 9.2.4).

Drawing on distinctions in the literature (e.g. Acker 1992; Fletcher 2015; Connell and Pearse 2014), I argue that a useful way to consider this research question is by thinking about whether gender is primarily understood as *category* or as *process*. In Chapter 4, I introduced the varying definitions my interview participants gave when I asked them what 'gender' meant to them.[45] For some participants gender seemed to represent a *category* of biology or identity – innate, self-defined, or socially assigned, but seen as attaching to people and dividing them into different groups with different associated behaviours and outcomes (see e.g. Acker 1992). For example, P14 said: "Well sex is plumbing, gender is either the self-applied label or the societal-applied label". P19 saw gender as "the differences between men and women". Others seemed to see gender as more of a socially constructed system, residing in regularised (but still potentially alterable) behaviours, norms, hierarchies and relations within gender categories and between gender categories. This can be broadly described as an understanding of gender as *process*. For example, LGBTI researcher P10 responded:

> Gender is the social construction, so the social rules and regulations, the pattern of
> how men and women relate to each other but also amongst themselves, how men
> relate to men, women relate to women, and men and women relate.

The main difference between gender as category and gender as process is that a categorical view sees gender more as what people *are* and the qualities they possess, while a process view sees gender more as what people (and institutions) *do*. Theorists employing a process-based understanding explain inequalities between men and women, and between groups of men and groups of women, through reference to gender processes. Chapter 1 explored this process-based view of gender (see e.g. Connell 1987; 2005a; Lorber 2004; Risman 2004; 2017) and its relationship to DFV.

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[45] I mostly asked this question during discussions of gender's role in DFV, which often arose naturally in response to my questions about the causes of violence. In a small number of cases the subject did not arise naturally, and I introduced the definition of gender as one of my questions.

Further, category and process need not be opposing views of gender. While they may not be innate or fixed, the personal characteristics associated with gender identity – with feeling male or female and possessing traits associated with those categories – are influenced by gender structures and processes. In other words, category and process are interlinked. As discussed in Chapter 1, Risman (2004; 2017) sees gender as a social structure occurring at three levels: the individual/personality level, where gendered selves develop; the interactional/cultural level, where gender is produced through social interaction; and the institutional level, which comprises formal and informal rules about gender. The latter two levels might be construed as process-based constructs, while the concept of a gendered self resonates more with categorical thinking. Thus category and process are not distinct spheres, but parts of a gendered system. Each is necessary to understand and counteract the gendered inequalities that intersect with other inequalities to distribute power and influence outcomes for individuals.

It is important to note that both those who used category and those who used process definitions recognised gender *inequality*. For example, P08, P14 and P19 all gave categorical definitions about being or identifying as men or women (or as men, women, or 'something else' in the case of P08), and all three spoke about gender inequality as a problem in society. P01 gave a process-based definition about the way we socially define what it is to be men and women, which "translates then to structural inequalities based not on anything except how women are viewed in our community". P13 defined gender as "the social and cultural context of socially defined gender roles and attributes, which exist on multiple levels" – again a process-based definition – and patriarchy as "the institutionalised system of male dominance, and the prioritisation of masculinity, which has existed historically for a very long time". All these participants felt gender inequality to be a problem, but had different understandings of gender underpinning what they meant by gender inequality.

9.2.1 Why do different views of gender matter?

Following feminist theorist Joan Acker (1992), I contend that policy actors' understanding of gender is important for their framing of – and therefore their response to – domestic and family violence. Acker (1992) argued that research treating gender as category is useful for documenting issues such as differences in the social conditions of women and men. Categorical understandings of gender are thus

necessary up to a point: they allow for analyses of official statistics showing that men mostly perpetrate violence in families, and that this violence is directed mostly towards women and children. However, if gender is only a category, and some DFV does not fit the stereotypical pattern of men abusing women, it can be easy to dismiss 'the gendered approach' to family violence, and frame the problem as a gender-neutral phenomenon. As I discuss later in this chapter, this is a particular risk for jurisdictions that take a 'family violence' policy approach that includes many different types of violence in the family. Also, even if arguments about majority male perpetrators and majority female victim/survivors lead to an acceptance of the need to consider 'gender', it can be difficult, with a purely categorical understanding of gender, to see how gender processes interact to create some of the conditions that lead to violence. As Acker (1992, 566) argues, going beyond gender as a category is necessary to understand "how gender differentiation and women's disadvantage are produced". If gender also means processes, structures, and patterns of relations that distribute power, it is easier to tease out how gender affects the prevalence, directionality and outcomes of family violence.

In the following sections I consider how heavily and in what way the Commission's report was gendered. First I consider the gender-specific language found throughout the report that strongly frames the primary diagnosis as one of men's violence against women. I then summarise the gendered content of the framing with respect to each key theme, and consider what this analysis tells us about the understanding of gender being employed in the Commission's problem framing. In doing so I show that witnesses and the Commission often framed gender in its categorical sense, but that a process-based approach to gender could (in conjunction with an intersectional analysis) capture important aspects of the problem diagnosis and prescription that were missed in relation to the four key themes.

9.2.2 Gendered language and women's violence in the Commission's report

The Commission did not define gender in its report, although it did distinguish 'sex' (a person's physical sex characteristics, which can appear on a spectrum and do not need to be male or female) from 'gender identity' ("identifying as male or female as defined by social and cultural behaviours and assumptions about identity, roles and appearance", vol I, 11). While this approach does bring in cultural constructions, it resonates more with categorical thinking about gender as identity.

Gendered language was common in the Commission's report. The Commission made a considerable effort to include many different population groups and types of abuse in its work, including abuse perpetrated by men, women and adolescents in various types of family relationships. However, the dominant narrative of the report was very gendered, in a categorical sense. It constantly paired terms such as 'men' and 'perpetrators'; similarly 'women' and 'victims' were often coupled. Some of this language use was explained in the report's 'Terminology' section:

> …the Commission generally uses the term 'victim' of family violence throughout its report, since this is the term most commonly used in the community. …[and] 'victim/survivor' to specifically describe people who have experienced sexual assault.
>
> …
>
> For the purposes of this report, the Commission uses the terms 'people who use violence', 'men who use violence' and 'perpetrator' interchangeably—except when specifically referring to adolescents or women who use violence (vol I, 10).

This explains the interchangeable use of men/male pronouns and perpetrators, but not women/female pronouns and victims. At times the use of gendered language may have been unconscious – when I asked Commissioner Neave about this during our interview, she responded "I don't think there are many spots where we did that, as we tried to be reasonably gender neutral with pronoun use".

The analysis in Chapters 5-8 provided a range of examples for each key theme where the Commission used gendered language to describe victims and perpetrators. This kind of language use occurred in many sections of the report, except in specific chapters devoted to other types of violence (e.g. adolescent violence, elder abuse, LGBTI communities, male victims, female perpetrators). In sections headed "The way forward", which comprised commentary to accompany its recommendations in each chapter – i.e. sections where it was not reporting or summarising evidence – the Commission conflated women with victims or men with perpetrators at least 62 times. This does not include chapters which were specifically devoted to particular groups of women or services for female victims, and conflation could therefore be expected. Examples of these instances include (emphasis added):

- The category of women with the category of victim:
  - "Information about the **victim** may be obtained from **her** directly" (vol II, 280).

- The category of men with the category of perpetrators:
  - "...this deprives the court of the opportunity to use its authority to impress on the **respondent** that what **he** has done is unacceptable" (vol III, 175).
- Both simultaneously:
  - "such a scheme could give **women** a false sense of security if a **perpetrator's** name does not appear on the register, simply because **he** has never had contact with the police" (vol I, 145).

The report section dealing with female perpetrators explicitly positioned female violence as being different from male violence:

> It is important to note that women who use violence in their family relationships often do so in self-defence or retaliation against violence that is perpetrated against them, as a result of abuse they have experienced in the past and/or as a consequence of a range of complex criminogenic factors (vol III, 271).

These factors were noted to be substance use, mental health issues, post-traumatic stress disorder, personality disorders and a history of abuse. This section described findings emerging from research on US programs for female perpetrators that "the majority of [women who use violence] …do not do so for the purpose of intimidation or control" (vol III, 272). Programs for women should "consider the consequences that may result from refraining from the use of violence such as injury, shame of feeling dominated" (vol III, 272), and "address the circumstances which have given rise to the offending, notably past and current family violence victimisation" (vol III, 295). In other words, the Commission framed female violence as primarily 'individualised', in contrast to its gender equality framing of male violence, and also as largely occurring in the context of current and prior male violence – thus positioning it within an overall gendered narrative of male violence.

In fact, the discussion about women as perpetrators included a reference to problems with identifying the 'primary aggressor', which implied that some cases where women are identified as violent are in fact situations where she is responding to her partner's violence (vol III, 271). Recommendation 41 of the Commission was for Victoria Police to amend its Code of Practice for the Investigation of Family Violence to provide suitable guidance on identifying family violence primary aggressors. It appeared to largely be a response to evidence from contributors that police sometimes incorrectly

identify women as the primary aggressors when in fact they are using violence in self-defence, or present to police as more aggressive than a typical 'victim' (vol III, 18). This of course links to gender processes about feminine submissiveness and docility – women who act in 'unfeminine' ways by showing anger or aggression are seen as aberrant and can therefore be misidentified as the primary perpetrator. However, the report did not present this kind of analysis. Notably, while female violence was addressed in the body of the report, there were no specific recommendations about programs for female perpetrators, indicating its low priority in the work of the Commission.

9.2.3 How gender was understood in the four key themes

Here I analyse how gender was understood by contributors to the Commission – by thinking about gender as category and gender as process in relation to the four key themes. I also consider what a process-based analysis of gender might add to our understanding of each theme. My analysis showed that gender equality framing was not the most frequent framing category in any of the four key themes, and was absent or largely absent in two of them. Thus this research demonstrates – across AOD, mental health, Aboriginal communities, and children – that when the discussion moves from a broad population-level view of DFV to more focused topics such as these individual risk factors or particular population groups, gender can slip out of the problem frame. This is particularly true for understandings of gender as process, which require looking at how gender processes (such as socialisation, performances of masculinities and femininities, and expectations associated with labour and childrearing) affect the prevalence, directionality and experience of DFV. Table 9.2 summarises the main findings from each of the key themes.

Table 9.2: Overview of gender framing in key themes

Theme	Main findings	Tensions, silences and puzzles	Gender as category or process?
Alcohol and drugs	Biggest framing clash was between 'individualised' and 'cultural gender equality'.	Controversy about whether AOD can be termed a 'cause' of DFV – fear from gender equality advocates that diagnosis of AOD as cause will lead to decreased prescription attending to gender equality.	Mainly category; some process
Mental health	No framing clash – mix of 'individualised' and 'women-centred' framing. Mental ill health largely framed as consequence rather than cause of DFV.	Use of gender as category, especially women as victims but silence on gender inequality.	Category
Aboriginal and Torres Strait Islander experiences and opportunities	Causes of DFV generally located in colonisation and its effects. Biggest framing clash was between those advocating for a 'gendered' approach with significant funding for women's services, or a 'gender neutral' approach with equal funding for men's and women's services.	Gender as an analytical lens generally seen as inappropriate, yet little resistance to the idea that women and children are the primary victims and men the primary perpetrators.	Category
Children	Overwhelmingly women-centred framing from most witnesses – children's experience of violence recognised but usually linked to fathers' violence against mothers.	Silence on gender processes underpinning division of reproductive labour and mothers'/children's vulnerability to violence. Silence on mothers' violence toward children.	Category

In relation to AOD, the type of gender under discussion in the Commission report remained largely categorical. Men and women were the focus: men as the primary perpetrators; the experiences of female victims; the need for men's behaviour change programs to address substance abuse as well as gender and power. Thus there was attention to the gender categories of men and women, but little attention to the gender processes (such as the way alcohol consumption is connected to masculinity) that influence the way that gender is constructed and performed in Australia. For example, expert witness Ingrid Wilson's references to the links between sporting clubs, alcohol and DFV were not included in the report. Nor was her reference to the connection between men's hard work and entitlement to "a relaxing beer".

Work by scholars such as Hart and Moore (2014); Hart (2016); Lindsay (2012); Towns et al. (2011) and Mahalik et al. (2007) has engaged more fruitfully with the way that substance abuse and adherence to traditional notions (or performances) of masculinity are linked to violence in Australia and New Zealand. For example, epidemiologist Aaron Hart's (2016) case study of an Australian suburban football club showed how different modes of masculinity that held sway inside and outside its clubrooms influenced the drinking behaviour and aggression of its members. Inside the club, reforms to services and infrastructure had encouraged masculine norms of drinking moderately, in a manner that did not alienate or inspire fear in women and children. Outside in the carpark and on the football ground itself, "the drinking began at the ground, then moved to a private home or licenced venue" (Hart 2016, 308). This drinking behaviour was associated with performances of aggressive masculinity. Towns et al. (2011) reviewed over 50 TV advertisements for beer and other alcohol products commonly available in New Zealand, analysing their constructions of masculinities and intimacy and assessing their relevance to DFV prevention. Sociologist Jo Lindsay (2012, 239) found that for her male participants on nights out drinking, "maintaining a masculine identity whilst desisting from violence was a complex process". She concluded that "understanding violence as a dynamic gender performance complicates the development of policy measures designed to minimize harm but also offers a more holistic approach to developing effective policy in this domain" (Lindsay 2012, 236).

These examples of scholarship show how incorporating a process-based understanding of gender into the diagnosis of AOD and family violence can be very useful for understanding the gendered context of the statistics about violent men who abuse substances, and the ways that women may self-medicate in response and perhaps become violent themselves. The findings show that the Commission clearly attended to the links between substance abuse, perpetration and victimisation, but only did so in a way that considered which outcomes occurred for which categories of people. Looking beyond gender as category to gender as process could be a helpful way to look behind the numbers and understand why the asymmetrically gendered patterns occur as they do.

Mental health

Witnesses in the Commission's mental health module (Chapter 6) lacked a focus on gender. Framing from both witnesses and counsel assisting tended to be about women as 'problem holders' – with discussion of barriers to mentally ill women receiving treatment, tactics used by male abusers against mentally ill women, mental health consequences of abuse for women, but no examination of the gendered processes and structural problems behind these issues. Witnesses were concerned to reduce the stigma of mental illness; with one exception, they did not frame mental illness as a cause of DFV. Instead, the experts tended to be more focused on DFV as a *cause* of mental illness in mainly female victims, with commensurate attention to trauma-informed care.

Trauma-informed approaches to DFV originate in the work of feminist scholars such as psychiatrist Judith Herman (1992), who was the first to comprehensively argue that the trauma of sexual assault, DFV and child abuse can lead to mental health problems in the same way as for combat veterans and other survivors of more public violence. She placed her analysis of women's and children's trauma-induced psychological distress squarely in the context of patriarchal power structures. However, some scholars have suggested that modern trauma-informed approaches to patient care have shifted from their feminist sociocultural roots and now tend to emphasise responding to individual pathology and the provision of trauma-focused evidence-based mental health treatments, rather than acknowledging and engaging with societal contributors to mental ill health (Tseris 2013; Moulding 2015; Becker-Blease 2017). This analysis is consistent with the lack of gendered content in the Commission's mental health

module. Witnesses and the Commission did not present an analysis of gender and mental health, such as exploring the ways that gender processes might intersect with mental health to influence the experience and perpetration of violence.

For example, while mental health expert Sabin Fernbacher listed ways that perpetrators can use a woman's mental health against her (WS, 5-6; day 8, p. 64-65), none of her commentary explained why women as victims were particularly vulnerable to this manipulation. Fernbacher reported that perpetrators will "[tell] her that nobody will believe her (because she has a mental illness); [tell] other people that she is 'crazy' and she makes things up... [show] concern for her mental health towards professionals while actively undermining her mental health" (Fernbacher WS, 6). The Commission's report quoted the testimony of a 'lay witness' – a survivor of violence – who reported that her abusive husband laughed after she had called the police, saying that all he needed to do was tell them "You understand women, they're irrational, they over-exaggerate, they overreact sometimes" (vol IV, 70). The report did not further analyse or contextualise this quote. However, feminist scholars (e.g. Chesler 2018; Ussher 2011; Moulding 2015) argue that gendered discourses about the feminine as irrational and emotional, helpless, and lacking in control while the masculine is rational, agentic, and in control are relevant to how we perceive women who have experienced trauma. According to psychologist Phyllis Chesler (2018), the very qualities we associate with masculinity, such as independence and emotional stability, are also associated with good mental health and with adulthood, while their obverse – dependence and emotional lability – are associated with femininity and childhood (see also Moulding 2015, 38). These socially constructed binaries can aid male abusers in appearing competent, calm and rational when dealing with police, health workers, court workers and other service providers, while painting female victims as 'crazy' and unreliable. In other words, and drawing on the work of Risman (2004; 2017), gender processes on the interactional level can help to explain the creation and maintenance of inequalities in relation to DFV and mental health.

As discussed in Chapter 6, Moulding et al. (2015, 66) also argue that the mental health consequences of DFV need to be seen in the context of "the gender discourses and unequal power relations that frame domestic violence itself". This would involve recognising that coercive control is a gendered attack on women's agency and autonomy, enabled by inequalities on societal and relationship levels, with

understandable impacts on women's mental health. It would also involve recognising the relationship between DFV, mental health and gendered structural factors such as women's insecure housing and employment. In other words, the mental health consequences of DFV itself are for many women inextricable from the accompanying economic, housing and employment insecurity that compound this erosion of their self-worth and self-efficacy (Moulding et al. 2015). As outlined in Chapter 1, these structural inequalities are also gendered. The data show that neither witnesses nor the Commission itself analysed these issues in a gendered light in the Commission's mental health module. Thus, while both the expert witnesses and the Commission did explore some of the barriers and problems that women experience, their treatment of gender and mental health was skewed much more toward categorical than process-based accounts.

