



Questions taken on notice,
answers to supplementary
questions and additional
information

NSW Legislative Council:
*Domestic violence trends and
issues in NSW (Inquiry)*



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The Hon. Cate Faehrmann: You mentioned in your opening statement, Mr Humphreys, a document of the Federal Office for Women that said that men cannot be victims of domestic violence, they can only feel that they are. Could you table that document? Mr Andresen: I do have similar evidence from Western Australia and am happy to table that. It is a study done statewide and it was not as harsh as that statement but it basically said we have these men that come forward calling themselves victims and we are not really sure if they are real victims or not. 10

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QUESTIONS TAKEN ON NOTICE

1. The Hon. Cate Faehrmann: Is the Hawkesbury District Health Service pilot study funded by New South Wales Health or Family and Community Services, or is it an initiative of the health service itself? (p21)

We made contact with the Men's Health Coordinator at Hawkesbury District Health Service who provided us with the following information.

1. Is the referral service still operating?

Yes. The partnership between Hawkesbury District Health Service and Windsor Police Local Area Command is still current and running smoothly with GREAT outcomes.

2. Is the referral service funded by New South Wales Health or Family and Community Services, or is it an initiative of the Hawkesbury District Health Service itself?

The service receives no funding. It is a partnership initiative and simply a matter of changing old patterns and education.

3. Does the referral service have any higher levels of approval on a state government level, or is it purely a local initiative?

It is a purely local initiative. That being said, there is no other reason it could not be reproduced in other areas providing services are available to refer to, or Mensline Australia as a fallback option.

We have had some great results over the past 12 months. We had 68 men referred by the police. These men were victims documented by the police who also wanted to report the case. There have been many victims who have declined police involvement, both male and female.

Over the past 12 months, 18.5% of all referred victims have been male.

An essential resource for this program has been the Domestic Violence Officers, as they are the main reason for the program's success. If they are not on side, the whole thing can easily fall over.

For your information, the Men's Health Coordinator at the Hawkesbury District Health Service is Stephen Lillie:

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ANSWERS TO SUPPLEMENTARY QUESTIONS

Apprehended Domestic Violence Orders (ADVOs)

1. Your submission is critical of the ADVO system and states that: 'ADVOs have absolutely have no evidential value in the vast majority of cases. This is because, in the vast majority of cases, they are consented to without admissions. The hearings in these uncontested cases are very brief indeed' (page 10). How can the ADVO system be improved to ensure the best outcomes for all parties?

Firstly it is important that legal frameworks incorporate a system of gradual progression into judicial involvement in cases of domestic and family violence. It may be preferable to use "undertakings" (as happens to a limited degree at present) in certain cases, rather than always seeking a full protection order at the first instance of low-level violence. It would be useful if undertakings could become a widely used tool available to the courts as a first step at addressing low-level violence.

Before accepting an undertaking to the court from a person against whom a protection order is sought, a court should ensure that:

1. the applicant for the protection order understands the implications of relying on an undertaking to the court given by the respondent, rather than continuing with their application for a protection order;
2. the respondent understands that the applicant's acceptance of an undertaking does not preclude further action by the applicant to address family violence, if necessary; and
3. the undertaking is in writing.

When ADVOs, rather than undertakings, are sought, we would recommend that:

- Police must educate both parties as to the meaning and operation of ADVO's. The Prosecution Manuals and other rights are currently not being afforded to AVO recipients.
- Police must ensure that all PINOP'S have breach diaries and know how to use them.
- Police must ensure that victims have a copy of "Your court your safety" from the Attorney General's Department.
- All ADVO educational materials must be made gender-neutral.

- Men must be allowed to avail themselves of domestic violence assistance services throughout the legal/court process. Currently many are turned away. There are examples at the Downing Centre Criminal Court and Central Coast where domestic violence centres declared to the former Attorney General that they would rather close than serve men.

Those accused in AVO cases are routinely advised by the police that the guilty plea is not a criminal record, thus leading them to believe there are no consequences for them other than in relation to the orders sort, i.e. to keep away from the applicant.

