



# Submission cover sheet

## Inquiry into men's suicide rates

Submission number: 50

Submitter: Name withheld

Date authorised for publication: 9 September 2025

**From:** [REDACTED]  
**To:** [LA Committee - SP](#)  
**Subject:** Submission into the Parliamentary inquiry into male suicide rates with thanks  
**Date:** Friday, 8 August 2025 4:41:43 PM  
**Attachments:** [REDACTED]

---

OFFICIAL

thank you for this crucial and overdue opportunity and I trust we can work together with trauma informed forensic evidence based innovative ways forward.

Submission to the Parliamentary Inquiry into Male Suicide and Suicidality

Executive summary

- Adopt a behaviour- and impact-led response to male suicidality—across health, justice, veterans’ and family services—by embedding the Safe & Together model to map patterns of harm, fear and safety objectively, beyond stereotypes and practitioner bias. This improves accuracy, fairness and outcomes for men, including veterans and male victim-survivors of interpersonal violence. It also strengthens accountability for persons using harm while addressing psychosocial and attachment drivers.  
[grammarly.com](#) [conversionsciences.com](#)
- Recognise male at risk in isolation and terrified alienated because they are outside a gender stereotype: my masters data found attachment considerations beyond just gendered lens. **We have to nuance who is securely attached and how they communicate and get needs met.** Research found people with nonsecure attachment styles can pick non-social ways of getting needs and drives met and this **is a crucial consideration beyond gender stereotypes that we are missing:** *If we want to actually turn the needle on interpersonal violence and intergenerational trauma and address our governments promise to end Violence this generation.*
- attachment styles have robust scientific validation and can show the harm and alienation beyond mere gender lense. We as practitioners are complicit : if we cap our education at just dominant gender lens without nuance : I have attended the funeral of healthy securely attached Canberran fathers:
- The mother /widow to **feel safe** ( we take this basic human right at face value yet can be exploited) has controlled the narrative with a version and the children believe that the Dad left them : when the families know professionals didn't recognise how a scared/angry mum may need to groom to collude. Beyond her own needs this is now impacting the child developmentally. It's important that they be no interpretation of any victim blaming in this and just keep saying who is getting their survival needs met in lawful and healthy ways with actual nuance support.

- 

as per the uni of Western Australia evidence based complexities of coercive control course : A health professional or mental health professional or justice person has to see a **grooming to collude narrative** several ways : that it gets the job done short term( control) and the person can feel safe yet it's contravening the UN rights of a child to accurate information.

Attachment style isn't just early years : it's a cradle to grave experience positive in relational connectivity and safety building. I witness some families controlling narrative in the most alarming non-social recovery way and I also see children and family members eventually work out who was non-social recovery aligned and this is crucial.

**Can the individual regardless of gender /trauma: get their needs and drives met in lawful and healthy ways?**

Peak organisation blue knot founder and trauma. Doctor specialist credits me with showing her how whilst there could be some complex PTSD as a co-occurring symptom: I'm also witnessing not "feeling safe"" wanting the care and attention "( [REDACTED] ) exploited as a coercive control tactic who is saying they don't feel safe in relevant context to obstructing Family social recovery and perspective taking. [REDACTED] found male survivors of IPV around 4-6% And reminds us the key component we all need to watch out for is who is shutting down perspective taking she coined the term **perspecticide**:

**on my 20 years of social recovery facilitating and end of life deathbed disclosure we need to see who is choosing the really forensic harmful choices which is entitlement and shutting down perspective taking collaboration and obstructing social recovery. Someone saying their PTSD means it's not safe to be. Family has to be taken in context as safe and together [REDACTED] alerts us was there a history of a secure healthy relationship?**

The risk needs responsivity model ( RNR) that peak body forensicare taught us curious to do better professionals that it can be used with safe together harm mapping to see who in the Family unit is sabotaging social recovery. The risk needs responsibility model caters to the diversity and inclusion. We actually need when we're trying to improve our social recovery understanding that some of our loved ones are not aligned with social recovery. They control systems and diagnosis to feel safe. They call it 'feeling safe 'and they can't see that it's coercive control. They have psychosocial conditions that include black-and-white thinking and feelings experienced as facts plus entitlement and ability to apply persuasive emotionality to hijack any situation to control it to 'feel safe'.

