SECOND EDTION

DOMESTIC AND FAMILY VIOLENCE

A CRITICAL INTRODUCTION TO KNOWLEDGE AND PRACTICE

SILKE MEYER AND ANDREW FROST

ROUTLEDGE

Domestic and Family Violence

Drawing on international research and practice, this fully updated new edition of ***Domestic and Family Violence: A Critical Introduction to Knowledge and Practice*** examines current debates and research evidence around domestic and family violence, including sexual violence, non-fatal strangulation, and coercive control and explores current legislative reforms.

Taking an intersectional perspective, it addresses the deepening gender debate surrounding domestic and family violence and evolving construct of masculinity, new LGBTIQA+ research, and adolescent violence. It also examines victim challenges—including new research on male victimisation—support requirements, and implications for holistic service responses.

Domestic and Family Violence provides a necessary update and will be an important resource to students and scholars of criminology, sociology, and social work engaged in studies of domestic and family violence.

Silke Meyer is a Professor of Social Work at Griffith University and an Adjunct Professor with the Office of the Senior Deputy Vice Chancellor, Southern Cross University, Australia.

Andrew Frost is an adjunct senior academic at the Queensland Centre for Domestic and Family Violence Research, CQUniversity Australia and at Ara Institute of Canterbury in Aotearoa New Zealand.

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Silke Meyer and Andrew Frost

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To our colleagues in research and practice and our students, with appreciation of their enthusiasm and dedication to this field of work and study

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About the Authors

Silke Meyer is a Professor of Social Work at Griffith University and an Adjunct Professor with the Office of the Senior Deputy Vice Chancellor, Southern Cross University, Australia. Silke is a criminologist and social worker by training, bringing practical and theoretical expertise to her research, teaching, and writing. She is an internationally recognised expert in the impact of domestic and family violence on child and adult victim-survivors, victim-survivor help-seeking experiences and service system responses, men's behaviour change programs along with domestic and family violence-related policy and law reform. Silke regularly develops and delivers training to promote domestic and family violence-informed practice across child protection, policing, court, and healthcare responses.

Andrew Frost is an adjunct senior academic at the Queensland Centre for Domestic and Family Violence Research, CQUniversity Australia and at Ara Institute of Canterbury in Aotearoa New Zealand. Andrew has worked professionally, taught, and researched in offender rehabilitation for more than 30 years. His practice and award-winning research into groupwork with violent offenders, along with the establishment of a forensic therapeutic community, has spawned a range of publications, including books and academic journal articles. Practice models and other outputs of this work have been used by state, NGO, and independent service providers to inform practice.

Preface

The primary intention of the first edition of this book was to help prepare students and to guide practitioners through the complex landscape of domestic and family violence (DFV). A secondary intention was to help inform policymakers and to acquaint academics from other fields with the topic. The intentions of the second edition are similar, but the terrain has changed considerably since 2019. Global events, such as the COVID-19 pandemic, inflationary economics, and increasingly entrenched social and political division, have exacerbated the conditions in which DFV flourishes. Within the sector that seeks to address this insidious social problem, there have been equally significant developments. Many of these developments have arisen from our learning from worldwide events. Some have progressed the cause: advances in research and theory have deepened our understanding of the problem, and refined policy initiatives and legal remedies have fine-tuned broader responses. At the same time, however, the changing world environment has created headwinds that have slowed, becalmed, or perhaps, in some aspects, even reversed progress. The global pandemic pressured families in ways that both increased the stresses operating in the bounded and compressed environment of the domestic household and expanded the opportunities for those inclined to perpetrate abuse. The downstream damage—financial, interpersonal, and health-related—continue to compound, especially for members of groups disadvantaged by dint of gender, poverty, location, oppression, or discrimination. A second feature of global change in recent years has been the heightening of political division and polarisation. The associated cultural conflict ('culture wars') seems to have been reflected in the hardening of philosophical positioning among those who seek to understand and address DFV, especially regarding the centrality of gender in its commission.

In many ways then, it appears that little headway has been made in efforts to address DFV in the intervening years. If we were to consider in isolation, for instance, the latest available relevant statistics, the net effect of all this change is that the volume of DFV appears to be more or less unchanged since the publication of the first edition. This might present a misleading picture of progress, however, for at least three reasons. In the first place, the statistics

themselves might not reflect actual increases in DFV but, in fact, an increased propensity to report cases, based on the confidence that those who report their experiences have sensitive and effective services available to respond. A second reason for hope is that the effects of intervention (especially at the epidemiological level that statistics tend to measure) take a long time to show up. Third, the intense theoretical and empirical rivalry evident in the literature on DFV, which is often the source of concern, might be positively reconstrued as the metaphorical heat generated from a dialectical process that suggests a form of progress. In this way of thinking, such 'heat' is the inevitable by-product of the productive clash of antithetical points of view, moving closer to a synthesis of refined understanding. In this second edition, our intention is to build on the first by incorporating these important developments. To do this, we disentangle the debates, report on new knowledge and thinking, and re-examine practice principles. All this is done to present the reader with a more informed perspective on efforts to understand and confront the problem of DFV.