Aboriginal and Torres Strait Islander communities

Gender again became controversial when considering DFV in Aboriginal and Torres Strait Islander communities. I showed in Chapter 7 that while witnesses and other contributors debated the appropriateness of a 'gender lens' in this module – unlike in the mental health module – there was a similar lack of gendered analysis (beyond the categories of male and female) in any of the witness statements or testimony. However, a process-based analysis of gender can help to bridge the arguably false dichotomy between gendered explanations for DFV and those that emphasise colonisation and its impacts. The fact that rates of DFV are so much higher in Aboriginal communities than in non-Aboriginal communities means that it is difficult to claim that gender in isolation explains everything about this problem. Clearly it does not, and factors such as racism, socioeconomic exclusion and intergenerational trauma and dispossession form a large part of the problem. This is where, as argued in Chapter 1, an intersectional approach to gender and power can combine factors such as gender, racism and socioeconomic exclusion to show how life experiences and access to power differ between Aboriginal people and non-Aboriginal people, and between Aboriginal men and women. The analysis of DFV in Aboriginal communities does not have to be either gender *or* the unique disadvantages faced by Aboriginal people in Australia – both can be addressed through an intersectional approach, as argued by McGlade (2012), Partridge et al. (2018) and Gallant et al. (2017).

For example, expert witness Muriel Bamblett's argument that magistrates have a view of women – i.e. white, and implied to be middle class and domestic – that does not match with the Aboriginal DFV victims they see in court has particular resonance with a process-based intersectional understanding of gender and power. Legal scholars Stubbs and Tolmie (1995; 2008) provide an intersectional analysis of 'battered' Indigenous women's legal treatment in cases of intimate homicide, arguing that a number of factors prevent Indigenous women from being viewed in the same way as white women accused of similar crimes, which affects their likelihood of conviction. Crucially, Indigenous women may be more likely than white women to fight back against their abusers, for several reasons: firstly, there may be greater cultural acceptance of violence as a way to resolve conflict in some communities (including as part of customary law to punish violence). Secondly, Indigenous women are more likely to have grown up in an environment where all members of the family use violence. Thirdly, these women may feel that violent resistance is their only option due to the failure of government services to protect them or an unwillingness to separate from their families and communities (Stubbs and Tolmie 1995; 2008; Bartels 2010; 2012; ATSISJC 2002). Authorities and service providers expect female victims of DFV to be passive and helpless, which poses problems for the way that all female DFV victims are viewed in the legal system but may be particularly problematic for Indigenous women whose demeanour and violent resistance do not "easily fit white stereotypes of femininity" (Stubbs and Tolmie 2008, 143). Thus, in this scenario as described by Bamblett, structural factors such as racism and punitive treatment of Aboriginal people are intersecting with gender processes on the interactional level (i.e. magistrates' gendered expectations of how victims will look and behave) to reproduce negative outcomes for Aboriginal women.

Children

Lastly, the evidence I presented in Chapter 8 suggested that it can be difficult to keep gender-as-process in the frame when the focus is on children. Discussion of the effects of violence on children also lends itself to intergenerational explanations for violence, because children from violent homes can grow up to experience or perpetrate violence as adults. The overwhelmingly women-centred treatment of this issue meant a categorical understanding of gender – i.e. the categories of woman and of mother, and the way they and their children are treated by men and DFV response services – was very much in effect. My analysis showed that the processes that drive

these gendered asymmetries in perpetration and victimisation were left unexamined – particularly, as explored in Chapter 8, the role of gender processes that position mothers as primary caregivers for children, solely responsible for their safety and wellbeing. This lack of attention to structural factors regarding the gendered division of reproductive labour and their effects on women's vulnerability to violence continued throughout the report, even in chapters focusing on financial security (vol IV, ch. 20) and prevention of DFV (vol VI, ch. 36).

A categorical understanding of gender also seemed to underpin the Commission's minimal discussion of boys' and girls' different responses to DFV. While the report largely discussed children as a homogeneous group, it noted evidence that girls are likely to 'internalise' violent experiences and boys to 'act out'. This was a simple reporting of "a gender differential response" to DFV on the categories of boy and girl (vol II, 109, citing evidence from the 2012 DHS 'Best Interests Case Practice Model' for working with children and families). Here too was a gendered silence – a missed opportunity for an analysis of these differences and the gender processes (such as aggression being encouraged in boys and passivity in girls, as explored in Chapter 1) that might lead to girls' increased likelihood of becoming withdrawn and depressed while boys are more likely to become aggressive and to misbehave (Smagur et al. 2017).

The findings demonstrated another gendered silence: namely, a lack of attention to women's violence against children, despite evidence cited from Victoria Police that mothers are identified as the 'other party' in a significant minority of incidents where the affected family member is a child. This comparative silence on mothers' violence by both witnesses and the Commission is understandable from a feminist point of view: as Peled (2011) argues, feminist activists may feel that paying attention to women's violence against children would threaten some of the hard-won social and political achievements of their activism. However, an intersectional analysis of processes that distribute power in the family accounts for both patriarchal oppression of women and intergenerational oppression of children. Feminist scholars note that mothers often have limited power in the family relative to their male partners, and more generally in society as a result of patriarchal structures disadvantaging mothers (Namy et al. 2017; Damant et al. 2008; O'Reilly 2004; Peled 2011). Andrea O'Reilly (2004, 6) argues that women's mothering is "defined and controlled by the larger patriarchal

society in which they live"; an experience of 'powerless responsibility'. However, age-related processes may nevertheless place mothers in a position of power relative to their children (Davies et al. 2007). This facilitates the extension or abuse of that power in the form of family violence (Damant et al. 2010). This kind of approach allows feminists to grapple with the tricky issue of women's violence against children without surrendering a gendered analysis – and in the context of the broadening definition of family violence, it is important that they do so.

This section has considered whether contributors and the Commission itself portrayed gender more as a category attaching to people on the basis of their sex or as a set of dynamic processes. The analysis indicates that gender as a category was more prevalent in the four key themes, as outcomes for men, women and children were considered without a strong sense of the gender processes that lead to those outcomes, or the way they combine with other social processes and structures (such as racism and colonialism) to uniquely affect outcomes for particular groups of people. The following section develops these ideas further to consider the necessity of accounting for the intersection of gender processes with other factors in understanding the drivers and responses to DFV at the Royal Commission.

9.2.4 The value of intersectional approaches for the four key themes

As became clear when investigating the four key themes in detail, although gender processes are very important for understanding and responding to DFV, they do not work in isolation to produce the conditions that underpin DFV. In each theme, the analysis demonstrated that gender plus the operation of other social processes and structural factors was important for understanding the perpetration and experience of DFV. Crucially, as observed by Weldon (2008, 202), the very idea of intersectionality requires structural – i.e. process-based – thinking: "it is the intersection of social structures, not identities, to which the concept refers." This means that an intersectional approach is not truly possible if gender is understood only as the identities and behaviours attaching to the categories of men and women. Intersectionality is about the combination of social structures such as gender and the differential constraints and opportunities that apply to people located at the 'interstices' of these structures (Weldon 2008, 202).

Here I consider examples of intersections between processes, building on the literature on gender processes explored in Chapter 1 and the data and literature from each key theme. I also explain the possible result of these intersections for particular groups of people (e.g. women substance users, Aboriginal women, children). These results are not limited to explaining the vulnerability of particular groups to DFV, but also consider how their help-seeking efforts might be affected – intersectionalities affect how DFV is experienced and responded to by self and others, but also how and whether escape and safety can be obtained (Bograd 1999).

For example, in the AOD theme the macro-level gender process of women as primary caregivers intersects with the medicalised understanding of substance abuse recovery as an individualistic journey, as discussed in Chapter 5. This means that female DFV victims are likely to have primary care of their children, but their children may be viewed as a distraction or impediment for their recovery from substance abuse. It means that treatment centres are often not child-friendly, which is a barrier for these women to access treatment (Salter and Breckenridge 2014). In the mental health theme, gender processes about women being irrational and emotional and men being rational and stable intersect with stereotypes about people who suffer mental illness as untrustworthy and unpredictable. Thus, women with mental illness can be viewed as especially unstable and unreliable, are less likely to be believed by service providers, and male perpetrators (who are given an advantage by gender processes in seeming rational and capable compared to their female partners) can use women's mental ill health against them as a tool of control. For Aboriginal and Torres Strait Islander women, as discussed earlier, structural processes such as racism and intergenerational punitive treatment of Aboriginal people intersect with gender processes – such as gendered expectations of how victims will look and behave – to reproduce negative outcomes for Aboriginal women (Stubbs and Tolmie 2008). Additionally, in Chapter 7 I outlined how Western macro gender processes positioning men as head of the household intersect with colonial oppression, which led to a loss of equal but well-defined traditional male and female gender roles in Aboriginal communities. This creates a sense of powerlessness for Aboriginal men, which can underpin some Aboriginal men's violence against their female partners as a means of regaining a sense of power (Partridge et al. 2018, 67, 69-70). And in the children theme, as noted above, intergenerational oppression of children intersects with patriarchal oppression of both women and children to create a complex hierarchy of

power within families, in which men have power to abuse both women and children, but women also have the potential to misuse their power over/responsibility for children (Damant et al. 2010).

In the following sections of this chapter, I build on these findings about gender and intersectionality to explore what the Royal Commission case study has revealed about Victoria's family violence approach.

9.3 Family violence framing in Victoria

In Chapter 3, I argued that any scholarly work examining the framing of DFV in Victoria will need to take account of the state's longstanding 'family violence' approach to this policy problem. This is important because most national and subnational governments in comparable developed nations take more of a 'domestic violence' approach in their policy prescription, focusing on violence between current and former intimate partners, or between family members sharing a home. In addition, few other governments' problem diagnoses have placed as much emphasis as Victoria on children's exposure to DFV. In each of the thematic chapters I returned to this subject, and now I will consider in more detail the relevance of the family violence approach for a focus on gender in DFV. This will help to address my final research question:

4) What has this case study of domestic and family violence in the Victorian Royal Commission revealed about how gender is and can be framed in policymaking?

9.3.1 The Royal Commission's gendered framing of a 'stretched' concept

As outlined in Chapter 3, policy prescriptions for violence between family members originated in Victoria, as elsewhere, with feminist activists advocating for a government response to what was largely known as 'domestic violence' – men's violence against female intimate partners (Theobald 2011). It has since broadened to be largely termed 'family violence', and includes a large range of family and family-like relationships. As the Commission's report showed with its treatment of multiple forms of violence, this phenomenon has stretched to include child abuse and children's exposure to violence (addressed in Chapter 10 of the report); women's violence (a section of Chapter 18); adolescent violence (Chapter 23); violence in broadly defined Aboriginal families (potentially including lateral violence) (Chapter 26); elder abuse (Chapter 27); violence in LGBTI relationships and violence that LGBTI people experience from their families

of origin (Chapter 30); and violence in family-like relationships such as disability care homes (Chapter 31).

Despite this context, this analysis has shown that the Commission's report was not gender neutral. As I have consistently demonstrated, the report and recommendations prioritise the needs of women and their children, name gender inequality as a primary cause of intimate partner violence, frame men as the primary perpetrators of DFV, and refer to the work of gendered or violence against women organisations such as ANROWS, Our Watch and VicHealth. Although there is a strong (and growing) focus on children in Victoria's family violence approach, child protection practice resources demonstrate a gendered understanding of the problem, with mothers seen as victims of DFV and fathers as perpetrators (Department of Human Services 2013; 2014). Most witnesses in the children module, and the Commission itself, had a women-centred approach to framing children's exposure to DFV. This was especially so for those giving evidence about child protection responses to DFV. This contrasts with Nixon's (2011) analysis of the family violence approach in Alberta, Canada, where a move to include children's exposure to violence within a broader framework of family violence was accompanied by a degendering of the policy prescription. Clearly, as noted by Stubbs and Wangmann (2017), the use of the term family violence in Australian jurisdictions does not necessarily entail a degendered analysis of the problem. However, through this in-depth analysis of the key themes it is clear that structural gendered analyses can be challenged or lose focus when concepts are stretched to be more culturally inclusive (such as with Aboriginal communities) or to incorporate children.

9.3.2 What factors are required to keep family violence gendered?

The Victorian policy approach to this problem has come a long way from the earliest notions of 'wife beating' and domestic violence. The problem diagnosis originally encompassed mainly intimate partner violence, where the gendered asymmetry in perpetration and victimisation is generally strongest. With so many different forms of violence and such a broad range of relationships now under consideration, it is interesting to consider: what are the factors required to keep a gendered analysis at the forefront of the policy response to DFV? And what are the potential risks and benefits of a family violence approach? Here I argue that the influence of feminist

actors and the influence of the wider domestic violence and violence against women context are both important factors.

The appointment of Marcia Neave AO as Commissioner is likely to be an important factor in the focus on women and gender inequality in the Commission's report overall. As outlined in Chapter 3, Neave had both legal and feminist credibility. As an academic, she had written several articles on gender and feminist issues. As a law reformer, she had been involved in inquiries and reviews into prostitution and family violence laws that aimed to increase women's safety. When I interviewed the former Commissioner Neave in June 2016, we discussed the dominant narrative of gender inequality that the Commission had heard about in its submissions. I asked her what she meant when she said 'gender' – what it meant to her personally. She responded that gender was "the power structures and meanings that exist in our society as a consequence of human beings' assignment to their biological sex"; "what it means to be masculine and what it means to be feminine"; and "the notion that you need clearly defined differences between men and women". She referenced legal scholar Cass Sunstein, who had argued (broadly) that the key issue is not the differences between men and women, but the social consequences that follow from them (see e.g. Sunstein 1995). Thus, Neave's definition of gender fell on the process end of the category/process spectrum. She was sensitive to the way that gender processes distribute power unevenly between groups of people.

On her appointment as Commissioner, Neave had commented in a news article that "the majority of victims of family violence are women and children, and that case will not have to be argued" (Perkins 2015a). This was also obviously the position of the other key public figure in the story of the Commission, Premier Daniel Andrews. Andrews began policy work on family violence 18 months before the 2014 election, and began to establish a sense among members of Victoria's family violence policy subsystem that he was genuinely concerned about the issue. As outlined in Chapter 3, both in opposition and after winning the election, Andrews consistently diagnosed family violence (the problem to be investigated by the Commission) as mainly men's violence against women and children, and emphasised the imperative to implement prescriptions that keep women and children safe from this violence.

Andrews' increasing awareness of the problems caused by family violence, coupled with the electoral opportunity provided by his opponents' seeming inaction on family violence, saw him make the problem one of his key electoral issues. He took an unprecedented step by establishing a royal commission into this issue, at a time when policy royal commissions were almost unheard of. His government then appointed a feminist judge to the key role of Commissioner, and gave the Commission Terms of Reference that – while wide-ranging – foregrounded women and children as primary victims, and gender equality and attitudes towards women as causal factors. Neave (assisted by part time Deputy Commissioners Patricia Faulkner and Tony Nicholson) accordingly delivered what was a very wide-ranging and carefully consulted but ultimately very gendered report, with recommendations aimed at addressing the failings of the family violence system and "the terrible injustice borne by many people, mainly women and children, as a result of these failings" (Neave interview quote).

As I have shown, Victoria's 'family violence' framing and approach has not led to a degendered policy diagnosis or prescription. But as the umbrella of family violence grows, this gendered framing is by no means assured: as McPhail et al. (2007, 832) argue: "Gender is a slippery construct, that is, if it is not front and center within an analysis, it tends to become invisible". In the absence of strong political leadership by feminist actors such as that shown by Andrews and Neave (and before them Police Commissioners Christine Nixon and Ken Lay), the gendered approach to DFV demonstrated by the Commission and the Victorian Government may not be maintained. Krizsán and Popa (2014, 759), in their article introducing the continuum of gendered DFV problem frames (upon which much of my analysis was based), note that:

> The key to securing policies against co-optation and nevertheless realizing the potential for transformative gender equality content is gendering policymaking and gendering implementation through the sustained empowerment of gender equality advocates throughout the process.

My findings support their argument that the work of actors committed to gender equality is crucial to ensuring a gendered DFV problem frame, and thus a gendered set of prescriptions (or at least a gender-sensitive application of those prescriptions). As discussed above, 'family violence' approaches elsewhere in the world are associated with gender neutral understandings of conflict within families, based on large-scale decontextualized measurement tools that do not take account of power

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and patterns of control. Flood (2010) noted the 'watering down' of the feminist orientation of Australian domestic violence services associated with the rise of neoliberal, economic rationalist models of government. Chappell and Costello (2011) likewise described the non-feminist, individualist approaches typical of Australian Coalition governments, which contrasted with the more collaborative, gender/power approaches used by Labor governments. In the Victorian case, the three most recent periods of reform aimed at improving the family violence response have all occurred under Labor governments,[46] with stalling or a loss of focus under Coalition governments.

Another factor that arguably supported the retention of a gendered analysis of DFV was the national domestic violence framing and the international violence against women context, which I outlined in Chapter 3. While the report did not directly reference UN documents or conventions on violence against women such as CEDAW, the Vienna Convention or the Beijing Declaration and Platform, it did refer many times to research and policy on violence against women – the term appeared in the report 639 times. The term domestic violence, which in Australia has been traditionally feminist aligned, appeared 852 times. Also, the Commissioners referred to Australia's national-level strategy for responding to DFV (the *National Plan to Reduce Violence against Women and their Children*) 40 times. As discussed in Chapter 3, the National Plan responds to Australia's obligations under CEDAW, the Vienna Convention, and the Beijing Declaration and Platform. The National Plan also appears in the recommendations: Recommendation 198 suggests the creation of a family violence unit in Victoria's Department of Premier and Cabinet, which among other tasks should be responsible for ensuring that Victoria meets its obligations under the National Plan. Further, as outlined in earlier chapters of this thesis, the Commissioners drew extensively on research and submissions from Our Watch and Australia's National Research Organisation for Women's Safety (ANROWS).[47] Both organisations focus on violence against women and their children as a result of gender inequality, and were created as a result of the National Plan. Three of the Commission's recommendations referred to research or guidance from Our Watch, and four to research or guidance from ANROWS.

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[46] The mid-1980s, when the first Victorian Government report on DFV led to the *Crimes (Family Violence) Act 1987* (Theobald 2011); 2005-06; and 2016-present.
[47] The name Our Watch appeared in the report 158 times, and ANROWS 105 times.