- The risk needs responsibility. Model sees what the persons needs are including a crucial layer of their non-social needs. That is their criminal genic needs that see Family connections and communications used harmfully in fear and threat and sabotage putting whoever that family member is ( beyond gender) self-interest or outdated protective self-defence patterns and self comfort over the best interests of the child and the family. The RNR model can see what the person using Harms needs to get their needs and drives met in a more healthy and lawful way we can do this motivational with forensic psychotherapy and the safe and together model mapping. Whole systems are needed in this approach to see harm beyond its current device tactic at gender and open up the conversation to pivot to including who securely attached and who is not so we can support the

non-social recovery needs of everyone regardless of gender.

- to show how the map currently isn't matching the ground and the unnecessary social division we can look to Canberra health latest evidence based occupational violence mandatory training the senior frontline violence practitioners with decades of experience who assisted develop the course concur in the August training that the ones choosing violence these days seem to be not male : Equal rights is great yet. Entitlement mentality is officially taught as part of the violence and this is really important for public education and protection that there's human rights to one degree and then Entitlement has forensic components. That professor of public protection [REDACTED] found. This aligns with what I've escalated to health executives that there is scared fearful Canberra families, elder parents and non-female family members who can't go to ED or get help because they don't fit the stereotypes. The Family member Who is not male: They protect delicately could be doing excellently in the public service by day and choosing harms at night because of their psychosocial condition that sees feelings experiences, facts, black-and-white thinking and a fearful paranoia and primal need base plus the use of pressurised emotionality and entitlement .I know The families are scared and the male is just putting locks on bedroom doors because he can't go to ED because he won't be believed. Parents are proud of their kids And tell me that they are scared because it's not the type of feminism that they taught them. It's gone from human rights up into really entitled behaviour.
- add a recent world-class forensic psychotherapy conference in Sydney a keynote voiced more support and education needed such as if someone is controlling their diagnosis at complex PTSD instead of a cluster B psychosocial condition such as borderline that's really problematic and efficacy ,care and outcomes for all involved for shortchanged.
- Recognise and respond to male victim-survivors identified in contemporary evidence on interpersonal violence; ensure intake, assessment and referral pathways make them visible and safe. Pair Safe & Together with trauma- and attachment-informed care to match support to need without excusing harmful behaviour.

[grammarly.com](https://www.grammarly.com) [conversionsciences.com](https://www.conversionsciences.com)

- Canberra can lead nationally by integrating Safe & Together with existing risk frameworks (e.g., complementing MARAM's strong governance by adding explicit behaviour-and-impact mapping for non-stereotypical patterns), delivering measurable public value via earlier, targeted interventions and reduced crisis cycling.

[grammarly.com](https://www.grammarly.com) [conversionsciences.com](https://www.conversionsciences.com)

## Context and problem definition

- Men remain disproportionately represented in suicide mortality, with veterans facing additional risk around transition, moral injury, pain, substance use and bureaucratic stressors. Current pathways too often rely on gendered heuristics, missing nuanced patterns of fear, harm and control that drive suicidality and family risk. A consistent, behaviour-focused approach closes this gap.

[grammarly.com](https://www.grammarly.com) [conversionsciences.com](https://www.conversionsciences.com)

- Male victim-survivors of interpersonal violence are frequently under-identified in intake and assessment. When services do not "see" their fear and harm,

help-seeking drops, risk escalates, and data remain skewed. Objective behavioural documentation corrects this, improving safety for all parties.

[grammarly.com](https://www.grammarly.com) [conversionsciences.com](https://www.conversionsciences.com)

#### Why Safe & Together (and how it reduces bias)

- Safe & Together systematically documents the perpetrator's pattern of behaviour (including coercive control), links those behaviours to impacts on children, partners and family functioning, and recognises survivor strengths. Because it centres observable actions and impacts, it reduces personal/professional bias, avoids over-reliance on stereotypes, and improves inter-agency coordination and accountability.

[grammarly.com](https://www.grammarly.com) [conversionsciences.com](https://www.conversionsciences.com)

- Embedding Safe & Together across suicide prevention, DFV, mental health and veterans' services provides a shared language for harm and safety. It enables practitioners to distinguish fear-driven behaviour, maladaptive coping and coercive control—supporting proportionate, rights-respecting responses that are fair to men as victims, bystanders or persons using harm.

[grammarly.com](https://www.grammarly.com) [conversionsciences.com](https://www.conversionsciences.com)

#### Recognising male victim-survivors (ANROWS-aligned direction)

- Contemporary violence evidence and practice resources emphasise that male victim-survivors exist across cohorts and must not be made invisible by gender-dominant narratives. Services should adopt intake prompts, safe disclosure pathways and referral options that explicitly include men, while maintaining clear behavioural accountability for persons using harm.