As the authors of this book, we are also researchers, educators, and advocates based in Australia and Aotearoa New Zealand respectively. While this second edition retains a global scope, there is also a manifestly Australasian perspective, and much of the work cited and examples drawn reflect this.

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List of abbreviations

ABS	Australian Bureau of Statistics
ADFVDRN	Australian Domestic and Family Violence Death Review Network
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ALRC	Australian Law Reform Commission
ANROWS	Australia's National Research Organisation for Women's Safety
BIP	Batterer intervention program
B-SAFER	Brief Spousal Assault Form for the Evaluation of Risk
CALD	Culturally and linguistically diverse
CDC	Centres for Disease Control
CRASF	Common Risk Assessment and Safety Framework
CTS	Conflict Tactic Scale
DA	Danger Assessment
DA-LE	Danger Assessment for Law Enforcement
DA-R	Danger Assessment-Revised
DSS	Department of Social Services
DFV	Domestic and family violence
DVPP	Domestic violence perpetrator program
DVRIM	Domestic Violence Risk Identification Matrix
DVSAT	Domestic Violence Safety Assessment Tool
EU	European Union
IPSV	Intimate partner sexual violence
IPV	Intimate partner violence
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer, and other (+) sexual identities
MARAM	Multi-Agency Risk Assessment Management
MBC	Men's behaviour change
MBCP	Men's behaviour change program
MVP	Mentors in Violence Prevention
NCAS	National Community Attitudes Survey
NIPSVS	National Intimate Partner and Sexual Violence Survey
NPHP	National Public Health Partnership

NSW	New South Wales
ODARA	Ontario Domestic Assault Risk Assessment
PTSD	Post-traumatic stress disorder
RSSF	Risk, Safety and Support Framework
SARA	Spousal Assault Risk Assessment
UK	United Kingdom
UN	United Nations
US	United States
VAWA	Violence Against Women Act
WHO	World Health Organization

Chapter 1

Introduction

The scope and scale of the problem

Conduct amounting to what we collectively refer to as domestic and family violence (DFV) has historically been regarded as a private and individual matter, occurring within the context of a traditional husband-and-wife relationship. From this long perspective, cultural attitudes towards DFV could be described as largely semi-tolerant; eyes averted, voices unheard, acts excused. Contemporary understandings, however, portray the phenomenon as a complex and diverse social issue involving persons who are bound together across a range of intimate and kin relationships. While much of the focus of expanding research and intervention efforts still concerns adult partners in an intimate relationship—regardless of the identities of those partners and the social status of their relationship—there is increasing recognition of the direct involvement of, and impact upon, children, siblings, seniors, extended family members, and indeed for society as a whole. Cultural attitudes have also hardened, and DFV is now recognised as pernicious and is widely condemned. Nevertheless, its prevalence endures.

DFV has been identified as a problem of epidemic proportions and endemic depth. The consequences for those directly affected are both pervasive and enduring. The lives of individuals can be devastated; the social fabric of families and communities damaged, often for generations. There are significant global implications for public health, criminal justice, and economic systems. Responding to this problem has become a social policy priority and prevention efforts are organised at the primary, secondary, and tertiary levels.

One thing that is clear is that DFV is strongly associated with the nature of domestic and kinship arrangements. Such connections are often deep, entangled, and enduring. Grandparents, parents, children, partners, siblings, uncles, aunts, and cousins—including sometimes non-related 'family'—are commonly enmeshed in the variable arrangements of their family constellations, their cultural histories, and community relationships. However, it is also clear that, despite the ubiquity and institutional status of the family, the explanation as to why DFV manifests in some family systems and not in others remains highly contestable.

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Despite advances in our appreciation of the scale and diversity of the problem, gains in understanding—and therefore in advancing policy and practice—have been hindered by slow progress in making conceptual sense of it. In other words, in the study of DFV, theory has lagged behind research.