However, once an AVO is finalised, it remains on record forever unless a man makes application under s.72 of the Crimes (Domestic and Personal Violence) Act to have that Final AVO revoked.

The existence of the AVO, whilst not a reportable incident as a “criminal record,” nonetheless appears everywhere on computer systems as if it were a criminal record.

Because of this there are many serious consequences, e.g.

- access to children
- family court proceedings
- employment access
- study restrictions at TAFE
- applications for travel visas or bank loans.

Therefore Police *must* be trained to advise persons accused in AVO cases as to the full meaning and operation of ADVO's.

The view that some family violence order applications are unjustified appears to be held by many state magistrates in New South Wales. Hickey and Cumines in a survey of 68 NSW magistrates concerning apprehended violence orders (AVOs) found that 90% agreed that some AVOs were sought as a tactic to aid their case in order to deprive a former partner of contact with the children. About a third of those who thought AVOs were used tactically indicated that it did not occur 'often', but one in six believed it occurred 'all the time'.¹

In recently published research on the views of 40 family lawyers in NSW, almost all solicitors thought that tactical applications for AVOs occurred, with the majority considering it happened often.² In another study based upon interviews with 181 parents who have been involved in family law disputes, the researchers found a strong perception from respondents to family violence orders (both women and men) that their former partners sought a family violence order in order to help win their family law case.³

We strongly urge the Committee to consider taking steps to implement changes to the law to avoid the issuing of such malicious or tactical ADVOs. One option that could be considered would be reverting ADVO procedures to the Briginshaw standard of criminal proof, i.e. the higher standard of proof to establish the prima facie case.

¹ J Hickey and S Cumines, *Apprehended Violence Orders: A Survey of Magistrates*, Judicial Commission of New South Wales, Sydney, 1999, p 37.

² Parkinson, P, Cashmore J and Webster A, “The Views of Family Lawyers on Apprehended Violence Orders after Parental Separation” (2010) 24 *Australian Journal of Family Law* 313.

³ Parkinson P, Cashmore J and Single J, ‘Post-Separation Conflict and the Use of Family Violence Orders’, *Sydney Law Review* (2011, in press).

2. How would you like to see breaches of ADVOs handled?

Firstly the cost to the state and to individuals of avoidable ADVO breaches is great.

We would suggest that at the time an ADVO is put in place, police (where this is an interim order) or a court official (in that setting) must instruct both parties as to the intent and function of an ADVO. Some people involved in these processes may have poor literacy and comprehension skills and hence just providing a pamphlet may not constitute effective instruction.

People involved in these processes with mental health, counselling or other social issues must have these addressed at this time.

With effective support, instruction and where needed, therapy for individuals in the ADVO process, some breaches will not occur.

Domestic violence services

3. Your submission suggests that domestic violence services unfairly discriminate against GLBTI community, particularly homosexual men (pages 18-19). How can domestic violence services more effectively target the GLBTI community?

The issue here is not that domestic violence services are failing everyone within the GLBTI community. The issue is that male victims and female perpetrators within this group are refused service by domestic violence services purely based on their gender.

We believe that state funded domestic violence services should be open to all victims irrespective of sexual preference and gender (and all other characteristics for that matter).

This issue provides a revealing and awkward issue for feminist controlled services and shows the fundamentally discriminatory fashion in which these services have been allowed to operate.

Female perpetrated violence

4. Your submission states that 'reducing women's use of violence will reduce women's rates of injury from violence because a women's perpetration of intimate partner violence is the strongest predictor of her being a victim' (pages 11-12). Can you explain your argument here and suggest ways to reduce women's perpetration of intimate partner violence?

While this may sound like 'victim-blaming', it is simply stating the research evidence finding that women who perpetrate violence suffer greater injuries than those who do not. If a woman hits her partner who then hits her back and injures her, both people are responsible for their own use of violence. Simply put, perpetrating violence is a risk factor for women's injury.

American researcher Professor Linda Kelly says:

"Put in blunt utilitarian terms, female violence must be addressed in order to protect women as a man provoked by a violent female has the potential to inflict greater injury".