[grammarly.com](https://www.grammarly.com)

[readingrockets.org](https://www.readingrockets.org)

#### Veterans: targeted application

- For veterans, apply Safe & Together in EDs, primary care and transition clinics whenever suicidality intersects with relationship risk, DFV or systems abuse. Pair behavioural mapping with attachment-aware, trauma-informed supports (psychotherapy, AOD care, pain management) and proactive aftercare around predictable risk windows (discharge, separation, claims determinations).

[grammarly.com](https://www.grammarly.com) [conversionsciences.com](https://www.conversionsciences.com)

#### Canberra's opportunity to lead

- The ACT's compact system, cross-portfolio collaboration and data capability position Canberra to pilot an integrated Safe & Together pathway that complements existing risk tools (e.g., MARAM-style governance), deliberately capturing non-stereotypical patterns and improving visibility of male victim-survivors. Results can be scaled and shared nationally.

[grammarly.com](https://www.grammarly.com)

[conversionsciences.com](https://www.conversionsciences.com)

#### 12–24 month action plan

- Mandate Safe & Together behavioural mapping at triage, case conference and discharge planning across priority interfaces (EDs, community mental health, DFV services, veterans' services, justice).

[grammarly.com](https://www.grammarly.com) [conversionsciences.com](https://www.conversionsciences.com)

- Train and supervise multidisciplinary teams (health, DFV, justice, education) in bias-aware, behaviour-and-impact documentation; implement quality assurance

via case audits and fidelity checks.

[grammarly.com](https://www.grammarly.com) [conversionsciences.com](https://www.conversionsciences.com)

- Establish male-inclusive intake prompts, safe disclosure pathways and referral options; publish guidance for educators and care teams to reduce stereotype-driven decision-making.

[grammarly.com](https://www.grammarly.com) [readingrockets.org](https://www.readingrockets.org)

- Create proactive aftercare for high-risk men and veterans, with outreach within 7 and 30 days post-discharge/transition, family-inclusive safety planning, and clear escalation pathways.

[grammarly.com](https://www.grammarly.com) [conversionsciences.com](https://www.conversionsciences.com)

- Standardise concise, plain-language behavioural risk summaries to support timely, accurate information-sharing that respects privacy and human rights.

[grammarly.com](https://www.grammarly.com) [conversionsciences.com](https://www.conversionsciences.com)

- Commission an independent evaluation with lived-experience input; report interim outcomes to the Assembly within 12 months and scale on demonstrated value.

[grammarly.com](https://www.grammarly.com) [conversionsciences.com](https://www.conversionsciences.com)

### Measurement and public value

- Track: identification of male victim-survivors; 7/30-day follow-up; re-presentations; family-reported safety and functioning; linkage to DFV/legal supports; and fidelity to behavioural documentation. Use simple, repeated metrics to keep the focus and reduce cognitive overload.

[grammarly.com](https://www.grammarly.com) [conversionsciences.com](https://www.conversionsciences.com)

- Expected benefits: earlier, targeted intervention; fewer crisis presentations and critical incidents; reduced revolving-door contact with EDs and police; improved family functioning and workforce participation—delivering both social and fiscal return compared with crisis-only responses.

[grammarly.com](https://www.grammarly.com) [conversionsciences.com](https://www.conversionsciences.com)

### Conclusion and call to action

- A concise, behaviour- and impact-led model—Safe & Together—can help the Inquiry shift from stereotypes to what people are actually doing, feeling and fearing. It recognises male victim-survivors, addresses psychosocial and attachment drivers in men using harm, and supports veterans through predictable risk windows. Canberra is ready to lead and show measurable public value. [grammarly.com](https://www.grammarly.com) [conversionsciences.com](https://www.conversionsciences.com)

Media attached is merely one of the Dads I tried support. He gave up his really well paid science job to study and learn about his wife's psychosocial condition of borderline often correlated with sexual abuse he: empathetically learnt about it did lots of spiritual and marriage counselling with her.