Theorising about DFV

Progress in understanding the problem continues to be confounded by fierce theoretical and ideological debate, the dynamics of which have been characterised less by dialectical development and more by conflict and polarisation. As a result, for the most part, groups of theorists remain locked in mutual opposition. While there have been attempts to reconcile the extremes, researchers have tended to favour one end or the other of a continuum of views. At one pole of this continuum is the belief that DFV arises out of inequality and oppression, with deep roots in social structure across time and place. This perspective, sometimes referred to as structural feminism, has focused its analysis on patriarchal social systems that, by definition, support narrow, rigid, and hierarchical gender roles. Such restrictive roles serve to privilege and legitimise the power of men over women and children. Under these conditions, the sanctity accorded to the institution of the family by society serves to provide 'privacy', and therefore the captive context, whereby abuse might thrive. This conditional case ('might thrive'), however, provides the chink in the armour of the feminist structural position in that such an argument cannot account for why DFV arises in some family contexts and not in others. At the opposing end of the spectrum of DFV theory and ideology, then, is what has been referred to as the 'family conflict' perspective. Proponents of this position take the view that DFV arises out of poorly managed or uncontrolled conflict. Such conflict, according to this view, is an inevitable product of the dynamics inherent in family systems. This view, while acknowledging the disproportionate impact of DFV on women by men, maintains that unequal or oppressive gender power relations are neither an essential cause nor an inevitable outcome of DFV. A chief weakness of this position, therefore, is that it cannot successfully account for the fact that the preponderance of harm from DFV is perpetrated by men toward women.

This division in theoretical perspectives has profound consequences for how DFV is studied and portrayed. While approaches based on the family systems perspective are intent on the microanalysis of discrete episodes and incidents within a circumscribed domestic context, a feminist structuralist analysis tends to pay attention to the patterning of violence and the intentional abusive tactics of the perpetrator over time. Although the former analysis privileges the psychology of events contained within a bounded system, the latter is more concerned with the agency of an abusive actor conducting a more or less deliberate regime of domination and subjugation. Sexual assault, for example, might be defined from a family systems perspective as conduct that

involves the commission of a specific act or the omission of consent surrounding such an act. From a feminist structural perspective, however, because such behaviour is likely to be viewed within the context of an orchestrated and protracted pattern of domination, isolation, coercion, and surveillance, *any and all* sexual activity occurring within that context might be considered abusive.

Accounting for complexity and diversity

Neither the (structural) feminist perspective nor the family systems perspective, however, directly confronts the issue raised in the opening of this introductory chapter: the increasing visibility of complexity and diversity surrounding DFV. How can these means of conceptualising DFV account for people with diverging sexualities and genders, such as gay, bisexual, queer, intersex, or transgender people? How can notions of gender and the nuclear family system make sense of DFV in the extended family household or in contexts where there is active and committed tribal affiliation? One principle of service in this sector that appears to have gained widespread acceptance is that, regardless of the nuances of theory, effective intervention is best supported by an integrated response. In other words, victim advocacy, criminal justice, perpetrator programs, child protection, local community, and other relevant agencies and services across the DFV sector should form an information-sharing, collaborative, and coordinated system in order to address the problem.

Responding to the problem

Primary-level (or preventative) prevention refers to community-wide educational and consciousness-raising strategies to tackle the problem at a foundational level. In this way, it seeks to align behaviour with beliefs and commitments by providing resources to promote information and public debate. Secondary-level responses take the form of early intervention in situations where a high risk of DFV is identified, such as in vulnerable communities, in families, or among their members. Tertiary responses attempt to address DFV harm that has already occurred and to avert its worsening or repetition. The proliferation of shelters for women who have been victimised and behaviour change programs for men are testimony to the growth in services at this level. Each of these prevention levels requires its own set of knowledge, techniques, and skills. For instance, human rights education might be an appropriate approach in primary prevention in settings such as schools. However, that same approach might be less effective, as an initial gambit at least, in working with a man who expresses astonishment that he has been identified as having led a regime of coercive control over his partner and children and is now court-ordered to attend a program to address his behaviour.

In the end, however, good theory is a necessity. It is needed to offer the overarching conceptual means to explore and to account for the gaps and debates in our understanding and service strategies. Good theory should offer means for making sense of contradictions across diverse cases and multiple sectors. This informs strong policy, and strong policy shapes concerted action and effective practice. In this book, we aim, ultimately, to equip students with the conceptual clarity that provides a pathway to make sense of DFV, and to equip practitioners and others with the means to both analyse policy and inform inclusive and collaborative service intervention involving those affected across age, gender, cultural identity, and socio-economic status.