In this way, we can trace international violence against women norms (which all locate violence against women as a cause and consequence of gender inequality) through to policy documents and research organisations at the national level, which in turn influenced the subnational level in Victoria, and specifically the content of the Victorian Royal Commission. Thus, whether the term used is family violence or domestic violence, the political philosophy of the government of the day, the work of individual political champions, and the influence of national and international contextual factors all appear to matter when it comes to keeping the focus on gender in DFV.

9.3.3 What are the potential risks and benefits of a family violence approach?

Victoria and the case of the Royal Commission have shown that a 'family violence' framing does not necessarily entail a gender neutral approach to the problem. However, there are risks in taking a family violence approach, as well as potential benefits. I will address each in turn.

<u>Risks inherent in family violence framing</u>

One risk of family violence framing is that the inclusion of violence between all family members in the problem diagnosis will mask the gendered nature of the problem (Murray 2005). As many scholars have shown, the use of degendered terms is often associated with the co-optation of the DFV response by actors employing an individualised rather than gendered problem framing, which has negative implications for women and child victims (Krizsán and Popa 2014; Nixon 2007; 2011; Stubbs 2015). While this does not seem to be happening in Victoria, the use of a gendered analysis to connect *different types* of family violence with a larger gender inequality narrative did not occur in the Commission's report.

In its chapter on prevention (vol VI, 1-70), the Commission stated several times (e.g. vol VI, 4, 5) that gender inequality is an 'important' or 'significant' population-level risk factor for intimate partner violence. It noted that since intimate partner violence against women and children is the most common form of family violence, research on the causes of family violence and how to prevent it has focused on gender inequality (vol VI, 3). In this way, the Commission justified the emphasis on gender inequality as a key driver of *family violence*, and a lever for family violence prevention, on the basis of its role in *intimate partner violence*. The report did not consider the influence of gender on other forms of family violence such as adolescent violence against parents, family

of origin violence against LGBTI people, and elder abuse. Instead, the report argued that prescriptions to prevent intimate partner violence against women are likely to be applicable to other forms of violence because they

> …aim to develop and promote respectful relationships generally, to change broader social norms around the use of violence and to create environments in the home that model non-violent and respectful behaviour to children (vol VI, 1).

In other words, the Commission argued that respectful relationships programs aimed at preventing violence against women may be helpful for preventing other types of violence – but not because gender inequality and gender processes are implicated in those too. Rather, these prescriptions were seen as helpful because they discourage violence and model respectful relationships more generally.

Commissioner Neave later reinforced this framing of DFV as being a gender equality issue only with respect to intimate partner violence against women: reflecting on the work of the Commission two years after its completion, she argued that "of course gender inequality is a central contributor to family violence in the form of violence suffered by women in heterosexual relationships". However, she said the Commission also recognised the diversity of family violence and made recommendations about forms of violence such as violence against children, violence in LGBTI families, and violence against older people (Neave 2018). In this framing, gender inequality is important because it drives a large number of cases of family violence (in the form of men's intimate partner violence against women), but it is not understood as being related to all forms of family violence. This accords with the general lack of gendered analysis I found in relation to the four key themes, where there was a clear narrative of men's violence against women but little linking of gender inequality or gender processes to factors such as mental health, substance abuse, and violence against children. Thus, in some ways the gendered nature of the problem of family violence has indeed been masked, as an analysis of gendered inequalities was not employed through the Commission process as a potential driver of *all* forms of family violence.

Another risk is the possibility that that while it may be inclusive for some groups, particularly Aboriginal communities, certain communities will not feel included in a family violence diagnosis. This was not a theme of my research, however people in LGBT+ relationships may feel that domestic violence captures their experiences of violence between intimate partners, while family violence does not. In addition, the

word 'domestic' captures the variety of home-like contexts that people with disabilities may live in, without necessarily being 'family' contexts, and therefore domestic violence may better capture the experience of some people with disabilities (Healey et al. 2013).

<u>*Opportunities inherent in family violence framing*</u>

While the risk of a degendered policy response within the family violence frame should not be downplayed, there are also opportunities inherent in a family violence approach. In an immediately practical way, family violence framing can help marginalised groups such as Aboriginal communities, the elderly and people with disabilities feel included and valued, and have resources for the family violence response directed toward their communities. Inclusiveness of Aboriginal peoples is particularly important here, as it is generally considered to be an important reason for Victoria's choice of family violence framing.[48] A family violence approach is also more reflective of the needs and experiences of children who are exposed to violence between adult family members, and whose experiences of violence are often intertwined with those of their mothers (Lapierre et al. 2017). I explored this aspect of family violence in Chapter 8, but children are also relevant to the AOD and mental illness themes (Chapters 5 and 6), where evidence shows that the needs of women with children are not fully encompassed by current AOD and mental health responses to women who have experienced violence.

Family violence approaches also offer theoretical opportunities to expand the utility of gendered framing. Combined with modern feminist intersectional analyses which are sensitive to many different structures that distribute power, such as race and sexuality, a broad definition of family violence can help us with understanding how gender processes underlie many seemingly very different forms of violence. As discussed in Chapter 1, gender processes distribute power unequally among more groups than just adult heterosexual men and women, and thus affect the perpetration and experience of family violence beyond the heterosexual intimate relationship. For example, norms of compulsory heterosexuality, which are related to expectations of how gender is performed, disempower LGBT+ people relative to heterosexual people. This has implications for the violence that LGBT+ people experience from their families of origin and for the perpetration and experience of violence in their intimate relationships. The

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[48] See e.g. https://services.dhhs.vic.gov.au/what-family-violence.

violence that some women can experience from female family members is also closely related to gendered expectations of the role played by young wives, and the responsibility of older women to discipline and control them on behalf of male family members (see e.g. Salter 2014). Adolescent violence against parents – usually mothers (vol IV, 151) – is gendered because women are the primary caregivers and thus spend more time with their children, while also holding less power in the family than fathers.

If these varied forms of violence come under the policy rubric of a *family violence* response, they can be considered together, as part of a set of similar phenomena involving imbalances of power in family contexts. An intersectional gender and power analysis shows that gender is one of the primary determinants of these power imbalances. This in turn points towards prescriptions that, while still recognising the inequalities between men and women as groups, are appropriately targeted to affect the underlying levers of other manifestations of inequality such as racism and homophobia/transphobia.

In summary, the main risk of taking a family violence approach to the problem is the potential for degendering the problem frame. These are potentially balanced by a family violence frame's inclusiveness toward marginalised and disempowered groups, particularly children and Aboriginal peoples, and the benefits of understanding and combating the inequalities that underlie multiple forms of violence between family members. The final section of this chapter introduces a model for use when considering the way that gender intersects with other factors to influence the perpetration and experience of family violence.

9.3.4 Beyond women-centred: Gender as process in an intersectional gendered approach to family violence

To return to my final research question – how is and how can gender be framed in policymaking – the findings from this research have shown that gender is often framed in a *categorical* sense. Further, an awareness of gender asymmetry in perpetration often occurs in the context of women-centred (gender as category) framing that does not explicitly interrogate the gendered conditions underlying DFV. However, my findings also suggest that gender *process* framing could be more useful in a policy environment where the approach is 'family violence' rather than domestic violence or

violence against women. This is for two reasons: firstly, because it brings gender into the analysis, in the form of gender as process at micro or individual, meso or interactional, and macro societal levels, *without* only signifying men and women and the power imbalances between those two groups. This is important because, as discussed, family violence does not just involve men abusing their female partners; it encompasses perpetrators and victims of all gender categories in many different family relationships. Secondly and relatedly, intersectional gender process framing is important in a family violence policy environment because it can help show how multiple forms of violence in the family and multiple family violence risk factors are related to gender processes. Gender processes intersect with other socially constructed factors that distribute power to affect an individual's likelihood of perpetrating or experiencing violence, and differentially impact the way different groups of people experience this violence and the way others (e.g. service providers) view them as victims and perpetrators.

In Figure 9.2, I have developed a visual representation of this dynamic model. I have placed gender processes centrally in this figure, with other factors radiating from them, to represent the importance of gender as an analytical construct for understanding the perpetration and experience of DFV. This is not to say that other factors are unimportant, and there are many that I was not able to include without over-complicating the diagram. My purpose is to represent the intersection of mutually reinforcing gender processes with other power-distributing factors to influence not only the perpetration and experience of DFV but also barriers to seeking and receiving assistance. Because it represents gender as a process rather than a categorical variable, this diagram captures not only men's violence against female partners, but also other forms of DFV such as elder abuse, adolescent violence, violence in LGBT+ relationships, and violence that LGBT+ people experience from their families. Building on the literature, I have shown that gender also influences these forms of DFV, but not always in the straightforward manner of powerful men abusing less powerful women. Figure 9.2 also represents an understanding that DFV itself *contributes to and reinforces* power asymmetries, as well as being a *consequence* of asymmetries (Walby et al. 2017). This dynamic interaction of power, abuse and inequality was missing from the texts that I analysed for this case study (except in the context of individualised intergenerational cycles of violence), but is a central feature of the international violence against women conventions I described in Chapter 3.

Figure 9.2: An intersectional approach to gender, power and family violence
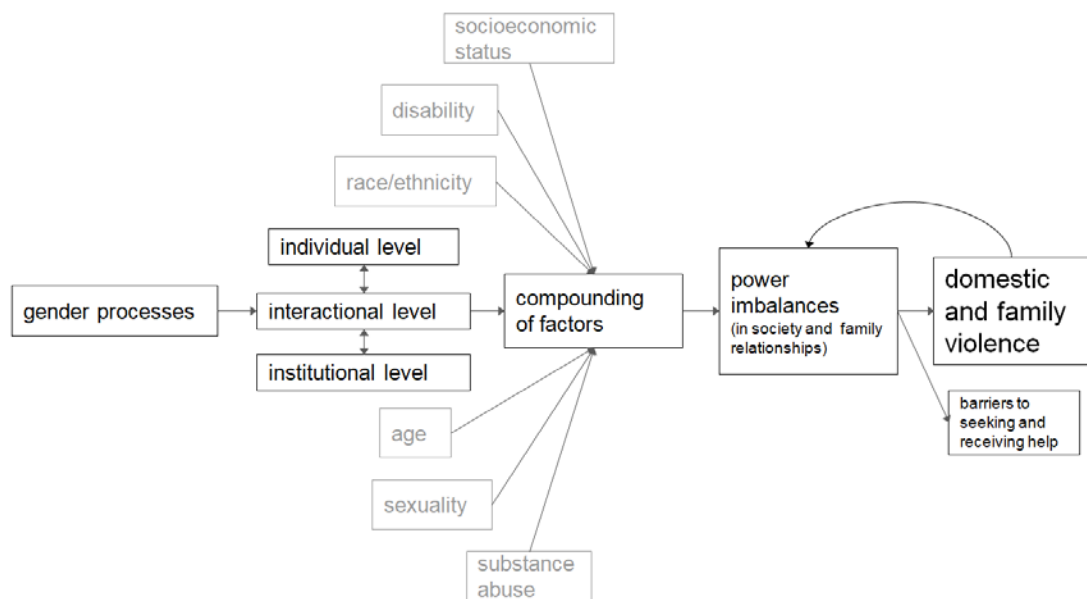
In each key theme of this research, my inclusion of gender as process opened up avenues for thinking about the problem that were not fully captured by witnesses' contributions or the Commission's report, despite their fairly consistent acknowledgement of the gendered nature of DFV. With regard to alcohol and other drugs, performances of hegemonic masculinity on the individual and interactional levels are linked to substance abuse (e.g. in the context of homosocial sporting environments or entitled relaxation after a hard day's work), which are created and endorsed by advertising and cultural norms on the institutional/cultural level (see e.g. Towns et al. 2011). This substance abuse can then intensify or exacerbate men's violence in family relationships. A diagnosis that brings in these kinds of gender processes can then open up prescriptions that (for example) challenge the gendering of alcohol advertising. With regard to the children theme, gender processes on all three levels cement women as the primary caregivers for children, meaning they have less power relative to men, but still have power over children when the factor of age is considered, and more opportunity to abuse this power than fathers (Damant et al. 2010). Gender also intersects with socioeconomic status to make socioeconomically disadvantaged women with children particularly vulnerable to ongoing violence (usually from male partners), as they have limited opportunities to leave the violent situation. This diagnosis suggests prescriptions for prevention that increase women's economic participation and financial support for single mothers. The intersection of

gender with mental health stigma suggests responses that work to reduce mental health stigma more generally, as well as stereotypes about women as irrational, emotional and dependent. I have also discussed, earlier in the chapter, the intersection of race and gender processes for Aboriginal victims of DFV. An intersectional approach to this theme requires attention to both gender and race, and recognises that neither colonialism/racism alone nor gender inequality alone is a sufficient explanation for violence in these communities. It highlights the need for researchers and policymakers to work with communities to understand the unique ways that colonialism, race and gender intersect to influence women's experiences of violence (from both Aboriginal and non-Aboriginal men) and men's perpetration of violence (Partridge et al. 2018).

In the final chapter that follows, I draw together conclusions from the four key themes I have explored, reflect on the use and limitations of critical frame analysis in this research, and consider what future research might advance our understanding of domestic and family violence framing in Australia and beyond.

Chapter 10

Beyond the Royal Commission into Family Violence: Reflections on methods and research implications

In this final chapter, I reflect on my findings and outline the contribution of my research to both the academic literature and the work of practitioners from DFV and related fields. In the process, I suggest several areas for building on this research. I also provide a reflection on my methods and research paradigm, exploring how my use of critical frame analysis differed from that of critical frame analysis pioneers such as Verloo (2007) and Krizsán et al. (2009), and consider the limitations of my research. Finally, I bring together insights from the key theme chapters and the discussion chapter to assess the place of gender in the work of the Commission, and consider how both timing and contested framing may have curtailed the Commission's ability to produce a fully gendered account of DFV that draws on modern intersectional feminist analyses of the problem.

10.1 Gender: there and yet not there

I began this research with an interest in finding out what role gender would play in the Royal Commission into Family Violence. I wondered, since gender and DFV seemed such a controversial topic in the public discourse, would the Commission proceed on the assumption that family violence was a gendered phenomenon underpinned by gender inequality? What I found was in some ways expected and in some ways surprising. I expected that, given Victoria's historically gendered approach to family violence and the political context of outrage about violence against women, the Commission would acknowledge and address the disproportionate impact of family violence on women and children. I found that despite fiercely contested framing on some aspects of the problem, the case for a gendered approach to family violence did not appear to be in danger – in fact, the Commission report used language that was in many ways even more gendered than I would have predicted. I was surprised that the report was not more careful to use non-gendered language in its commentary, given that the legislative definition of family violence in Victoria is so broad. This dominant language of men's violence against women was also surprising given the commitment of at least two of the Commissioners to investigating forms of family violence other than men's violence against female intimate partners and their children. As I reported

in Chapter 4, Deputy Commissioner Patricia Faulkner particularly felt that the Commission had 'fought' to incorporate narratives other than gender inequality into their work: "We were always testing ourselves to make sure that we were looking holistically and not just following the dominant narrative." Despite this, the use of language in the report undoubtedly portrayed much of the problem as one of male perpetrators and female victims (see e.g. the quotes in Chapters 5-9). Many of the witnesses also used language that conveyed a similar impression.

However, when I looked more deeply at the texts associated with the key themes, employing critical frame analysis techniques to tease out the gendered content, it seemed as if gender disappeared. There was often an assumption that men were the perpetrators and women and children the victims, but this tended to come across as a categorical analysis of differences between outcomes for men and women – a 'women-centred' statement about the way things were – rather than a problem frame that encompassed underlying inequalities between groups of people based on their assignment to one gender group or the other. Still rarer was framing that interrogated the gendered processes underlying those inequalities. Gender was present and yet not present. It was category, and it was offered as an explanation for men's intimate partner violence against women, and yet it was underutilised when it came to understanding, preventing and responding to other forms of family violence such as violence committed against children, in same-sex relationships, and against parents, siblings and older people. Its relationship to individual risk factors (such as mental illness and AOD) or demographic characteristics (such as age and race) was left largely unexplored. The Commission investigated all these factors without, apparently, seeking to understand their *intersection* with gender.[49] This misses the point of intersectionality as described by Crenshaw (1993) and Weldon (2008), which involves an acknowledgement of the ways that gender and other processes and characteristics that distribute power intersect and interact with each other to disadvantage certain groups of people in unique ways.

The Commission justified its attention to gender inequality as a causal factor of family violence by reference to the fact that intimate partner violence is the most common

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[49] As I elaborate below, this finding relates to the four key themes only – other factors or population groups that the Commission investigated, such as disability or people from culturally and linguistically diverse communities, may have more fully engaged with an intersectional analysis.

form of family violence; it is largely perpetrated by men against women and children; and considerable research supported the proposition that gender inequality is a cause of this violence. Gender inequality could therefore be seen as related to a large number of cases of family violence *without* being employed theoretically as a potential driver of all forms of family violence, or understood as intimately linked with factors such as mental health and substance abuse. That is the central finding of this thesis. I saw this lack of a comprehensive use of gender in understanding family violence as a gap in the framing of this problem in the Victorian policy context, and proposed the intersectional model of gender, power and DFV depicted at Figure 9.2 as an alternative way to consider the problem. The model centres gender as a crucial element of the conditions underpinning DFV, but in a way that is not limited to the categories of men and women. It represents the ways in which gender processes combine with other social processes to affect individuals' relative power in society and in relationships, thus affecting their vulnerability to violence or likelihood of perpetration, as well as the different ways that violence is experienced, and barriers to help-seeking. I will consider the contribution of this model later in this chapter.

10.2 Methodological reflection and limitations

In this section I consider the utility of my methods for understanding the gendering of DFV problem framing and outline some of the limitations of this research.

10.2.1 The case study with embedded units

The use of a case study design with embedded units (Yin 2009a) proved practical for me to cover both macro and micro aspects of this Royal Commission. Employing the Commission as the primary case allowed me to use several data sources (interview data, observational data, media commentary, and document analysis) to consider the context and operation of the Commission as a whole, and I was then able to employ critical frame analysis to consider the gendered content of policy texts related to four embedded units ('key themes') in detail. The larger case study context was important in considering the detail of the key themes (alcohol and other drugs, mental health, Aboriginal and Torres Strait Islander communities, and children), and the key themes in turn enabled me to make observations about the way that gender was considered by witnesses and the Commission itself.