his family can verify she set up house assets in her name yet disappeared so he couldn't cleanly end the marriage and then self medicated. Wondering what was going on for years trying to reach out. He hung onto to get his kid through college like so many men do he couldn't make sense of it because there was a side of her that can be lovely depending on who's watching and what's in it for her : so this alienated him. He gave her everything to understand through her insistence that her sexual abuse history now entitled her to be empathy impaired exploitative and entitled. She felt owed and it's really important that we

understand that to see if the individual can get their needs met in lawful healthy ways and how like so many people they are often once a victim. most don't go on to choosing harms but some victims become perpetrators or persons using harms. As Canberra political attache: as a crisis negotiator to ████████ team taught us Canberra mental health professionals at a conference: ████████ is the victim in his own narrative. It's no secret that he and ████████ are navigating attachment challenges with their dad that are playing out on a world stage of unhealthy entitlement. This is no different to many Canberra mums using harms I know in the sense that there's attachment challenges. Through a trauma informed lens we need to see who has non-secure attachment challenges that have been correlated with non-social recovery choices and fear of abandonment flipside could be stalking. We have to see who the secure attached parent actually is because the misidentification and DARVO tactic can be really fatal.

thank you for reading. I really see a way forward using the safe together. Evidence based model with nuance beyond stereotype and gender include attachment challenges and mental health intersections include identity politics that the person may be controlling their psychosocial needs at a partial diagnosis which New South Wales coroner has highlighted. We absolutely need to be treating cluster B conditions in jail. This is reactive and expensive. Most people I know who are choosing harms are not in jail and many are not male forensic psychotherapy using the R&R model paired with the safe together mapping can see what the individual needs are and what the human genic needs are as we move forward in a whole system whole community : To do better at keeping our canberra man safer people who are safe to speak up can attend work and families better this excellent economic behaviourism for getting base safety around fear and threat met.

also a review urgently into the unintended harms of the Gillard government removing the burden of proof from the family violence proceedings. Many of the dads who've lost many mates identified five legal administrative steps that the deceased did not make it through that is an unintended harm of removing burden of proof means there's a five step legal sequence to surgically remove the other parent : set up a new Care pathway and then show how the Dad is impacting or disrupting the child's 'Best Interest ' new Care pathway

please take this inappropriate relevant context. In actual safeguarding everything can be exploded including best interests. How do we know that the hurt Bitter parent is putting their own comfort and self interest over the best interest of the child by removing the Dad by exploiting the best interests legal sequence ?

We need to motivate the parents to see if we can support them to dig deeper and motivate them to see what is their needs and feelings without contravening the UN rights of a child to the accurate information as an end of life specialist. I can't tell you how many kids and family members are so angry and upset when they realised that family member needed to control and narrative and exploit or conveniently hide behind gender data.

we are the voice of the deceased. If we are going to accurately use our government's

promise for veteran well-being reform and ending violence. This generation we need to be able to pivot past Current stereotypical data without nuance personal professional bias and include intersections such as identity **politics around diagnoses and enact the R&R model for anyone doing coercive controlling sequences** as we can't legislate coercive control on its own. yet with forensic psychotherapy the R&R model and the safe together model we can get a more accurate picture to the individual using harms needs to get their needs and drives met in more lawful healthy ways. It's a win-win for everybody. WorkSafe has returned on investment for mental health dollar data.

we also need to be mindful of the type of feminism we champion because historic Australian sex offender victims and their perpetrators both say how they need vulnerable people that is families to be messed with and traumatised kids for grooming victims attest that their parent groomed boys without father figures and the pattern continued.

please work in relevant nuanced context for actual safeguarding beyond gender stereotypes and include the mental health intersections of many of our Canberra people who are non-male and control their identity politics of their psychosocial condition and the Dad's who are holding the fort around this : partner with the securely attached parent beyond stereotype bias.

whole systems multidisciplinary approaches are needed. Everyone is frustrated at the current gender divisions. We need to see any rage baiting and call that out and keep at it as a whole community for social recovery and the economic behaviourism productivity return on investment actually creating safer homes safer relationships safer workplaces.

written in trauma informed benevolence with evidence base for social reform to include all readers using two decades of deathbed disclosure coroner directions and frontline senior staff observations that if our statistics map doesn't fit the ground, the maps not quite right:

Attachment intersections and mental health intersections around identity politics offer refreshing new ways forward to actually see what's going on beyond Current gender capped approach.

it isn't merely women and children. We need to see the men and children :**because it's all the same children.**

**we can see who is obstructing social recovery by capping the approach with another family violence tactic which is pitting people against each other: Beyond any gender we are human and that's what all the practitioners at the recent safe together. Asia Pacific conference in the breaks and lunches agreed. public protection isn't about taking any of the really relevant attention and resources from one gender but actually including the voice of Our most vulnerable and that includes the voice of our deceased good men who didn't survive the system or education shortfalls of us professionals.**

**[REDACTED] tasked us to stay professionally curious and see entitlement fear and threat patterns**

Thank you for reading. Let's get this right.

best

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]