She cites eminent family violence researcher, Professor Murray A. Straus:

"The danger to women is shown by studies that find that minor violence by wives increases the probability of severe assaults by husbands. Sometimes this is immediate and severe retaliation. Regardless of whether that occurs, however, a more indirect and probably more important effect may be that so-called 'morally correct' slapping [by women] acts out and reinforces the traditional tolerance of assault in marriage.

"The moral justification of assault implicit when a woman slaps or throws something at a partner for doing something outrageous reinforces his moral justification for slapping her when she is doing something outrageous, or when she is obstinate, nasty, or 'not listening to reason' as he sees it.

"To the extent that this is correct, one of the many steps needed in primary prevention of assaults on wives is for women to forsake even [so-called] 'harmless' physical attacks on male partners and children. Women must insist on nonviolence from their sisters, just as they rightfully insist on it from men."

A large metaanalysis by Sandra M. Stith and colleagues found that a woman's perpetration of violence was the strongest predictor of her being a victim of partner violence:

"Victims who hit their partners are at greater risk of further victimisation. In fact, Shields and Hanneke found that severe violence was more likely when a wife has been physically aggressive with her partner. Furthermore, Feld and Straus found that when a wife had severely assaulted her husband but he had not physically assaulted her, there was a one in seven chance that he would severely abuse her in the course of the next year. Clinical services to victims of abuse, whether male or female, have focused on empowering the victim but have not always addressed methods for helping victims to manage their own anger. Results from this metaanalysis highlight the need for clinicians to address this issue with victims."

Another rationale for reducing women's use of violence is offered by the Australian [Young People and Domestic Violence](#) study. This survey of 5000 young people aged 12 to 20 found that "Witnessing parental domestic violence was the strongest predictor of subsequent perpetration by young people. The best predictor of perpetration was witnessing certain types of female to male violence". In other words, to break the cycle of violence, women's violence must be addressed.

In order to reduce women's perpetration of intimate partner violence:

- Clinicians working with female victims (and male victims for that matter!) need to address the victims' own use of violence and abuse in all its forms, and refer them to anger management or other services where appropriate
- Domestic violence and respectful relationship public education campaigns must be run in order to give female-male violence the same stigma and condemnation as male-female violence currently enjoys. The *Young People and Domestic Violence* study found that while males hitting females was seen by virtually all young people surveyed to be unacceptable, it appeared to be quite acceptable for a girl to hit a boy.

Perpetrator programs

5. Your submission raises concerns about the use of perpetrator programs based on the Duluth Model (page 10). Can you elaborate on your concerns and give us further information on the alternative programs you have suggested?

Our concerns about the use of perpetrator programs based on the Duluth Model are as follows:

1. *The Duluth Model is about blaming and shaming men, more than giving them the insights and support to help them stop their abusive behavior.* It preaches that men who batter don't have a personal problem, but are simply reflecting "a culture that teaches men to dominate." Because blaming is one of the major strategies used by offenders to intimidate victims and to justify their abusive acts, using confrontation and assigning blame in treatment may re-represent a similar and nonhelpful dynamic in abusive relationships.
2. *It's based on ideology, not science.* The model was developed, not by a team of psychologists and research scientists, but in consultation with "a small group of activists in the battered women's movement," and "more than 200 battered women in Duluth." The model rejects treatment through insight models, family systems theory or cognitive-behavioural models in favour of what supporters call a "sociopolitical model": a "radical feminist re-education camp," where battery is equated with masculinity.
3. *It ignores drugs and alcohol, Borderline Personality Disorder and other serious psychological problems.*
4. *It says there is only one cause for domestic violence, and only one solution.* This approach rejects joint therapy in all cases, even when the woman feels safe and wants to keep the marriage together. It basically treats women as brainless individuals who are unable to make choices.
5. *There's no real evidence it works.*
6. *It ignores female perpetrators and male victims of domestic violence, both straight and gay*

The alternative programs that we have suggested have the following features:

1. well-designed programs have a firm and explicit theoretical basis which is supported by empirical research;
2. programs are based on accurate assessment of the 'risk', 'needs' and 'responsivity' of offenders,
3. there is strategic targeting of such risk and need factors through program features,
4. programs are delivered to consistently high standards, using treatment responsivity,
5. there is inclusion of skills-oriented, cognitive-behavioural approaches in the program, and most importantly
6. only programs which are well-matched to, or modified to meet the needs of the offender and demonstrate treatment or program efficacy have integrity.