10.2.2 Critical frame analysis

Critical frame analysis was the main method through which I analysed my data, and proved an ideal tool to think about 'where is gender?' in the workings of the Commission. Its sensitivity to factors such as what the problem is, who or what is responsible for causing it, who is affected, and what action to take make it particularly useful for systematically uncovering both the overt and hidden significance of relevant texts. It encourages researchers to look for hints and oblique references, to pay attention to pronouns and silences, and to draw links between diagnosis and prescription.

My use of critical frame analysis was selective as to which elements were applied and which dimensions of framing I chose to focus on. Critical frame analysis scholars van der Haar and Verloo (2016) observed a similar selectiveness when they reviewed other publications using or drawing on this method. Of course, it may be necessary when adopting a particular research paradigm to adapt it from its original formulation, especially when there are limitations of time or resources. However, it is important to discuss methods critically, both to advance discussions of research methods, and to help readers understand how to interpret the findings.

While I completed a full supertext for each text – according to the questions listed in Appendix 1 – I focused in my discussion on the key elements of a) diagnosis (and where gender fit in the diagnosis); b) causation; and c) prescription (termed 'prognosis' in other critical frame analysis work). As Erikson (2017, 40) notes, problem, cause and solution comprise a "package of ideas that are the key discursive elements of a frame". I also paid attention to 'voice' in my description of who had been called to give evidence, and which voices had been drawn on most extensively in the Commission's report and recommendations. However, I did not focus as much on elements such as 'problem holders' (i.e. whose problem it is represented to be); or 'call for action' (who is called upon to fix the problem). There were other elements of the sensitising questions that I drew on very little, such as 'normativity' (what was presented as ideal and preferred and what was presented as bad or detrimental), and 'balance' (whether there were frictions or contradictions between the diagnosis and prescription).

Much of this selective use can be explained with reference to my research purpose of understanding the role of gender in the problem framing of key witnesses and the Commission itself, and whose framing has had the most influence on the

Commission's framing. To keep the research focused on uncovering the role of gender in this case study of an important policy broker investigating a controversial issue, I found the broad elements of diagnosis, causation and prescription (and the place of gender in these elements) the most useful. I noted the suggested attention to dimensions of gender such as social categories, identity, behaviour, norms and symbols, and institutions, but I also noted that texts introducing the critical frame analysis methodology (e.g. Verloo and Lombardo 2007; Lombardo and Meier 2008) did not explain what was meant by these dimensions or how they were to be used in the analysis. I thus built on the idea of paying attention to how gender itself was framed in policy texts and elaborated the distinction between gender as category and gender as process.

10.2.3 Limitations

There are three obvious limitations of using this research approach: firstly, the narrow focus of the four key themes. The time-intensive nature of critical frame analysis required me to limit the number of texts analysed, but this meant that I was not able to look in detail at the 18 other modules that formed the basis of the Commission's public hearings. The treatment of other themes may have paid more attention to gender processes and their intersection with other factors. A future study involving a larger team of researchers, perhaps with the assistance of software, could redress this limited focus.

A second limitation was the interrogative nature of the public hearings, and how this may have affected the framing of expert witnesses. Hearings were not free platforms through which expert witnesses could expound their views – they were constrained and structured by the questions of counsel assisting and, to a lesser extent, the Commissioner and Deputy Commissioners. Witnesses may have had views on gender and causation that were not expressed because counsel assisting did not ask the kind of questions that would have elicited these views. I made this observation in Chapter 6 on mental health when contrasting its gender equality content with the AOD module (Chapter 5). Counsel assisting had specifically asked the key expert witness panel in the AOD module about AOD, gender and causation, yet there were no such questions put to the equivalent mental health panel. Witness statements were similarly constrained, in that they were based on interviews with counsel assisting, which were

transcribed by Commission staff and structured into a consistent format in consultation with the witness.

This observation is also supported by the fact that for some witnesses for whom I was able to triangulate data from witness statement, hearing transcript, and interview, their framing was not consistent for all three. Specifically, there was a tendency for interviews to be more gendered than witness statements or hearings transcripts. This was because my interview questions were designed to elicit a clear diagnosis and prescription, along with a discussion of gender's place in this framing. This meant that where interviewees did have a gendered framing of the problem, it was reliably detected by interview questions. Unfortunately I was not able to systematically discuss this triangulation in my analysis chapters, as a commitment to protecting the anonymity of interviewees (due to the small pool of potential participants) prevented me from connecting specific interviews to related public documents. Anonymity was a necessary condition for many of my interviews, as the topic of DFV is controversial. I also wanted my participants to feel comfortable making critical comments about the Commission if they wished. However, the contrast between some of the framing in interviews and public documents enabled me to make the general observation that problem framing is a changeable thing, observable for individuals only at a specific point in time, and sensitive to wider context. For example, a witness in a Victorian DFV inquiry might feel that a gender equality framing is already assured and thus not include references to gender equality in their evidence. Framing is also shaped by the constraints of the text under analysis – for example, a witness may be constrained by the questions asked by counsel assisting, or by a sense of needing to stick to the specific theme of the public hearing.

Thirdly, many of the Commission's inputs were opaque to outside observers. In particular, data from the 44 community consultation sessions attended by nearly 850 people, the informal briefings and site visits, and the six roundtable discussions (as described in Chapter 1 of the Commission's report) were not made publicly available. Submissions were publicly available, but not linked to specific topic modules. This meant that I was not able to assess the framing of all the contributors to the Commission, even in the four areas selected as the focus of this research. However, through analysing the oral evidence and associated witness statements from those called upon to give evidence in the public hearings, I was able to assess the framing of

those contributing to the public discussion of these issues. As observed by the Commission itself, the hearings had an educative function: they were used to raise awareness of the nature, dynamics, prevalence and effects of DFV, as well as highlight policy debates about the best way forward (vol I, 5). Thus, while I could not assess all of the inputs to the Commission, the public hearings represented a prominent series of inputs that could be linked to the specific themes under investigation.

10.3 Contributions of this research

The contribution of this research is four-fold. Firstly, it adds to the literature on Commissions of Inquiry. As noted in Chapter 3, little work on commissions of inquiry assesses both the inputs and the outputs in any systematic way, as this project has done in relation to the four key themes. In addition, while there are many scholarly pieces on COIs such as journal articles or book chapters, Inwood and Johns (2014) observe that few longer pieces exist; this thesis is thus a more comprehensive contribution to this literature. I have shown that in a context characterised by politically charged and high-conflict investigative royal commissions, this Commission successfully established itself as different – a constructive, collaborative policy process determined to hear multiple points of view and work with various stakeholders and communities to make recommendations that would improve Victoria's response to family violence. I have further suggested that the choice of Commissioners (particularly Commissioner Marcia Neave), willingness to broadly interpret the terms of reference, and the tactics used to investigate the problem, together with the Victorian Government's commitment to implement all the recommendations, gave the Commission 'standing' as defined by Resodihardjo (2006). This set the Commission up to become a 'catalytic' inquiry – an instigator of significant policy change, reminiscent of Canada's famous tradition of policy royal commissions – despite contention among stakeholders about the problem's diagnosis and prescription. Implementation tracking of the Commission's 227 recommendations, including the gendered implications of the implementation work, would be a useful third component to add to this analysis of the inputs and outputs. A commission of inquiry is only as good as its implementation, and as Gilligan (2002) notes, non-implementation of recommendations is the most consistent criticism of royal commissions.

Secondly, this research applies critical frame analysis and its comparative supertext research method, which originated in Europe, to Australian data for the first time. It also applies the method to a novel case study site: a royal commission. This project shows critical frame analysis to be effective in analysing interviews and public hearings (with consideration of the limitations described above) as well as more formal policy documents such as legislation and political speeches. Although researchers such as Murray and Powell (2009; 2011); Powell and Murray (2008); and Chappell and Costello (2011) have approached DFV policies in Australia from a comparative or frame analysis angle, a systematic review of national and state DFV policies employing critical frame analysis would be useful to evaluate the gendered content of these policies.

Thirdly, while the level of detail required in applying critical frame analysis limited the broader scope of the study, it formed an excellent basis for examining several unique areas in depth. My analysis has therefore been able to uncover the issues underlying competing framing in each of the four key themes, showing the complexity and diversity inherent in family violence as well as the similarities between themes and their relationship to intersectionality. This has relevance for readers beyond gender or DFV scholars. Especially when combined with interviews where I could probe actors' framing, critical frame analysis allowed me to trace and identify the differences between sectoral approaches to the problem, and articulate them with reference to a current case study of national importance. This work is of use to practitioners working in DFV and related areas, as they are steeped in these tensions as they go about their daily work, but may not have time to think deeply about them. An understanding of the different approaches taken by different types of actors, and the history and basis of these approaches, may assist practitioners to navigate the more controversial aspects of their work and advocacy.

Fourthly, I have contributed conceptual insights into how gender is and can be framed in policymaking. I have shown that gender is often framed in texts about domestic and family violence as a categorical construct, where those assigned to the male gender are seen as different to those assigned to the female gender – potentially more powerful, and certainly more likely to perpetrate DFV. An awareness of gender asymmetry in perpetration often occurs in the context of women-centred (categorical) framing that does not explicitly interrogate the gendered conditions underlying DFV.

However, I have also shown that gender *process* framing could be more useful in a policy environment where the approach is family violence rather than domestic violence or violence against women. It brings gender into the analysis without only signifying men and women and the power imbalances between them, which is important because family violence involves perpetrators and victims of all gender categories in many different family relationships (particularly when considering the children and Aboriginal themes). Gender processes intersect with other socially constructed factors that distribute power to affect an individual's likelihood of perpetrating or experiencing violence. Together, these things differentially impact the way various groups of people experience this violence, and also the way society views them as victims and perpetrators.

While many other scholars have considered the impact of gender and intersectional factors on DFV, the model I developed at Figure 9.2 combines insights from this case study of gender and DFV in a unique way. It visually represents a process-based understanding of gender combined with intersecting factors to show how these factors distribute power at both individual and societal levels, affecting the perpetration and experience of DFV as well as barriers to help-seeking. Understanding these different ways of thinking about gender can help policymakers and advocates think more systematically about their own understanding of gender and how different approaches to the concept can have different implications for policy prescriptions.[50] This model suggests that while consideration of gender is an essential component of policy prescriptions for all forms of family violence, this need not, and indeed should not, be limited to recognising the relative power of men as a group over women as a group. Men can be victims of DFV, especially in an expanded 'family violence' diagnosis, and gender processes factor into both their perpetration of DFV and their experiences as victims. People of all genders and social positions differ in their access to power depending on a range of often inextricably intersecting structures and processes. As Lombardo and Rolandsen Agustín (2016, 366) argue, a clear articulation of intersectionality in the problem diagnosis is important because "by providing rich accounts of the role of intersectional relations within policies...it increases the chances that a policy will address the concerns of subjects at the point of intersection between inequalities".

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[50] See Yates (2018) for an empirically based, practitioner-focused discussion of these implications that characterises a categorical understanding as 'big G' gender and a process understanding as 'small g' gender.

However, the implications of this model are that it is not enough to acknowledge and respond to the needs of different groups of people at the point of intersection between inequalities (such as Aboriginal women or women with mental illness); we must also strive to understand how these various forms of disadvantage uniquely interact, and formulate prescriptions that take these intersections into account. Thus, this understanding of DFV as a gendered intersectional phenomenon points to prescriptions that target the underlying levers of various forms of oppression, such as racism, socioeconomic equality, homophobia, ableism, and mental health stigma. A model such as I have given here provides a theoretical narrative to link together many forms of violence that are grouped under the family violence umbrella – without relinquishing a gender lens on the problem.

10.4 Last word: Grappling with women's violence

The Commission had only a year to complete its task and had many competing interests to satisfy. In this context, it is encouraging for those who are interested in a rich conceptualisation of the gendered dimensions of DFV, and fear a gender neutral co-optation of the problem frame, that the Commission managed to keep such a gendered focus in its work, balancing this gendered narrative against addressing many groups that have previously felt excluded from Victoria's response to family violence. But to secure this gendered framing of family violence long-term, the understanding of gender used in the way we talk about DFV needs to move beyond men and women as categories of people, beyond an understanding of gender as something that people *have.* If we employ gender only in its categorical sense, the types of family violence that do not involve men abusing women seem to contradict a gendered analysis, and can be used to contest gendered explanations for DFV.

One of the main arguments of this thesis is that at the heart of most domestic and family violence lies an imbalance of power. Seen as a series of *processes* that work at the individual, interactional and structural levels to distribute power between groups of people, gender helps us to understand why certain groups of people are more powerful than other groups of people. Combined with an intersectional analysis, this helps to explain both why some groups are more likely to abuse their family members (e.g. men), some are more vulnerable to abuse (e.g. children, women, the elderly), and also why some groups face particular barriers when seeking help (e.g. LGBT+ people, Aboriginal peoples). Embedding this kind of process-based understanding of gender

into the diagnosis and prescription of family violence in Victoria would go a long way to securing its transformative gender equality potential, by suggesting prescriptions that reduce gender-related power disparities on a structural level.

The Commission's framing of female-perpetrated violence was very different from that of male violence – as discussed in Chapter 9, the report was careful to distinguish this type of DFV from male-perpetrated violence, framing it in an 'individualised' way and thus emphasising the need for prescriptions tailored to individual-level causes. Only two pages of the 2000+ page report were devoted to female violence, with a passing reference to mothers' violence in a chapter about children. Although a number of recommendations related to improving the response to DFV in LGBTI communities (which includes violence in female same-sex relationships), there were no specific recommendations about perpetrator programs for women. This is arguably the biggest gendered silence of the Commission's report, and likely reflects McPhail et al.'s (2007) observation that it is difficult to understand and respond to female violence while retaining a gendered analysis of the overall problem (see also Peled 2011). Framing women's violence as primarily a reaction to patriarchal structures denies women's agency; as a frontline worker in McPhail et al.'s (2007, 828) research remarked:

> How am I addressing it when a woman tells me that I've been violent that I've stabbed somebody? And I'm thinking, well, actually you're just a victim of patriarchy and the reason is that you're defending yourself, and they're telling me, "No I was violent." Am I really hearing, am I really listening? She's asking me to listen deeper …when it conflicts with my view of what I want to see and how I operate inside a model.

Human rights scholar Lara Stemple (2018) argues that we must adopt approaches to sexual violence that are both gender *inclusive* and gender *sensitive*. This involves including all victims and perpetrators, regardless of sex, and also remaining sensitive to the gendered nature of sexual victimisation. I argue that the same is true of DFV, and that this case study reveals the need for greater engagement with female-perpetrated DFV. To be truly comprehensive, a feminist model of DFV needs to incorporate women's capacity for violence, and not in a manner that 'others' this violence. That way lies the minimisation of female violence that leaves the problem analysis vulnerable to anti-feminist backlash (e.g. Dutton 2010), or to the linking of female violence to narratives about mothers, monsters and whores observed by Gentry and Sjoberg (2015). Rather than seeing violent women as aberrant or as

devoid of agency and completely constrained by social structures, Gentry and Sjoberg (2015, 138) argue that people's choices are "both heavily and differentially constrained":

> By heavily constrained, we mean that a wide variety of social structures, expectations and significations play a role in constituting conditions of possibility for choices and the choices themselves. By differentially constrained, we mean that both the level and type of constraints differ across people's positions in social and political life – based on gender, race, class, nationality and other features of position in global politics.

In other words, using the intersectional approach to gender and power outlined in this thesis, we can recognise women's agency and the possibility that they can (and do) choose to be violent toward family members, and also retain an understanding of the gendered conditions that constrain men's and women's choices.

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Appendices

Appendix 1: List of sensitising questions that structure a 'supertext'

- Full title
- Date
- Type/status of document
- Actor(s) and gender of actor(s) if applicable

Voice

- Voice(s) speaking
- Perspective
- References: words/ concepts (and where they come from)
- References: actors
- References: documents (e.g. laws, policy documents)
- Other references: events etc.
- Form (argumentation / style / conviction techniques / dichotomies / metaphors / contrasts)

Diagnosis

- What is represented as the problem? To what extent is gender part of it?
- Why is it seen as a problem?
- Causality (what is seen as a cause of what?)
- Dimensions of gender (social categories / identity / behaviour / norms & symbols / institutions)
- Intersectionality (class, ethnicity, race, age, sexual preference, etc)
- Mechanisms (resources / norms and interpretations / violence)
- Location (organization of labour / intimacy / citizenship)

Attribution of roles in diagnosis

- Who is seen as responsible for causing the problem?
- Problem holders (whose problem is it seen to be? Active/passive roles, perpetrators/victims, etc?)
- Normativity (what is a norm group if there is a problem group?)
- Legitimization of non-problem(s)?

Prescription

- What to do? Which action is deemed necessary and why?
- Hierarchy / priority in goals.
- How to achieve goals (strategy / means / instruments)?
- Dimensions of gender (social categories / identity / behaviour / norms & symbols / institutions)
- Intersectionality (class, ethnicity, race, age, sexual preference, etc)
- Mechanisms (resources / norms and interpretations / violence)
- Location (organization of labor / intimacy / citizenship)

Attribution of roles in prescription

- Call for action
- Call for non-action
- Who is acted upon? (target groups)
- Boundaries set to action and legitimization of non-action

Normativity

- What is seen as ideal/preferred (institution/state of affairs/way of doing things/persons)?
- What is seen as bad/detrimental, whether institution, state of affairs, way of doing things or persons?
- Location of norms in the text (diagnosis / prognosis / elsewhere)

Balance

- Emphasis on different dimensions / elements
- Frictions or contradictions within dimensions / elements

Appendix 2: Sample interview questions

- Can you tell me a little firstly about your career and particularly how you got interested in family violence?
- [If interview occurs after Commission has reported] How do you feel about the recommendations – are you happy with them? Were there any surprises? Anything missing?
- Can you tell me about what involvement you had with the Royal Commission?
- Why do you think a Royal Commission was needed at this point in time? Do you think a Royal Commission was needed? What other policy tools might have been more appropriate?
- What is family violence, and what factors do you think are most important in causing it?
    - What do you think about the term itself – family violence? Does it work for you? Why do you think we use that term here in Victoria? Are there other terms you prefer?
- How would you go about fixing the problem, both from the perspective of your area and more broadly?
- Why do you think the government agreed beforehand to all the recommendations? How realistic do you think it is for them all to be implemented in full?
- What was your perception of the choice of topics and amount of coverage given to certain topics in the hearings? What would you have liked to have had greater coverage or be more fully examined? Were there topics you felt shouldn't have been included at all or should have had less air time?