Notes on terminology

While we utilise the terms 'perpetrator' and 'victim' throughout the book to refer to the immediate primary aggressor and the person(s) disproportionately affected by DFV, we acknowledge that, for a variety of reasons, these terms are both contentious and contested. We also acknowledge that victim and perpetrator identities may at times overlap within the same person, group, or institution. We revert to these terms largely out of the intention to provide consistency in language and, therefore, clarity. Nevertheless, such definitional practices are relevant to the essence of understanding the complexity of DFV, and this is a matter we will take up in subsequent chapters.

Another language practice in the book is to prefer the term domestic and family violence (DFV). The term aligns loosely with others such as 'domestic violence' and 'family violence' but we also use it in an abstract sense to incorporate abuses such as intimate partner violence and elder abuse. Again, we appreciate that these other terms might be more apt in relation to specific types of abuse and be more decentring with respect to particular groups. The terminology of 'family violence', for instance, acknowledges arguments made by Indigenous peoples that violence occurs both in relationships that may not be recognised as relevant or considered familial according to Western understandings. DFV also expands the dominant emphasis on the gendered dynamics of couple relationships to incorporate the recognition of the intersection of race and gender in particular contexts. Another argument for choosing to privilege consistent terminology is that framing the problem in multiple ways can further lead to siloed approaches to what should essentially be a shared goal, namely preventing and disrupting DFV.

Structure of the book

The book is divided into sections that address the four aspects critical to its intentions: the context of DFV, those affected through the use or experiences of DFV, the diversity among them, and responses to this complex and highly resistant problem. We begin by reviewing the current state of knowledge

about DFV (Chapter 2) and then traversing the evolution and proliferation of relevant theory (Chapter 3). This analysis includes the family conflict and structural feminist perspectives mentioned above, but we also go beyond these conventions to consider the latest attempts to forge more inclusive ideas for making sense of DFV. In doing this, we explore gender and power in private spaces as factors in shaping the problem, as well as the controversy over matters concerning causality, volition, and victimhood. We go on to consider, in general, the persons and sectors most directly affected (Chapters 4, 5, and 6), including how children may experience parental violence, the impact it has on their short- and long-term safety, development and wellbeing, and the role of child-centred responses. This leads to a focus on specific populations. Here, we consider the overlap between diversity and vulnerability, exploring the experiences of the elderly, lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) populations, men as victims and those groups at especially high risk due to intersecting aspects of social and cultural marginalisation (Chapters 7 and 8). We go on to evaluate current strategies for tackling the problem, including the role of prevention (Chapter 9) and examples of national and international good practice in working with victims and perpetrators (Chapter 10). In the final chapter (11), we summarise key knowledge and debates about DFV and, from the knowledge that is currently available, present some suggestions for a concise way of framing the issue and for disrupting its impact.

Chapter 2

The nature and prevalence of domestic and family violence

Estimating prevalence rates: Data challenges and other considerations

The way in which we define any social phenomenon has implications for how we measure its prevalence; that is, the extent to which it is apparent in a population. If limiting the definition of DFV, for example, to physical and sexual abuse within intimate relationships, prevalence rates would be substantially lower than when expanding the definition to include non-physical conduct, such as emotional, psychological, social, and economic abuse. In identifying prevalence rates, it is therefore important to closely examine the definitions applied to describe the phenomenon being measured, as well as the nature and diversity of target populations asked to self-report their experiences.

In applying definitions, and therefore in establishing the particular definitional boundaries around DFV, the issue is complicated by the culturally shaped and emotive nature of expectations about family relationships. Matters to do with parenthood, romantic love, fidelity, family duty, and the sanctity of the family home are associated with ingrained beliefs and strong feelings. Such passionately held positions also apply to politicised issues, such as the status and dignity of men versus women, or the state protection of children versus the rights of families. These concerns, and the increasingly polarised cultural conflict that surrounds them (popularly referred to as 'culture wars'), have served to complicate the issues and therefore to obfuscate our understanding of meaningful rates of DFV prevalence.

In addition to definitional differences on prevalence rates, variations are also likely to be observed across different data sources and service settings. While administrative data (e.g., police, courts, or hospital data) provide us with 'official statistics' around a certain social phenomenon (e.g., DFV) where it presents itself, this can be significantly distorted by the issue of underreporting. As a result, most global estimates of phenomena that are highly sensitive and often 'private' in nature (such as DFV, sexual violence, or child maltreatment) rely on self-report data to provide a more accurate estimate of prevalence.

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Many countries collect self-report data on victimisation experiences in the context of DFV, especially with a focus on intimate partner violence (IPV) (World Health Organization [WHO], 2021). Examples of self-report data used to estimate the extent of DFV across international jurisdictions include:

- The Australian Personal Safety Survey, which captures a diverse range of victimisation experiences, including DFV in a representative sample of women and men residing in Australia at the time of data collection
- The British Crime Survey, which incorporates a component on DFV and captures both female and male victimisation experiences, and
- The German Prevalence Study on Violence Against Women, which captures similar information to what has been gathered via the International Violence Against Women Survey (IVAWS) instrument.