Supplementary questions [if specific gender issues have not emerged naturally]

- What do you mean when you say gender? What is gender?
- How do you think gender relates to family violence? Probe re: involvement of children.

Appendix 3: The Royal Commission into Family Violence's terms of reference

Victoria Government Gazette

No. S 31 Sunday 22 February 2015
By Authority of Victorian Government Printer

**ELIZABETH THE SECOND, BY THE GRACE OF GOD
QUEEN OF AUSTRALIA AND HER OTHER REALMS AND TERRITORIES,
HEAD OF THE COMMONWEALTH:**

I, the Honourable Alex Chernov AC QC, the Governor of the State of Victoria, with the advice of the Premier, under section 5 of the **Inquiries Act 2014** and all other enabling powers, appoint you

the Honourable Marcia Ann Neave AO as Commissioner and Chairperson, and

Patricia Mary Faulkner AO and Anthony Joseph Nicholson as Commissioners

to constitute a Royal Commission to inquire into and report on the matters specified in the terms of reference.

BACKGROUND

- Family violence is the most pervasive form of violence perpetrated against women in Victoria. While both men and women can be perpetrators or victims of family violence, overwhelmingly the majority of perpetrators are men and victims are women and children.

- The causes of family violence are complex and include gender inequality and community attitudes towards women. Contributing factors may include financial pressures, alcohol and drug abuse, mental illness and social and economic exclusion.

- The impacts of family violence are profound.

  a. In 2013 there were 44 family violence related deaths in Victoria.

  b. For women and children, family violence has extensive and often long term physical, psychological and emotional consequences. It creates homelessness, disrupts children's schooling and leads to social and economic isolation for women.

  c. The estimated annual cost of family violence to the Victorian economy in 2009 was $3.4 billion.

- The response to family violence is necessarily complex and requires coordinated and concerted effort across government and the community, including by government departments, courts, police, correctional services, legal services, housing, child protection and family services, schools, health and community organisations.

- Many committed and dedicated persons are involved in the prevention of and response to family violence, given the challenges it presents. There were 65,393 family incidents reported to Victoria Police in 2013–14, an increase of 83 per cent since 2009–10. This increased reporting of traditionally under-reported incidents may signal a positive step towards encouraging victims to speak out and an increased awareness of family violence. However, the increase in reported family violence incidents presents a challenge for the family violence system and has had significant impacts on all parts of the system, including police, courts, legal services and specialist family violence services.

- Preventing and responding to family violence is a shared responsibility across government and local government, media, business, community organisations, communities, families and individuals.

- Victoria's response to family violence must reduce the incidence of family violence, hold perpetrators to account for their actions and support victims in an effective, efficient and sustainable way into the future.

TERMS OF REFERENCE

You are appointed to inquire into and report on how Victoria's response to family violence can be improved by providing practical recommendations to stop family violence. You are required to:

1. examine and evaluate strategies, frameworks, policies, programs and services across government and local government, media, business and community organisations and establish best practice for:

    a. the prevention of family violence;

    b. early intervention to identify and protect those at risk of family violence and prevent the escalation of violence;

    c. support for victims of family violence and measures to address the impacts on victims, particularly on women and children; and

    d. perpetrator accountability;

2. investigate the means of having systemic responses to family violence, particularly in the legal system and by police, corrections, child protection, legal and family violence support services, including reducing re-offending and changing violent and controlling behaviours;

3. investigate how government agencies and community organisations can better integrate and coordinate their efforts; and

4. provide recommendations on how best to evaluate and measure the success of strategies, frameworks, policies, programs and services put in place to stop family violence;

and inquire into and report on any other matters reasonably incidental to those set out in paragraphs 1–4 above.

You may make such recommendations arising out of your inquiry as you consider appropriate, having regard to any matters you consider relevant including:

5. the need to establish a culture of non-violence and gender equality, and to shape appropriate attitudes towards women and children;

6. the needs and experiences of people affected by family violence with particular regard to children, seniors, Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, gay, lesbian, bisexual, transgender and intersex communities, regional and rural communities and people with a disability and complex needs;

7. the need to identify and focus on practical short, medium and long term systemic improvements to Victoria's current response to family violence and the need for this response to be sustainable into the future;

8. the need for coordination across jurisdictions to provide the most effective response to family violence;

9. the systems and mechanisms to identify and appropriately prevent and respond to family violence, including information sharing and data systems; and

10. the expertise of professionals and academics working in the field of family violence, including any relevant international and Australian family violence research, past inquiries, reports and evaluations that may inform your inquiry and avoid unnecessary duplication.

You are required to report your findings and any recommendations to the Governor as soon as possible, and in any event, no later than 29 February 2016.

In these terms of reference,

family violence means family violence as defined in section 5 of the **Family Violence Protection Act 2008**.

community organisation means any non-government body, agency, association, institution, organisation or other entity or group of entities of any kind (whether incorporated or unincorporated) and however described, that provides services or conducts activities to prevent or respond to family violence in Victoria.

Appendix 4: Summary of 'supertexts' from each topic module

4.1 Texts analysed in 'alcohol and drugs' module

Voice	Main diagnosis	Causation	Main prescription/s	Framing
Witness statements				
Michael Thorn CEO, Foundation for Alcohol Research and Education (FARE) [Thorn "refers to and relies on" FARE's submission to the Commission, and attaches it to his otherwise very short witness statement, thus this supertext includes FARE's submission]	Problem is represented as the incidence of alcohol-related DFV. DFV itself is not defined anywhere, but is stated to be is "an abhorrent violation of human rights". This text is very gendered, in that all discussion of perpetrators and victims is cast in the light of men's violence against women and children. There is no mention of women as violent	The causes of DFV are not directly addressed. Gender inequality is consistently associated with VAW, which is "one avenue for men to assert their dominance over women". The physical/mental negative impacts of DFV on women are listed (no mention of economic causes or consequences). Alcohol is a factor in both perpetration and victimisation, but the text is careful not to imply that alcohol is a cause	- Regulate availability and promotion of alcohol in Vic - Develop/fund integrated models of care for victims of AOD-related DFV - Develop/fund perpetrator programs that address alcohol - Educate young Victorians on alcohol and DFV; "prevent the reinforcement of gender inequality" - Systematically collect data on AOD-related DFV and evaluate existing programs	**Cultural gender equality** While quite gendered in some ways, text does not go beyond norms and attitudes in its analysis. Little attention to structural gendered factors. One hint of gender structure is mention of alcohol advertising's role in perpetuating sexist attitudes and behaviours - really a cultural analysis

Voice	Main diagnosis	Causation	Main prescription/s	Framing
A/Prof Peter Miller Principal Research Fellow and Co-Director of the Violence Prevention Group, School of Psychology, Deakin University	DFV is a range of violent behaviours occurring in a variety of relationships, including intimate partners, parent-child, siblings, and child-parent. This includes emotional abuse. DFV is not very different from other types of violence, and they all need to be examined in the context of violence more generally	Childhood experience of violence and personality factors (e.g. trait aggression, impulsivity) are primary causes of violence. Addressing gender is important but a "sole focus upon the 'gendered' nature of DFV, which labels men as the perpetrators and women as the victims, and which identifies gender inequity as the principal 'cause' of DFV is problematic"	- "Swift and certain" justice initiatives for perpetrators affected by AOD - Alcohol 'dry zones' such as have been implemented in WA and NT - Regulatory controls on alcohol availability - Behavioural couples therapy and other interventions that are not based on gender	**Individualised (Contesting)** Despite mention of patriarchy/gender inequality contribution to DFV, more emphasis on individualised diagnoses and prescriptions. Minor 'contesting' frame as text explicitly contests gender inequality as the *main* focus of problem analysis
Prof Cathy Humphreys Professor of Social Work, University of Melbourne	DFV refers to all forms of violence, including behaviour which is physically, sexually and emotionally abusive. Violence under discussion appears to be intimate partner violence. Victims of violence are mainly (but not only) women and children, who are "severely impacted". The lives of children are at "increased risk of harm" when DFV and alcohol issues are present	The causes of DFV are not mentioned. Humphreys points out twice that AOD do not cause DFV, but increase its severity and impact. She suggests that the link between the two is related to social context and attitudes: violence supportive attitudes are more dangerous "when fuelled by alcohol and drugs"; people tend to excuse violence when perpetrators are intoxicated; and drinking is "a defining and acceptable attribute of masculinity"	- On the community level, reducing the number of take-away outlets in low SES areas - Integration of AOD and DFV programs	**Women-centred** Humphreys clearly sees this as a problem of men's violence against female partners and their children, but there is little gendered analysis beyond one mention of masculinity

Voice	Main diagnosis	Causation	Main prescription/s	Framing
Ingrid Wilson PhD candidate, Judith Lumley Centre, La Trobe University	Problem is represented as alcohol-related intimate partner violence by men against their female partners. Gender is not the focus of this analysis, but it is framed as a given – the idea seems to be 'both and', i.e. gender plus other factors	Gender inequality is a causal factor but there is "no single causal pathway", and factors that contribute to intimate partner violence are "many and complex". Alcohol is a contributing factor that increases the frequency and severity of DFV. Reference to ecological model of DFV	- Acknowledge the role of AOD in DFV and address it national and state policy docs - Target the 18-25 group for prevention and response; risky drinking is highest for them - Encourage men to stop their peers drinking to excess - Train GPs and other health practitioners to ask about and respond to DFV - Sporting clubs address gender inequity and drinking culture	**Cultural gender equality**
Superintendent Timothy Hansen Community Safety Division, Victoria Police	DFV is not defined. Problem addressed in this text is AOD-related DFV, plus the crime-related harms of AOD more generally	The word 'cause' does not appear in the text. The use and availability of AOD are variously referred to (once for each) as being connected to increasing harm, underlying factors in offences, having an association with domestic violence rates, and as correlated with DFV rates	- Consider restrictions on alcohol advertising - Allow intervention orders to be tailored to e.g. require completion of AOD programs - Challenge Australia's drinking culture while recognising that alcohol generates "positive impacts in the form of revenue, employment and social amenity"	**Degendered** Women, men, and gender are not referred to at all. Text does not claim that alcohol causes DFV, but there is no discussion of what does cause it. Focus on AOD in prescription may indicate individualised thinking

Voice	Main diagnosis	Causation	Main prescription/s	Framing
Dr Stefan Gruenert CEO, Odyssey House	DFV is a spectrum including verbal, psychological, physical, economic and sexual abuse, as well as stalking. This can be between partners or ex-partners, child to parent, or parent to child. There is an overlap between AOD abuse and DFV	AOD is not seen as a cause of violence, but increases the frequency and severity. The 'bi-directional' nature of the relationship means that a) substance abuse can contribute to violence and b) violence can result in alcohol and drug use for those who experience it. Other causal factors are not discussed	- Skill up AOD services so they can screen for DFV, do safety planning, provide advice on support without always needing to refer to DFV services - Child Protection workers should pay more attention to fathers and work with both partners to create a safer environment; 'pushing' the man out can create more risk	**Women-centred** Text is weakly women-centred. Women are not explicitly named as victims, nor men as violent, but framing casts men as the main 'users' of violence and women as the main 'experiencers'. Much of the language is gender neutral. No connection drawn between gender and violence
Alice Hanna Clinical Manager, Jarrah House	80% of Jarrah House's (female) AOD clients have experienced DFV	Women who grow up in violent households can be desensitised to violence and as a result end up in violent relationships as adults	Dialectical Behaviour Therapy is less confronting than traditional DFV counselling. The text is otherwise purely descriptive	**Women-centred** Text is women-centred because it describes women accessing services who have experienced DFV from their partners. There is no gender analysis
Horace Wansbrough Manager, Youth Support and Advocacy Service	Young people experience family conflict in the home, and also use or experience psychological, controlling, sexual and physical violence in intimate relationships. DFV is not well understood by young people, who think it is just physical. Victims framed as mainly female	Exposure to DFV and poor relationship models as a child, and exposure to fixed gender scripts, normalise violence in intimate relationships. These "gender and power differentials" become prominent in middle and later adolescence	- More DFV services for young people because they are more open to changing their behaviour - Youth workers should undergo DFV training and intervene early - Prevention programs in schools	**Cultural gender equality** Gender is definitely seen as part of the problem, but all references to gender are about behaviour in intimate relationships - there is no reference to structures or institutions. Much of the discussion is gender neutral

Voice		Main diagnosis	Causation	Main prescription/s	Framing
Judith Abbott Director Drugs, Primary Care and Community Programs Branch, Department of Health and Human Services		DFV is not defined. The problem, according to the literature, is that AOD are contributing factors to the perpetration and seriousness of violence. Ice is increasingly implicated in physically violent incidents. The text is carefully gender neutral	AOD do not cause DFV, but problematic AOD use can increase the risk of DFV, and DFV can increase the risk of alcohol and drug use for victims. Other potential causes are not discussed	- More consistent identification of DFV by the AOD sector - Increase the AOD sector's capacity to work with families, which particularly helps children - Multi-agency service centres to provide flexible and responsive service - Increased focus on prevention initiatives	**Degendered** Very gender neutral text (that in fact focuses more on AOD services than on DFV), but does refer to gendered documents such as the Common Risk Assessment Framework

Transcripts from AOD public hearing

Voice		Main diagnosis	Causation	Main prescription/s	Framing
Expert panel	Michael Thorn	Problem is represented as intimate partner violence and child maltreatment. The victim's and perpetrator's use of alcohol contributes to violent incidents, police call-outs, and children ending up in the welfare system	Gender imbalance is "first and foremost" in everyone's considerations, but we should not ignore (for 'political reasons') what the evidence says about the contribution of AOD. FARE's strategy is to "just looking at what the data says". No other discussion of causation	- Public health approaches to combat 'alcogenic' environment' - Regulatory alcohol controls (govt can get the most "bang for its buck") - Screen at-risk populations in health care settings for their violence and alcohol use - Better collaboration between AOD and DFV services – a "no wrong door" approach - Strong advertising that shocks people about the consequences of drinking	**Degendered public health (Contesting: externalising)** Text is structural – regulatory, not individualised focus on reducing alcohol consumption – but not strongly gendered (although mentions once that gender inequity should be "first and foremost" in the response). Minor externalising frame bc a small number of heavy drinkers are seen to cause a disproportionate amount of the problem

Voice		Main diagnosis	Causation	Main prescription/s	Framing
	A/Prof Peter Miller	Intimate terrorism is part of the diagnosis, but there are "many different types of violence and many different types of relationship", including situations of mutual control and violence. Emotional abuse is important to address. Only panellist to bring up male victims and female perpetrators, and also to liken DFV to other types of violence (e.g. public violence)	The biggest predictor of DFV is the experience of violence as a child, with genetics also playing a role. People who grow up in violent households use more violence and experience more violence as adults – both in the home and on the street. Gender inequity and violence supportive attitudes are not the main causal factors	- Regulatory controls on alcohol availability - Better legislative and law enforcement responses to problem drinkers (with reduced DFV as a side-effect) - Evidence-based perpetrator programs that presume that don't "presume it's entirely a genderised event" (e.g. couples behavioural therapy)	**Individualised (Contesting: externalising)** Brings up multiple individual-level factors and appears frustrated at a focus on gender inequality at the expense of other factors. Disagrees with Humphreys' diagnosis of gender inequity and violence supportive attitudes. Minor externalising frame because a small number of heavy drinkers seen to cause a disproportionate amount of the problem
	Prof Cathy Humphreys	Men's abuse of women and children, exacerbated by AOD abuse. The complexity of alcohol and DFV hasn't been addressed well in the DFV field	Humphreys endorses the Our Watch analysis of gender inequity and violence supportive attitudes as two main causal factors, with AOD being one of a range of contributing factors. She argues for adoption of this kind of language	- Better services for women who misuse AOD as a result of DFV - Response to AOD as part of men's behaviour change programs (inc 'champions' who are experts in both) - Public health campaign similar to seatbelts, guns	**Cultural gender equality**

Voice		Main diagnosis	Causation	Main prescription/s	Framing
	Ingrid Wilson	Men's abuse of women in the context of alcohol abuse, which increases women's fear and leads to worse outcomes. This happens in adolescent as well as adult co-habiting relationships	She uses the ecological model, acknowledging influences at the individual, relationship, community and macro-societal levels. This is gendered in that macro issues about gender are important in addition to individual characteristics. We shouldn't use an either/or lens of gender or alcohol. She speaks of a cultural entitlement for men to drink and to get drunk	- Early intervention for young people; learning from those who have positive outcomes - Addressing gender inequity - Screening drinkers in the health system to detect if there is violence in their families - Strong leadership from government to oppose vested interests of alcohol industry	**Cultural gender equality** The only panellist to consistently bring up women's voices. Brief mention of macro-societal gender issues, but discussion is mainly about cultural practices and attitudes

Interviews

Voice	Main diagnosis	Causation	Main prescription/s	Framing
P06: family violence researcher	DFV not defined, but the problem is represented mainly as men's violence against female partners and their children. Some violence is perpetrated by women - in the AOD sector, women who have problematic substance abuse are more likely to use violence than in the mainstream DFV sector	DFV is caused by "gender inequity and violence supportive attitudes, and then a range of contributing factors" such as alcohol and drugs. The combination of gender inequality in relationships *and* violence supportive attitudes is key. AOD do not cause violence, but research evidence shows they increase the severity of violence	- A "huge amount of effort" in prevention (e.g. respectful relationships programs in schools) - Fix problems in the family law system that allow perpetrators to abuse women and children through the courts - Bring the DFV and AOD sectors together	**Cultural gender equality** P06 has a very gendered view. They are almost exclusively talking about male abuse of female partners, and see gender inequity in relationships and violence supportive attitudes as an important factor in causing it. There is no mention of structural factors

Voice	Main diagnosis	Causation	Main prescription/s	Framing
P07: senior AOD worker	DFV is physical and sexual violence; also other behaviours that "build up to" physical violence – controlling behaviour, stalking, emotional/psychological abuse, threats to kill self or others. Gender is important because the statistics show violence overwhelmingly occurs from men to women and children. However, "I never want that to completely dominate things"	DFV starts with attitudes and values that contribute to gender inequality and power in the community. Power imbalances are the heart of the problem, which tend to be displayed in gendered ways (e.g. structural gender inequality enabling financial abuse of female partners), but not always. AOD exacerbates DFV, and DFV leads to substance use as a coping mechanism	- AOD sector should work with the whole family and not just the person presenting - Get the AOD and DFV sectors to understand each other and work together - Health and wellbeing programs for school children based on the social determinants of health - Change some of the structures in society that lead to gendered financial inequality	**Structural gender equality** P07 employs a structural gender and power analysis, with power seen as key and gender as one of the things that influences power
P14: addiction researcher	Definition: "...if you're trying to harm someone else that's violence. And if it occurs within the family context and that person's family, then I would call that family violence." There is too much focus on IPV and not enough on other forms of DFV. Gender is important but over-emphasised in our response to DFV. Mention of male victims	P14 rejects the idea of a single cause: "I'm not aware of any other phenomenon in humanity …that's so complex and yet is labelled [having] one cause." Tries to be informed by the evidence, which says that inter-generational factors, low parental engagement, and genetic make-up are important	- Improve criminal justice and policing responses to DFV - Stop gendered men's behaviour change programs and implement more evidence-based programs - School-based respectful relationships programs targeted at general violence - Regulatory alcohol restrictions not vitally important but should be implemented now because they are easy and will make money	**Individualised (Contesting)** P14 mentions several times that they are very committed to gender equality, but gender still takes a backseat in this analysis, as they focus on intergenerational factors and individual differences to explain why people are violent. P14 thinks there is too much focus on gender inequality and not enough focus on what the evidence says about other factors

Voice	Main diagnosis	Causation	Main prescription/s	Framing
P16: family violence researcher	DFV is violence between partners (IPV) and in other kinship relationships. There are special dynamics about IPV that make it different and more sustained. Alcohol abuse is a problem in that it increases the likelihood and severity of violence, and is implicated in about a third of incidents that police attend	Gender is implicated in causation, but P16 specifically invokes process rather than category: "I actually think if we're looking at family violence, we're looking at gendered systems supporting the environments in which it happens." They support the ecological model of DFV. Alcohol has a role in making women feel unsafe	- Engage young men about mental health, substance use and violence, within a trauma-informed approach - Challenge norms around male drinking - Work with women to break down assumptions about their responsibility to care for men who abuse alcohol	**Cultural gender equality** Despite reference to ecological model (which includes structural factors), P16 only talks about cultural factors such as men's drinking behaviour
P19: anti-alcohol advocate	Alcohol's contribution to DFV is the main diagnosis. DFV is not specifically defined, but intimate partner violence is contrasted with other forms of DFV	Alcohol, gambling, gender inequality, mental health issues are all seen as causes or contributing factors to DFV. "So much of [DFV] is a function of the presence of alcohol in these families. Fairly plain and simple." But "I have no trouble accepting the arguments about gender inequality", and mentions pay gap, women's place in society	- Regulatory controls on alcohol availability and minimum pricing - Shared care models of service delivery (between AOD and DFV sectors)	**Individualised (Structural gender equality)** Mentions gender equality briefly, but overall more of an individualised frame

4.2 Texts analysed in 'mental health' module

Voice	Main diagnosis	Causation	Main prescription/s	Framing
Witness statements				
Prof Patrick McGorry AO Founding Director, National Youth Mental Health Foundation	DFV is not defined. The main problem represented is the failure of the mental health system to help young people. Particularly, there are gaps in first response, a whole of family perspective, and care for people between the ages of 12 and 25. Young men are seen as the most violent group	DFV is due to 'multiple factors' (not elaborated) but 'potent causal factors' include untreated/poorly treated mental illness and substance abuse. Trauma during childhood is also seen as a factor damaging to mental health and thus a risk factor for violence perpetration	- More mental health funding - Protection of mental health funding within hospital system (not diverted to phys health) - Early mental health intervention - AOD and mental health service integration - Treating whole family, not just individuals	**Individualised** Text ignores gender entirely. DFV is caused by multiple factors including mental ill health, and increased mental health funding will help address this problem
Dr Angelina Sabin Fernbacher Women's mental health consultant & Families where a Parent has a Mental Illness co-ordinator, Northern Area Mental Health	Problem is represented as the intersection of DFV and mental illness in female victims	DFV, including child sexual abuse, can cause mental illness. In some cases mental illness can cause DFV (e.g. mentally ill people at home being cared for by their family and becoming violent toward them)	- An over-arching DHHS strategy for trauma-informed care, linked to KPIs and with staged implementation - DFV training for all mental health workers - Partnerships between DFV and mental health services	**Women-centred** Text is implicitly gendered as it references and supports gender sensitivity guidelines that (though this is not mentioned in the text) acknowledge gender inequality

Voice	Main diagnosis	Causation	Main prescription/s	Framing
Prof Jayashri Kulkarni Professor of Psychiatry, Monash Alfred Psychiatry Research Centre	DFV is not defined, but men are framed in the role of perpetrators and women/girls in the role of victims. Main diagnosis is about mental health consequences of men's violence against women	Female children who experience DFV can grow up to experience significant mental health problems, often manifesting as 'Borderline Personality Disorder' (BPD). Male children who experience DFV can grow up to perpetrate intimate partner violence. Abuse of pregnant women can affect foetal development and subsequent mental health	- Focus on women's mental health - Rename BPD as Complex Trauma Disorder; reframes condition from labelling people to being about what has happened to people - Trauma informed care for mental health patients - Female-only areas in psych units to reduce risk of re-traumatising patients	**Women-centred** Very little discussion of gender – text is focused on women's experiences of violence and trauma, and the consequences for their mental health
Drew Bishop Senior social worker, North West Area Mental Health	DFV is not defined. Diagnosis mainly to do with communication and governance structures in the mental health response to DFV	DFV seen as a possible cause of mental ill health in young people, alongside other possible causes such as socioeconomic status or drug use. Communication problems (esp. different language in risk assessment) can mean DFV workers unable to access mental health care for clients	- Break down language barriers btwn mental health and DFV sectors - More therapy options for children affected by DFV - Allow male workers in refuges so that women and children can establish positive relationships with men	**Women-centred** Constant references to women as victims; implication that men are perpetrators. No gendered analysis

Voice		Main diagnosis	Causation	Main prescription/s	Framing
Dr Mark Oakley Browne Chief Psychiatrist, Department of Health and Human Services		DFV is not defined. Violence by male partners towards women and children is mentioned; also brief mention of adolescent-to-parent abuse and elder abuse. DFV has a negative effect on women's and children's mental health, and conversely mental health problems can also make people, particularly women, more vulnerable to interpersonal violence	Most mentally ill people are not violent – mentally ill people more likely to be *victims* of violence than perpetrators. Gender, age, history of offending, and social class are better predictors of violence perpetration (not specifically DFV). Some social factors make people more likely to experience violence (poverty, unemployment, low SES, insecure housing, social isolation, sole parenting)	- Multi-service system responses facilitated by multi-agency partnerships - Trauma-informed care - Training and development to help health professionals respond better to DFV - Improved mental health intake, assessment and discharge planning	**Women-centred** This text is women-centred but implicitly gender equality-friendly as it references difficulties faced by female victims: single parenting; dependence on partners; difficulty finding appropriate housing; the higher vulnerability of Aboriginal women. No explicit gendered analysis

Transcripts from mental health public hearing

Voice		Main diagnosis	Causation	Main prescription/s	Framing
Prof Patrick McGorry		Adolescence is a complex transitional period; particular mental health issues are associated with it and can become entrenched if not addressed. Services for adolescent mental health are insufficient	No discussion of causal factors beyond mental health, but McGorry does not imply that all DFV is caused by mental ill health	- Increased funding for mental health, particularly youth mental health - General improvement of the Victorian mental health system - Holistic treatment of families rather than individuals	**Degendered** The diagnosis and prescription all revolve around youth mental health: funding, prevention, in-home visits, and involving the family in care
Expert panel	Dr Sabin Fernbacher	Mentally ill people (mainly women) who experience or have experienced DFV, and the mental ill health caused by DFV	No discussion of DFV causation, but DFV is a significant causal or contributing factor for mental illness, especially in women	General agreement on: - Trauma informed care: shifting the focus from "what's wrong with you?" to "what happened to you?"	**Women-centred** Frequent discussion of women and use of female pronouns

Voice		Main diagnosis	Causation	Main prescription/s	Framing
	Prof Jayashri Kulkarni	DFV is physical, sexual, emotional violence, and emotional deprivation. DFV is associated with 'lifelong ripples' of mental ill health		- Multi-disciplinary centres - Whole of (mental health) profession culture change to better respond to DFV, carefully monitored and led by senior practitioners - Caution on mandatory reporting – reduces survivor autonomy and may increase risk - Kulkarni would like Borderline Personality Disorder to be renamed as Complex Trauma Disorder	**Women-centred** Frequent discussion of women and use of female pronouns
	Drew Bishop	Mental health and DFV services have difficulty working together and speak different languages	N/A		**Degendered** Mainly refers to 'clients' or 'people'
	Dr Mark Oakley Browne	The main problem of DFV for mental health services is not dealing with perpetrators, but dealing with victims; DFV contributes to the onset of mental health problems. The mental health sector could have done better at responding to DFV	Briefly mention of risk factors being such as gender, age, experience of violence, prior use of violence, substance use, but not in any detail – they are only invoked to support his argument that mental illness is not a major causal factor		**Individualised** He uses gendered pronouns two or three times, but is mostly gender neutral, and pushes back against gendered framing twice. Framing is technically individualised due to mention of individual risk factors

Voice	Main diagnosis	Causation	Main prescription/s	Framing
Interviews				
P02: mental health professional	Physical, sexual, emotional, psychological, or financial violence from a family member.	Gender inequality causes men to have power over women and think they have ownership of women and children, leading to male violence against women and children. Sexist attitudes and misogyny help to enable these power imbalances. For all forms of DFV, root cause is power imbalance: "believing that one person can have power over another person. And that that is their right"	- Engaging with men - Prevention programs in schools because "we don't want to let it get to women being abused" - Early intervention - Integrated services (including child protection, health, mental health, drug and alcohol, housing) - Improved services for women with a mental illness who are experiencing DFV	**Cultural gender equality** Despite gender inequality content, P02 did not make any specific comments about legal matters, childcare, the gender pay gap, or other societal structures
P03: senior mental health professional	Not just physical and sexual violence – also verbal abuse and a misuse of power, political, economic, and other social dynamics, e.g. the humiliation of one member by others. This extends to children, who witness and experience this violence	Gender stereotypes about femininity and submissiveness lead to violence in some situations, inc but not limited to South Asian communities. Individual factors such as a poor sense of self, homelessness, unemployment, growing up in a broken family combine with cultural gender roles to cause DFV	- More mental health funding - Greater focus on women's mental health - Educate GPs/mental health workers to ask about DFV when people (esp. women) present with mental health issues - Train the mental health sector in management of patients who have experienced DFV	**Cultural gender equality** Traditional gender roles and respect for women are mentioned in the diagnosis, but there is no discussion of structural factors

Voice	Main diagnosis	Causation	Main prescription/s	Framing
P05: senior mental health professional	DFV is a societal problem Defined as the "use of emotional, verbal or physical abuse to intimidate or control another person, occurring within a family" Usually by males to females, but other forms as well (e.g. child to parent; sibling violence)	Factors associated with asocial behaviour (including DFV) include societal attitudes about what is acceptable and criminogenic risk factors such as AOD and unemployment. Power imbalances reflecting paternalistic structures in society are "an important perspective" but violence occurs that isn't explained by a "set feminist perspective" (e.g. child to parent violence).	- Standardised, whole of government response to detect violence and provide timely services - Increased awareness in mental health workers re how DFV affects mental health - Clear consequences for perpetrators - Prevention campaigns to shift attitudes about acceptable behaviour	**Degendered (Individualised)** P05 acknowledged once that the majority of the violence is perpetrated by men against women but did not present a gendered analysis. They generally use the language of victims and perpetrators. Mentioned 'patriarchal structures' (at the end of the interview) only to say that feminist analysis does not explain all violence

4.3 Texts analysed in 'Aboriginal and Torres Strait Islander experiences and opportunities' module

Voice	Main diagnosis	Causation	Main prescription/s	Framing
Witness statements				
Antoinette Braybrook CEO, Aboriginal Family Violence Prevention & Legal Service	The disproportionate impact of family violence on Aboriginal women, and the unwillingness of the Aboriginal community to accept this. Communities often pressure women to stay in violent relationships. Gender is a large part of the problem, compounded by racial discrimination	Gendered structures, stereotypes and power imbalances, as well as racism, systemic violence, social disadvantage, dispossession of land, intergenerational trauma, childhood trauma. Alcohol and drugs increase the severity	- Aboriginal Community Controlled Organisations (ACCOs) should provide DFV services to Aboriginal people; some of these should be specialist women's services - Services must recognise the gendered nature of DFV and support the woman if she wishes to leave the relationship - Men's services should not be prioritised at the expense of women's services	**Structural gender equality** Gender structures, stereotypes and power imbalances are mentioned as the primary cause of the problem. However, analysis of this is very brief and there is no mention of it in the prescription
Annette Vickery Deputy CEO, Victorian Aboriginal Legal Service	Family violence not specifically defined, but includes elder abuse, child abuse, same sex couples, and men and women as both victims and perpetrators. It is not part of Aboriginal culture	Gender inequity, poverty/ social disadvantage, powerlessness, childhood experiences /intergenerational factors, and AOD issues are drivers of DFV in Aboriginal communities. Use of gendered language about perpetrators and victims is seen as unhelpful and may perpetuate cycles of violence	- Aboriginal controlled responses - An overall focus on behaviour rather than gender; non-gendered relationship work with children - Women should be supported to make their own decisions about staying or leaving - Cultural awareness training for non-ACCOs	**Women-centred (Contesting)** One mention of gender inequity but text is mainly women-centred (women are overwhelmingly the victims; female victims discussed more than male victims). Code of minor contesting frame is because text rejects the notion that prevention should address issues of gender

Voice	Main diagnosis	Causation	Main prescription/s	Framing
Prof Muriel Bamblett CEO, Victorian Aboriginal Child Care Agency	Family violence is not specifically defined, but encompasses a broader range of behaviours and relationships than in the mainstream context, including intergenerational violence and abuse, and its impacts on extended families and kinship networks. It is interconnected with disproportionate child removal from Aboriginal families. It is not part of contemporary or traditional Aboriginal culture. Gender is not part of the diagnosis	Assimilation and forced removal of Aboriginal children (Stolen Generation), along with structural inequalities of poverty and systemic racism contribute to the high rates of DFV in Aboriginal communities. AOD is also a cause of violence. Violence perpetuated by intergenerational trauma and disadvantage, which leads to "prisons full of Aboriginal men" with substance use and anger management issues	- Address intergenerational trauma and racism - Resource ACCOs to design and deliver services with and to Aboriginal communities - Include culture as a key component of all Aboriginal services - Learn from resilient families about how and why they are successful - Gendered lens is inappropriate for Aboriginal communities	**Contesting (Women-centred)** Although implicitly recognising women and children as the primary victims through nouns and pronouns, Bamblett argues that individuals can be both victims and perpetrators of DFV. She explicitly rejects a gendered lens as inappropriate and ineffective for Aboriginal perpetrators because of its power and privilege approach
Jacki Turfrey Director, Koori Justice Unit, Department of Justice and Regulation	DFV has a higher prevalence in Aboriginal communities than mainstream communities and is defined differently. Same definition from 10 Year Plan as used by Singh and Jackomos below. Lateral and community violence also part of the problem	Primary driver of DFV is "the legacy of colonization and dispossession which has resulted in patterns of intergenerational violence, trauma, grief and loss, fragmentation of families, destruction and loss of cultural practices and roles; and is compounded by entrenched poverty and homelessness"	- Culturally appropriate DFV programs that address unresolved grief and trauma - Therapeutic and restorative justice approaches - Tailored approaches that also address lateral and community violence - Parenting and relationship programs to interrupt intergenerational violence - Improve data collection on Aboriginal DFV	**Women-centred** Text acknowledges that intimate partner violence mostly affects women and children, has the safety of women and children as a top priority. It frames feminist power-based approaches as of limited use in the Aboriginal context

Voice	Main diagnosis	Causation	Main prescription/s	Framing
Angela Singh Executive Director, Aboriginal Affairs Victoria	DFV in Aboriginal communities includes physical, sexual, social, spiritual, cultural, psychological and economic abuse in families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide	DFV in Aboriginal communities caused by dispossession of land and culture, breakdown of kinship systems and Indigenous law, racism and vilification, economic exclusion and poverty, AOD abuse, institutionalisation and child removal, inherited grief and trauma, and the loss of traditional roles and status. These explanations are taken from the 10 Year Plan	- Aboriginal-led strategies and reforms implemented in partnership with government - Culturally responsive and safe services for perpetrators and victims, including recognising that women may not want to leave their partners - Aboriginal specific men's behaviour change programs that work towards family and community strengthening	**Women-centred (Contesting (family protection))** Text is women-centred in that it frames women and children as needing services for victims, and men as needing services for perpetrators. It does advocate for different services for men, women and children. However, there is emphasis on holistic family healing and no discussion of gender or sex asymmetry
Andrew Jackomos Commissioner for Aboriginal Children & Young People	DFV is broader than the definition for non-Aboriginal communities; includes physical, sexual, social, spiritual, cultural, psychological and economic abuse in families, intimate relationships, extended families, kinship networks and communities. Overwhelmingly perpetrated by men against women and children, but many in the Aboriginal community reject this so there are not enough services for women and children	Causes of DFV are not named explicitly; implied to be intergenerational poverty and marginalisation (caused by colonisation, dispossession, separation of communities), compounded by complexities e.g. AOD abuse and high rates of child removal. DFV drives children into out of home care, which then causes disconnection from communities and likely perpetration or victimhood as adults	- Strengthen services for children and their families so that they a) are not removed from their families, or b) are supported to stay resilient and connected to their community if they are removed - Support ACCOs as an essential part of the service system - A gendered approach to service delivery	**Women-centred** Although Jackomos supports 'gendered' approaches, he does not explain what this means and there is no mention of gender inequality or gender norms. A gendered approach appears to mean the provision of adequate services for women and children