Some of these surveys are administered repeatedly (e.g., the Australian Personal Safety Survey, which was conducted in 1996 as the Women's Safety Survey and in 2005, 2012, 2016, and 2021/22 as the amended Personal Safety Survey, further including men's victimisation experiences) (Australian Bureau of Statistics [ABS], 2017, 2023). The purpose of such repeated waves of survey administration is to identify trends in social issues (e.g., DFV) and how these affect different populations over time. In Australia, the latest two Personal Safety Survey waves from 2016 and 2021/22 reveal similar trends, with one in six women and one in 17 men reporting experiences of intimate partner violence (IPV) in the 2016 survey (ABS, 2017), compared to one in four women and one in 14 men in the 2021/22 survey (ABS, 2023).

A challenge in capturing the nature and extent of DFV across time and locations is related again to the problem of definition highlighted earlier in this chapter. An ever-growing body of literature (for example, Bagwell-Gray, 2021; Scaptura & Boyle, 2020; Tarzia, 2021; Tarzia & Hegarty, 2023) has continued to expand our understanding of the nature of abuse and the profusion of tactics employed by perpetrators. Along with the expanded recognition of emotional and psychological abuse, new dimensions are continually being recognised as making up the web of harm. Gaslighting, non-fatal strangulation, substance-use coercion, stalking (and its increasingly multifarious technologically enabled variants) have latterly been identified as discrete components of DFV. Moreover, attention is increasingly focusing on how these components might manifest in combination, in interacting and escalating patterns of abuse. Non-fatal strangulation, for instance, is now recognised as a component introduced by perpetrators during sexual encounters and reinforced over time as a coercive tactic, eventually becoming a persistent and pervasive source of menace, power, and control. Such patterns, of course, not only constitute the contexts of interpersonal control but are chronic forms of painful and damaging abuse in their own right. From the point of view of trying to meaningfully understand the nature and prevalence

of DFV, the difficulty arises in coherently, but at the same time comprehensively, pinning down exactly what the phenomenon is. In this way, the concept of victimisation becomes slippery, and the day-to-day experience and impact of cumulative poly-victimisation is difficult to measure, except through the lived experience of those who are affected.

There is some evidence to suggest that, across individual cases, tactics of violence are becoming more frequent and diverse and increasingly subtle, making evidence of abuse more difficult to detect objectively (see Bagwell-Gray, 2021; Tarzia & Hegarty, 2023). As these different dimensions are identified and recognised as the proliferation of abusive strategies, it becomes increasingly elusive and difficult to represent as a coherent phenomenon empirically. All this has implications for public and political support for addressing DFV. In contrast to the spectacular public support behind 'non-domestic' sexual abuse (#Metoo), for instance, attempts to position DFV as a proportionate public concern have been far more muted. Here, social stigma, the insidious threat of ongoing violence, and lack of knowledge about sources of help serve to further obscure measures of prevalence (see Tarrezz Nash et al., 2024). International estimates of IPV, drawing on national self-report data, provide some insight into the extent of IPV across the globe (see, for example, Sardinha et al., 2022). Drawing on data from 161 countries and areas which cover 90% of the global population, this systematic review identified a global lifetime prevalence rate of physical and/ or sexual IPV of 27% among ever-partnered women aged 15 to 49 years old. Prevalence rates vary greatly across countries and geographic regions, with a lifetime prevalence rate of 16% reported for Central Europe and 49% for Oceania (excluding Australia and New Zealand). While these prevalence rates are indicative of variations in men's use of violence against women across different global settings and help inform investment in primary prevention strategies, including improving gender equality, the estimation of prevalence rates is also subject to a number of methodological limitations (Sardinha et al., 2022).

Countries captured in global comparison studies do not necessarily use consistent or identical measures in the national victimisation surveys. As a result, what is captured under self-reported sexual and physical violence victimisation experiences, for example, will vary depending on the nature of questions being asked, the nature and extent of specific forms of sexual violence being captured, and the definition of partnerships across different countries. Further, the data-collection method (in-person, telephone, or self-administered online surveys) can influence participants' willingness and ability to disclose different forms of victimisation experiences, which are often associated with stigma and shame (Sardinha et al., 2022). While rates of DFV may vary slightly depending on the social and cultural settings they are measured in, national and global estimates have generally been interpreted in a way that suggests a strongly gendered pattern of victimisation experiences, which disproportionately affect women and children (WHO,