Voice			Main diagnosis	Causation	Main prescription/s	Framing

Transcripts from Aboriginal and Torres Strait Islander public hearing

Voice			Main diagnosis	Causation	Main prescription/s	Framing
Expert panel		Andrew Jackomos	The breakdown of family and culture is a big problem. DFV is largely perpetrated by men against women and children. Child removal is a big part of this problem	Aboriginal people were "rounded up from traditional lands and placed on government missions and reserves". There was a breakdown of culture, language and relationships, and respect. This has led to successive generations of families being involved with child protection and the criminal justice system	- Use culture as key source of resilience for Aboriginal people - Reduce Aboriginal children entering out of home care - Keep Aboriginal children in out of home care connected to their communities - More services for Aboriginal women and children	**Women-centred** Women are the main victims, but no mention of gender inequality
		Annette Vickery	DFV is a very broad problem with different victim experiences and different offender behaviours. Women are mainly the victims of DFV and men the perpetrators, but we as a society struggle with being able to identify women as violent or men as victims. Everyone needs a service	Causes of DFV not discussed. If we use 'woman+victim' interchangeably and 'man+perpetrator' interchangeably, putting women in one category and men in the other, girls and boys grow up thinking this is inevitable, which "blocks safe outcomes"	- Gendered social narrative of family violence needs a "complete shift" - DFV service delivery should be 'gender neutral' with holistic behaviour change for male and female victims and perpetrators (BUT service also appropriate for gender of perpetrator) - Aboriginal service delivery should be in Aboriginal hands	**Contesting frame** Vickery actively contests gendered approaches to family violence, arguing that although women experience more violence and men perpetrate it more, assuming that men and women fall into those categories is damaging and deterministic. There should be services available for violent women

Voice		Main diagnosis	Causation	Main prescription/s	Framing
	Muriel Bamblett	The intersection between DFV, child protection and out of home care. The rights, interests and needs of mothers and children are important in this context and services have not done enough for them	The 'genocide' of Aboriginal people and culture; deprivation of basic rights	- Services should accept/redress the wrongs done to Aboriginal people - Partnerships between Aboriginal agencies and mainstream services - Strengthening Aboriginal families using culture as a source of resilience - Intensive services for new babies, delivered by ACCOs	**Women-centred**
	Antoinette Braybrook	Problem is represented as violence against women: "there is a call in our community to keep family violence gender neutral, but we do not support that". Women are often 'silenced' and pressured to stay in violent relationships to keep families together	Colonisation and its effects are linked to DFV but are not a cause (cause is implied to be gender inequality). Colonisation/dispossession/racism made Aboriginal women more vulnerable to violence	- Specialist services for Aboriginal women - A gendered response to DFV - Safe at home programs for women supported by other services	**Structural gender equality (weak)** She brings up gender and women's experiences at every opportunity. Framing is weakly structural due to mention of Aboriginal women's legal and social disadvantage

Voice		Main diagnosis	Causation	Main prescription/s	Framing
Govt panel	Angela Singh	Adopts definition of family violence from the Aboriginal-led "10-year plan": social, physical, emotional, spiritual, cultural, economic abuse across families, kinship systems and communities. Includes elder abuse and lateral violence. Women and children are overrepresented as victims, which is sufficiently covered in the 10-year plan and its commitment to the safety of victims	Referred to earlier witnesses' discussion of causation – not explicitly stated, but implication is colonisation and its effects. These causes must be addressed in order to address family violence	- Holistic responses to Aboriginal DFV - More data on Aboriginal indicators of family violence - Aboriginal controlled organisations must be at the forefront of service delivery to Aboriginal communities - Mainstream organisations need to provide culturally safe and respectful services	**Degendered (Women-centred)** Statement on women and children as primary victims elicited by counsel assisting, who asked for Singh's response to criticisms of the 10-year plan as not focused enough on women. Women as primary victims otherwise not discussed. Holistic funding for all community members seen as appropriate (as recommended in 10-year plan)
	Jacki Turfrey	Similar definition of DFV to Singh, relying on the 10-year plan. Diagnosis includes lateral violence and community violence	N/A	- More data on Aboriginal indicators of DFV, and the capacity to analyse to support evidence based policy - Proportional funding for Aboriginal DFV programs based on Aboriginal DFV overrepresentation - Balance pilot funding to encourage innovation with ongoing support for initiatives that evaluate positively - Boosting Aboriginal workforce capability - Tailored responses to local areas	**Degendered** No identification of women as primary victims

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Voice	Main diagnosis	Causation	Main prescription/s	Framing
Interviews				
P08: Aboriginal sector executive	Violence against women by both Aboriginal and non-Aboriginal men: assaults on women, death, emotional abuse, and financial abuse. Gender is a large part of the problem but this view is not 'embraced' by Aboriginal communities in Victoria or nationally	Men choose to be violent. Gender inequality is a major cause, exacerbated by alcohol use, childhood sexual abuse, institutionalisation. Racial disadvantage and past injustices against Aboriginal women make these women more vulnerable to violence from Aboriginal and non-Aboriginal men	- ACCOs supported to deliver culturally safe services - Mainstream services should be culturally aware and responsive to Aboriginal women - Programs run by Aboriginal women for Aboriginal women - Working with young women to help them understand what healthy relationships look like	**Structural gender equality** P08 is very focused on women and mentions gender inequality (intersecting with racial disadvantage) several times. When pressed about prevention for DFV in the mainstream community, they mention respect for women, the wage gap, and employment opportunities
P09: Aboriginal sector executive	Problem is represented as violence in families – between couples, perpetrated by either men or women, elder abuse, violence towards children, or violence in same sex relationships. Women are the majority of victims, but services should not be 'gendered' (i.e. assume that women are victims and men are perpetrators)	Dispossession and colonisation, childhood experiences of violence (i.e. intergenerational explanation): "I think it's a learned behaviour"	- Men's and women's long-term 'time out' services delivered on traditional lands - Accommodation and support for male perpetrators to allow women to remain in the home - Services for children, including trauma counselling - Behaviour change programs for both men and women - Early identification and (low-impact) intervention for vulnerable families	**Contesting frame** A very clear contesting frame. The diagnosis and prescription are in no way connected with gender inequality. P09 holds that women are the majority of victims but services should be gender blind and should not pigeonhole people as victims or perpetrators, and families should not be broken up "over any life event"

Voice	Main diagnosis	Causation	Main prescription/s	Framing
P12: Aboriginal public sector executive	Lateral violence (perpetrated sex-symmetrically) is part of the DFV diagnosis, and needs to be addressed at the same time. Includes verbal violence and physically threatening and physically harmful behaviours. DFV is the same behaviours as lateral violence, but in a private setting (where it can escalate, often due to AOD abuse). Victims are mainly female, so it is a gendered problem, but it requires a 'gender neutral' response. Women perpetrate DFV, but not as often as men	The "real issues" that drive family violence are not to do with gender (which is why a feminist analysis is seen as inappropriate) - they are related to colonisation, trauma and disempowerment. Lateral violence has the same drivers. DFV is a cause of Indigenous incarceration and cyclical disadvantage	- Definition of family violence in Aboriginal communities needs to include lateral and community violence - Address lateral violence as a priority - Equal funding for men's and women's programs (termed a 'gender neutral' approach) - Address trauma of DFV victims, especially children	**Contesting frame** **Women-centred** P12 is not hostile toward feminist approaches, but does not seen them as useful for Aboriginal communities. The frame is otherwise women-centred in that it acknowledges the disproportionate effects of violence on women and children, and casts them in the role of the primary victims

4.4 Texts analysed in 'children' module

Voice	Main diagnosis	Causation	Main prescription/s	Framing
Witness statements				
Dr Robyn Miller Social worker and family therapist	The negative impact of violence on children, who are not passive witnesses - they experience violence in many direct and indirect ways. Roughly 1/3 of children exposed to violence fare as well as those not exposed. DFV includes physical/ emotional violence and controlling behaviour. Varied forms of DFV referred to (e.g. sibling violence and elder abuse), but text mainly frames violence as men abusing female partners	Causes of DFV not discussed, but there are references to intergenerational patterns and 'vicious cycles'. DFV can cause many problems for children's development and wellbeing. It may have lifelong effects and cause problems with adult intimate relationships, and with relationships with their own children	- Integrated DFV service systems, including partnerships between police, courts, specialist DFV services, child protection (etc) - A differentiated response system to L17 (police) reports where children are present - A DFV system with the 'basic orientation' of supporting the mother-child relationship - Support Child Protection to engage with fathers and hold them accountable/keep them visible	**Women-centred** More than any other expert witnesses in this module, this text paints a picture of a manipulative, intimidating male perpetrator who is in control of the situation. Women and children are clearly the primary victims in her framing, and much of the prescription focuses on how to support them. However, there is no direct discussion of gender or gender inequality

Voice	Main diagnosis	Causation	Main prescription/s	Framing
Prof Louise Newman AM Director, Centre for Women's Mental Health, Royal Women's Hospital	Mainly male physical and emotional abuse of female partners, which has a very negative effect on children of all ages (including in utero). Women experiencing violence may also be violent toward their children. Mutually emotionally abusive r'ships are also harmful to children	The main causal mechanism of DFV is seen as intergenerational transmission through childhood trauma, with attachment theory as a way to explain this. Both victims and perpetrators are seen as having usually been abused as children	- Antenatal screening for DFV - Intervention programs that do not tell women what to do, but help them to think about the impact of stress on their unborn child - Improved linkages between child protection and mental health	**Women-centred** There is no gendered analysis in this text. Women/mothers and children are presented as the main victims, and the prescription focuses on services for them
Andrew Jackomos Commissioner for Aboriginal Children and Young People	The problem for Aboriginal communities is broader than mainstream, "encompassing a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that may be perpetrated within families, intimate relationships, extended families, kinship networks and communities". It is 'overwhelmingly' perpetrated by men against women and their children	Causes of DFV not discussed explicitly. Implication that intergenerational poverty and marginalisation (caused by colonisation, dispossession, separation of communities) are compounded by other complexities such as drug and alcohol abuse, 'escalating' the violence experienced by the community. This is 'further compounded' by the very high rate of child removal	- DFV services that have a 'gendered' approach - Strengthen services for children and their families so that they a) are not removed from their families, or b) stay resilient and connected to community/culture if they are removed - Support Aboriginal Community Controlled Organisations as an essential part of the service system - Explicitly define DFV in all relevant child protection legislation/policy/guidelines	**Women-centred** Although Jackomos supports 'gendered' approaches, he does not explain what this means (implied to be the provision of adequate services for women and children). There is no mention of gender inequality or gender norms

Voice	Main diagnosis	Causation	Main prescription/s	Framing
A/Prof Stephanie Brown Perinatal and Maternal Epidemiologist, Murdoch Children's Research Institute	Social risk factors for poor maternal and child health outcomes, of which DFV is one. DFV is framed as men's violence against female partners. Women's mental health goes "hand in hand" with DFV (p. 3). Antenatal and maternal and child health services do not adequately identify and address DFV	Causes of DFV not discussed. DFV results in in mental (particularly depression and anxiety) and physical ill health for women. For children exposed to violence, it is associated with emotional and behavioural difficulties	- Better identification, management and support of women experiencing DFV by antenatal and maternal/child health services, facilitated by the adoption of a broader public health approach that focuses on the social determinants of health	**Women-centred** Framing is entirely about male to female intimate partner violence affecting the health outcomes of women and children. Epidemiological approach is apparent in her focus on the 'constellation' of risk factors affecting certain vulnerable sections of the community, of which DFV is only one. Little discussion of gender and no mention of gender inequality
Ailsa Carr Executive Manager, Family Youth and Children's Services, Gippsland Lakes Community Health	The main problem represented here is the (inappropriate) specialisation of family services (including DFV services) in rural communities. DFV itself is discussed very little, and is not defined	Specialised services are seen to lead to siloing, which is inappropriate for rural areas. Causes of DFV not discussed or implied	- Integration of family and DFV services in rural areas - Build flexibility into system and funding models - Work with children early to prevent long-term social/emotional/economic impact of risk factors on children	**Individualised** Text is almost women-centred in that it mostly discusses services delivered to mothers. However, the focus is on delivering holistic services to families (especially those with particular risk factors) to meet their individual needs

Voice	Main diagnosis	Causation	Main prescription/s	Framing
Prof Mark Feinberg Research Professor, Prevention Research Centre, Pennsylvania State University	Conflict in families, which includes intimate partner violence, child abuse, child to parent violence, and sibling violence. Includes psychological aggression. Sibling relationships have the highest levels of violence of any family relationship, but sibling violence has been neglected. No gendered pronouns used – this is a problem of families, parenting, siblings	Parents are violent due to poor self- and relationship-management skills. They use violence either to control a situation, or because of "intense negative emotions that they cannot control" (p. 6). Risk factors for DFV include parent mental health; substance use; family of origin experiences and many others. Violence, including mild aggression, has harmful effects on children	- Focus on co-parenting - Focus on sibling violence - Home visiting programs for high risk families - Universal co-parenting programs for couples in the transition to parenthood	**Individualised** Text is completely non-gendered. Risk factors for violence are presented as combinations of (mainly individual) stressors affecting families, such as poverty or mental ill health, or intergenerational (family of origin) experiences. Universal co-parenting services are prescribed to reduce conflict in the parenting relationship, and thus violence
Wendy Bunston Senior social worker, family therapist, infant mental health clinician	Young children are the most vulnerable victims of DFV, but the DFV sector does little work with them. It focuses on fixing the problems of the adults first, assuming this will automatically address the children's problems. Children have no 'voice' in the sector, which deals in 'absolute stereotypes' of mother = victim and father = perpetrator. Despite this, text frames men as perpetrators and women and children as victims	Exposure to DFV causes developmental delays and attachment problems (because a child's ability to form healthy attachments is largely determined in the first few years of life), which can then lead to intergenerational cycles of DFV. There are five references to the intergenerational nature of DFV, and no other causes are mentioned	- Work with children that recognises their voice and agency - Early intervention on the mother-child relationship - Working with men/fathers because "there will always be some form of attachment between a child and their biological parent" - Therapeutic work with mothers and children in refuges	**Children-centred** Text does not mention gender either implicitly or explicitly in either the diagnosis or prescription. The framing is almost 'contesting', because intergenerational explanations are pushed quite hard, but on the other hand gendered approaches are not explicitly rejected

Voice	Main diagnosis	Causation	Main prescription/s	Framing
Dr Richard Fletcher Senior Lecturer, University of Newcastle	The impact on families of negative (violent or abusive) behaviour by fathers. Perinatal services' lack of engagement with fathers is a big part of the diagnosis. Traditional feminist explanations for male violence are presented negatively	Fletcher does not identify what he sees as the causes of violence, although he does mention alcohol use as an 'obvious connection', and is critical about the idea that men's violence is all about power and the need for domination	- Primary prevention for first-time fathers - Programs targeted to fathers/couples where DFV is already an issue - A research agenda on engaging fathers to eliminate DFV - Incorporating research on substance abuse and the effects of trauma on brain development into DFV field	**Contesting frame** Text rejects problem diagnosis based on men's power and control, and prescriptions based on that diagnosis. He sees these as punitive programs that demonise and shame men, and are ineffective for these reasons. Gender inequality is not part of his diagnosis or prescription
Julianne Brennan Director, Community Crime Prevention, Department of Justice and Regulation	Problem is represented as against women and their children, presumably perpetrated by men (although this is not stated). The transition to parenthood is a significant time of DFV vulnerability for women. Indigenous communities have higher rates of violence, and it manifests differently and has different causes	Causes of DFV not discussed, although the gender-equality focused prescription implies that gender equality is a cause of DFV. DFV is seen to cause strain on police and court resources, and problems for children's development	- Main focus of text is Baby Makes 3, which is a short universal parenting program delivered to first-time parents and focusing on improving the gender equality of the relationship - Other gender equality interventions across multiple community settings (e.g. religious organisations; sporting clubs)	**Cultural gender equality** The only text in the 'children' module to connect prevention of violence with gender equality. It is exclusively about violence (presumably by men) against women and their children. Prescription focuses on respectful relationships and equality between men and women in couples, i.e. in the domain of intimacy

Voice	Main diagnosis	Causation	Main prescription/s	Framing
Prof Cathy Humphreys Professor of Social Work, University of Melbourne	The negative effects of DFV on children. DFV refers to "all forms of violence, including behaviour which is physically, sexually, financially and emotionally abusive." Often includes systematic attack on mother-child relationship. Framed as male violence against women and children	DFV can cause ill health and delayed development in children. Fear and trauma directly affect infants' brain development. Mothers' fear and trauma can affect how attuned they are to children's needs, and thus their overall ability to parent appropriately. Causes of DFV not discussed or implied	- Refocus Child Protection to pay attention to fathers' parenting - A differentiated response system to L17 (police) reports where children are present - Respectful relationships programs in schools - Programs that strengthen the mother-child relationship - Better post-separation support for mothers and children	**Women-centred** Strong focus on support of victims/mothers as important to the support of children. No discussion of gender
Beth Allen Assistant Director, Child Protection Unit, Statutory and Forensic Services Design Branch, Department of Health and Human Services	DFV (not defined) is an issue in many Child FIRST cases and most Child Protection cases. It coexists with other risk factors and should not be seen in isolation from other protective concerns. DFV is framed as men's violence against women, with mothers and children seen as victims and fathers as perpetrators	N/A	- A differentiated response system to L17 (police) reports where children are present, including training police to refer to the 'right door' - More focus on whole of government prevention activities - Develop an empirically validated risk management tool for children in a DFV context - Development of the Child Protection workforce to help them engage with perpetrators	**Women-centred** Little direct discussion of gender. One reference to Child Protection practitioners' requirement to be 'gender aware'

Voice	Main diagnosis	Causation	Main prescription/s	Framing
Emma Toone Senior Clinician, Northern Family and Domestic Violence Service, Berry Street	The disruption to children's relationship with their primary caregivers/ mothers as a result of DFV, for which many victims receive little help. DFV framed entirely as intimate partner violence by fathers against mothers, with children as secondary (although important) victims	Causes of DFV not directly discussed, but "stopping the cycle of violence" seen as important, and Toone's program helps children manage strong feelings – implies an intergenerational understanding of DFV. DFV causes "significant symptoms of stress and trauma" for mothers and children	- Child-centred therapeutic programs that help strengthen the mother-child relationship - Mother-child clinical work that helps with sense-making and regaining confidence in parenting - Interventions that consider parallel work with both parents, where safe to do so	**Women-centred** Diagnosis and prescription focus on women's and children's experiences. Reference to keeping children's feelings about and relationships with their fathers in mind, but framed as secondary to the mother-child relationship, which is "an effective vehicle for children's healing" (p. 2)
Dr Rebecca Giallo Research Fellow, Murdoch Children's Research Institute	The problem is represented as fathers' mental ill health. There is little discussion of DFV, and no definition of it	Fathers' mental ill health is associated with demographic and employment/stress/social network-related risk factors. It leads to parenting problems such as hostility towards children and decreased parental warmth	- Bring a men's mental health lens to the issue of DFV by paying attention to specific health/wellbeing issues men face in their parenting years	**Individualised** Text mentions DFV only in passing. The (presumed) connection between fathers' mental health and DFV is not made explicit. Framing is closest to individualised, since there is no discussion of gender, and the focus is on improving fathers' mental health - an individual risk factor for violence

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Voice		Main diagnosis	Causation	Main prescription/s	Framing
Anita Morris Social worker and PhD student		The negative effects of DFV on children, who "lack a voice" and "feel like they have little control over their lives". DFV is not defined but is framed as men's violence against female partners	N/A	- See children as victims in their own right who require their own crisis response - Pay attention to violent fathers' parenting - Include children's voices in decision-making about safety planning and parenting plans	**Children-centred (Women-centred)** Text is mostly children-centred, but as she frames women as the victims of direct violence it can also be described as women-centred

Transcripts from children public hearing

| Panel | Prof Louise Newman | Fathers are emotionally and physically violent towards mothers and children, and often manipulative. This violence has a profound impact on children, including affecting their development and later ability to form positive relationships | Intergenerational factors mentioned several times | - Improving quality of children's relationships with primary carer (usually the mother)
- Trauma-informed care for children; not labelling them with diagnoses
- Flexible systems that provide care to children as and when they need it
- More funding for children's programs and research | **Women-centred** |

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Voice		Main diagnosis	Causation	Main prescription/s	Framing
	Dr Robyn Miller	Problem represented as fathers who are emotionally/ physically violent to mothers and children, and often manipulative (cf 'coaching' and 'brainwashing'). DFV has a profound impact on children, affecting development and later ability to form positive r'ships. Although mothers usually react protectively, DFV can sometimes cause them to 'shut down emotionally' and be less able to care for children, or spend all their time managing his violence rather than attending to the children's needs	Causes of DFV not discussed or implied. DFV causes physical, social and emotional problems for children	As above	**Women-centred**

Voice		Main diagnosis	Causation	Main prescription/s	Framing
Andrew Jackomos		DFV was not part of Aboriginal traditional culture but is part of current Aboriginal culture. Mainly perpetrated by men against women and children. Nine out of ten Koori children in out of home care removed due to DFV perpetrated against them or their mother	Cause of DFV is the breakdown of Aboriginal society's values and norms, traditions and culture (has increased over the past 30-40 years). Past government policies and programs contributed to this – particularly the criminal justice system and out of home care. Cumulative harm and dysfunction transferred intergenerationally	- A gendered approach needed that recognises majority male perpetrators and female victims - Working with young boys to be respectful of women - Reduce the number of Aboriginal children in out of home care - Strong Aboriginal culture, especially for those in out of home care - Priority in placing Aboriginal children with Aboriginal kin	**Women-centred** Respect for women briefly mentioned as a prescription, but no reference to gender inequality as a driver – key driver is seen to be colonisation, dispossession and intergenerational trauma
Panel	A/Prof Stephanie Brown	DFV as a social determinant of health. Emotional and physical violence against mothers and the effects of this violence on their children. One in five families in Brown's research have been affected by DFV in the first year post-partum. Some children are resilient and are not affected	Causes not discussed; stress during pregnancy mentioned for both men and women	- Commensurate attention to social as well as clinical issues that affect maternal and child health - Multi-disciplinary Aboriginal Family Birthing Programs - Professional interpretation services in ante-natal care - Engagement with fathers in the perinatal period, probably using male workers	**Women-centred**

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Voice		Main diagnosis	Causation	Main prescription/s	Framing
	Prof Louise Newman	Violence against women during pregnancy, which poses a high risk to mothers and babies	Factors that may contribute to 'spike' in assaults on women during pregnancy: mothers' preoccupation with their pregnancy can lead to some partners feeling excluded; some may also recognise vulnerability in the pregnant women	- Antenatal and perinatal care that focuses on DFV - Integrated system so that when workers uncover violence they do not need to refer clients elsewhere for services – statewide plan and reform needed for this to work; dangerous to screen for violence and then not follow through	**Women-centred**
Ailsa Carr		Social stressors for families with young children; evidence did not specifically focus on DFV	One reference to "the gendered nature of family violence"	- Integrated services that screen in at-risk mothers/families for a range of support services - A client-centred or partnership approach to delivering services	**Women-centred**
Anita Morris		The adverse effects on children of men's violence against mothers	No discussion of causation. One reference to children modelling violent behaviour	- Considering children as victims in their own right - Giving children a voice to help them negotiate their own safety - Considering child safety in post-separation contexts	**Children-centred**

Voice		Main diagnosis	Causation	Main prescription/s	Framing
Prof Mark Feinberg		Emotional and physical violence in family relationships including between parents, parents and children, and siblings. Sibling violence is an area of particular concern that has been neglected	Risk factors for DFV include parental stress, relationship conflict, mental health (e.g. depression)	- Co-parenting programs for couples in the transition to parenthood - Programs to address sibling violence	**Individualised**
Panel	Wendy Bunston	DFV has a negative effect on children. Our society is too 'adultcentric' and we do not give children enough of a voice	Violence is a "relational response to things", "expressed when there is some sort of trigger happening within the relationship itself where one person's feeling vulnerable and to counteract their feelings of vulnerability" they resort to violence. This violence is perpetuated through intergenerational factors	- Early intervention - Child-centred therapeutic interventions - Including the father in some way	**Child-centred (Individualised)** No references to gender; few references to women. Bunston is very focused on children and their experiences

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Voice		Main diagnosis	Causation	Main prescription/s	Framing
	Dr Richard Fletcher	DFV prevention and response efforts don't work enough with fathers. Fathers are administratively pushed to one side and not engaged. The assumption that they will be violent is 'demonising'	Contests the 'simplistic model' of power that is 'strong' in the DFV sector. To him, the sector sees men as violent people who want to dominate women; they think that "you can easily tell just by identifying whether he's male or not what he's trying to do". This kind of thinking 'infects' people so that they don't notice the complexity that's in front of them. There is no discussion of what he thinks *does* cause violence	- Working with fathers in the perinatal period is obvious "if we want to do anything about the problem" (includes co-parenting programs) - Fathering programs for incarcerated men - Technology-based solutions to engage men who are not likely to attend face-to-face programs	**Contesting**
	Julianne Brennan	No real discussion of diagnosis but implication from prescription is male abuse of female partners	Gender inequity and rigid stereotypes about gender are seen as key drivers of violence against women and DFV	- Working with parents to encourage gender equality in their relationship	**Cultural gender equality**
Panel	Prof Cathy Humphreys	- Fathers who are violent towards mothers and children - Inadequate Child Protection response	N/A	- Child Protection attention to perpetrators - Child Protection attention to post-separation violence - Triage so that only the most serious cases of DFV are notified to Child Protection	**Women-centred**

Voice		Main diagnosis	Causation	Main prescription/s	Framing
	Dr Robyn Miller	Fathers who are violent towards mothers and children, and often manipulative (discussion of 'coaching' and 'brainwashing')	N/A	- Triage so that only the most serious cases of DFV are notified to Child Protection - More services for children experiencing DFV - Better integration of women's services, family services and Child FIRST	**Women-centred** The only discussion of gender is category-related. There is one reference to the expectations that society places on mothers, but no elaboration of what that means
	Beth Allen	Fathers who are violent towards mothers and children	N/A	- Service integration with a focus on children - Police and justice system supervision of violent fathers post-separation - Triage so that only the most serious cases of DFV are notified to Child Protection - Require offenders to complete AOD programs while incarcerated or as condition of IVO	**Women-centred** The only discussion of gender is category-related

Voice		Main diagnosis	Causation	Main prescription/s	Framing
Panel	Emma Toone	Large unmet need for DFV therapeutic services for children and their parents. Definition of DFV not discussed, but several mentions of traumatised parents (both mothers and fathers) – no sense of intentionality of abuse or broader social inequities	N/A	- Trauma informed and relationship-focused (rather than purely psycho-educational) responses for children and their mothers to help them recover from DFV - Engaging fathers where there is an ongoing relationship with mother and/or children, but in a way that does not escalate risk - Tailoring therapeutic responses to different sub-populations (e.g. pregnancy; post-separation)	**Women-centred** References to working with children and mothers together, and helping women regain their confidence in mothering
	Wendy Bunston	The adultcentric view of responding to DFV; thinking that 'fixing the mum and dad up first' is the right response	Intergenerational transmission	- In order to change children's DFV services we need to start thinking from a more infant and child-led perspective, because children are a source of hope - Women's refuges as an opportunity to grow specialist work with infants	**Children-centred**

Voice	Main diagnosis	Causation	Main prescription/s	Framing
P04: Child mental health professional	The relative lack of services and support available for children in their own right as victims of DFV. Family violence is the preferred term, because while male to female is the predominant form, "the configurations [of abuse] are fairly vast". Siblings abusing each other, children abusing parents, and abuse in same sex relationships is also part of the diagnosis	The primary cause of DFV is seen as intergenerational transmission. Inequities in gender or inequities in culture or religious beliefs are also seen as contributors or 'overlays'. "It's that thing of understanding the different layers and if you keep adding more and more difficulties then the ability to tolerate that's going to get less and less"	- Recognition of children as victims in their own right, requiring a response that may be different from those for their parents/mother - DFV responses for young babies - More work with fathers - Male workers in refuges, so that women and children in refuges can have experiences with good men	**Contesting frame** While many other experts focus on supporting the mother-child relationship, P04 wants children to have their own service response. Intergenerational explanations preferred. Gender/racial disadvantage are other factors in causing violence. Focus on intergenerational explanations for violence, plus critique of 'feminist dominated' Vic responses
P06: Family violence researcher	DFV not defined, but the problem is represented mainly as men's violence against female partners and their children. Some violence is perpetrated by women - in the AOD sector, women who have problematic substance abuse are more likely to use violence than in the mainstream DFV sector	DFV is caused by "gender inequity and violence supportive attitudes, and then a range of contributing factors" such as alcohol and drugs. The combination of gender inequality in relationships *and* violence supportive attitudes is key. AOD do not cause violence, but research evidence shows they increase the severity of violence	- A "huge amount of effort" in prevention (e.g. respectful relationships programs in schools) - Fix problems in the family law system that allow perpetrators to abuse women and children through the courts - Bring the DFV and AOD sectors together	**Cultural gender equality** P06 has a very gendered view. They are almost exclusively talking about male abuse of female partners, and see gender inequity in relationships and violence supportive attitudes as an important factor in causing it. There is no mention of structural gendered factors

P13: Trauma and child mental health professional	The problem represented is largely 'domestic violence', that is intimate partner violence. P13 notes that women can be violent in similar ways to men, but their dominant framing is male perpetrators and female victims	Causes of DFV are patriarchy/gender inequality, the misuse of power, and intergenerational factors	- Better integration of services, including breaking down tensions between sectors - Antenatal screening for DFV - Trauma informed care in mental health - Translation of high-level gender-informed strategies into programs and actions that are practical and help frontline workers and DFV victims	**Structural gender equality** P13 is well-versed in arguments about patriarchy and gender equality and their relationship to DFV, and supports prescriptions that aim to change gender relations and institutionalised/systemic sex discrimination. However, these ideas must be carefully translated into practice. On an individual level, practitioners need to be able to understand a person's history and trauma, and what might help them to make different decisions

Appendix 5: Recommendations relevant to Aboriginal and Torres Strait Islander communities

Risk assessment and risk management:

- Recommendation 1: The Victorian Government review and begin implementing the revised Common Risk Assessment Framework (CRAF). The revised CRAF should reflect the needs of a diverse range of family violence victims and perpetrators, including people from Aboriginal and Torres Strait Islander communities.

Child removal and child protection:

- Recommendation 145: The Victorian Government work in partnership with Aboriginal communities to develop a statewide strategic response to improving the lives of vulnerable Aboriginal children and young people; interrupt or reverse the trajectory into child protection by increasing investment in 'wrap-around' support for parents and children, particularly in the first five years of life; expand the Aboriginal component of Child FIRST; and examine the factors that decreased the child protection figures in certain areas of Victoria so that lessons can be learnt.

Greater resourcing for Aboriginal community controlled organisations:

- Recommendation 146: The Victorian Government give priority to adequately funding Aboriginal Community Controlled Organisations to provide culturally appropriate family violence services for women and children; family-centred and child-centred services and programs; culturally appropriate legal services for victims and perpetrators; crisis accommodation for women and children; culturally appropriate services for men who perpetrate family violence, including access to suitable accommodation; and early intervention and prevention actions.

Evaluation:

- Recommendation 147: The Victorian Government (advised by the Indigenous Family Violence Partnership Forum) give priority to evaluating the major service models, using culturally appropriate outcome measures, methodologies and providers. All Aboriginal family violence interventions to be evaluated in a

culturally appropriate manner, and services providers be resourced to support this.

Mainstream organisations:

- Recommendation 38: In establishing Support and Safety Hubs, the Victorian Government provide funding for (among other things) provision of secondary consultation by specialist organisations such as Aboriginal Community Controlled Organisations.
- Recommendation 148: Funding agreements for mainstream family violence organisations should incorporate a requirement for services to conduct cultural safety reviews and actions plans.

Data collection:

- Recommendation 152: Victoria Police, Department of Health and Human Services, D of Justice and Regulation, and Department of Education and Training improve the collection of Indigenous-specific family violence data so that this can be shared with communities, organisations and governance forums to inform responses.
- Recommendation 204: The Victorian Government improve data collection and research through (among other things) developing a statewide data framework that includes guidelines on collecting demographic information, including on Aboriginal and Torres Strait Islander people.

10 Year Plan:

- Recommendation 144: The Victorian Government implement the recommendations of the mid-term evaluation of the Indigenous Family Violence 10 Year Plan

Police and courts:

- Recommendation 149: The Melbourne Magistrates' Court resume the Koori Family Violence and Victims Support Program.
- Recommendation 150: The Koori Magistrates' and County Courts' jurisdictions be extended to include breaches of a family violence intervention order.
- Recommendation 151: The Koori Family Violence Police Protocols to be implemented in the remaining identified sites, with adequate resourcing to be provided to Elders and other community members supporting police in all sites.

Appendix 6: Recommendations relevant to children/young people and child protection

Antenatal screening

- Recommendation 96: Routine screening for family violence in all public antenatal settings, aligned with the revised CRAF and supported by guidelines, clinical support, and targeted and continued training.

Availability of/access to services and housing

- Recommendation 21: Ensure all refuge/crisis accommodation services catering to families have resources to meet the needs of children they are accommodating.
- Recommendation 23: Give priority to funding therapeutic interventions and counselling for children and young people who are the victims of family violence, in particular extending the Homeless Children's Specialist Support Service and the Take Two program (and similar intensive therapeutic programs).
- Recommendation 24: Support and fund a broader range of supported accommodation options for young people experiencing family violence
- Recommendation 26: Require Child Protection, in cases where family violence is present and investigated but the statutory threshold for protective intervention is not met, to:
    - ensure the preparation of a safety plan
    - make formal referrals to relevant services
    - make formal referrals to specialist services for children and young people who are affected or who use violence

Risk management and perpetrator access:

- Recommendation 1: The Victorian Government review and begin implementing the revised Common Risk Assessment Framework (CRAF). The revised CRAF should incorporate evidence-based risk indicators that are specific to children.
- Recommendation 22: Amend the *Family Violence Protection Act 2008* to establish a rebuttable presumption that children of the applicant should be included in the applicant's family violence intervention order or be protected by their own order.

- Recommendation 27: The Department of Health and Human Services revise and strengthen its risk management practices and procedures for circumstances when a child protection report has indicated family violence.
- Recommendation 28: The Department of Health and Human Services and the Magistrates' Court of Victoria develop an information-sharing protocol to ensure that information held by the department on family violence risk is provided to the court when a parent seeks a family violence intervention order or parenting order. Where necessary, a child protection practitioner should give evidence.

Training for child protection

- Recommendation 29: Child protection practitioners be trained about the nature and dynamics of family violence and the department's relevant practice guidelines.

Burden on the protective parent

- Recommendation 30: Amend section 327 of the *Crimes Act 1958* (the 'failure to protect' offence) to require the Director of Public Prosecutions to approve a prosecution for this offence where the alleged offender is a victim of family violence.

Accountability for the offending parent

- Recommendation 25: The Department of Health and Human Services and Victoria Police strengthen engagements with perpetrators of family violence by exhausting all efforts to interview alleged perpetrators, protecting the safety of child protection practitioners who work with alleged perpetrators, and developing 'feedback loops' in order to obtain and share information about perpetrators.

Fathering programs

- Recommendation 86: Convene a committee of experts on perpetrator interventions and behaviour change programs to advise the governments on the spectrum of programs that should be available in Victoria. This committee should consider, among other things, fathering-specific models.
- Recommendation 87: Subject to advice from this committee, and relevant ANROWS research, the Victorian Government should (among other things) trial and evaluate perpetrator interventions that focus on helping perpetrators to

understand the effects of violence on their children and to become better fathers.