[The above six points are criteria for perpetrator programs taken from UK researcher Nicola Graham-Kevan's article *Domestic violence: Research and implications for batterer programmes in Europe*. This article was tabled by us at the Inquiry].

We would add the following list of criteria to assess alternative perpetrator programs:

1. They should be open to both male and female perpetrators (either combined in the same program or in separate streams for men and women)
2. They should be offered initially as alternatives to prison (thereby allowing the perpetrator to continue to work and support their family while on probation), with incarceration to follow if the perpetrator reoffends.
3. As with child and elder abuse, programs should operate at multiple levels, addressing those contextual and personal factors that research consistently identifies as being implicated, e.g. drug and alcohol abuse, mental health issues and inadequate conflict management and affect regulation skills.
4. They should offer couples counselling and family therapy where there exists the expressed wish to maintain a relationship.
5. Rather than blaming and shaming, they should focus on and emphasise solutions, competencies, and strengths in offenders, but never equate this with a minimisation of the destructiveness of their violent behaviours.
6. The effectiveness of a solution-focused treatment program is contingent on the support of the legal system that provides a strong sanction against violent behaviours.

The indigenous *Ending Family Violence Program* in Woorabinda QLD for male and female perpetrators is an excellent example of the kind of program that we would like to see run (obviously modified for non-indigenous perpetrators). We tabled a paper outlining this program at the Inquiry.

ADDITIONAL INFORMATION

The Hon. Cate Faehrmann: You mentioned in your opening statement, Mr Humphreys, a document of the Federal Office for Women that said that men cannot be victims of domestic violence, they can only feel that they are. Could you table that document? Mr Andresen: I do have similar evidence from Western Australia and am happy to table that. It is a study done statewide and it was not as harsh as that statement but it basically said we have these men that come forward calling themselves victims and we are not really sure if they are real victims or not.

Unfortunately the Federal Office for Women document is unable to be located because of internal changes in the Federal Office for Women (please refer to the transcript of the Inquiry). However, the Western Australian document is as follows:

WA Family and Domestic Violence Unit (2006). [The Men's Project: Exploring Responses to Men Who Are Victims or Perpetrators of Family and Domestic Violence](#).

The pertinent quote from this report is as follows:

"The greatest difficulty facing male victims of domestic violence was the establishment of clear definitions of what constitutes a male victim".

The committee should note that 'clear definitions of what constitutes a *female* victim of domestic violence' have never been sought. According to the WA Family and Domestic Violence Unit and the current feminist domestic violence paradigm,

female victims' stories are believed verbatim, while male victims' stories need to be "unpacked" to work out whether they are 'genuine victims' or not. Services either need to believe all victims' stories verbatim, or they need to question whether all victims are 'genuine' or not. The current double-standard based purely on gender is discriminatory and must be addressed.

The Hon. Greg Donnelly: What do you see as the priority issues that should be addressed in domestic violence policy in New South Wales? (answer continued from oral evidence)

The groundbreaking 2010 Intimate Partner Abuse of Men report (ECU) (the Executive Summary of which we have tabled for you today) surveyed almost 200 service providers from around Australia and came up with 4 key recommendations (see pp17-18 of the Inquiry transcript for recommendations 1 and 2):

3. "Consideration should be given to how services for male victims of intimate partner abuse can be integrated with services for female victims and general services for victims of family violence in all its forms. It is likely that some types of service can be effectively integrated while others will need to be gender-specific.
4. "Workers in the broader health and welfare fields should be provided with training to assist them to respond effectively to male victims of intimate partner abuse. In particular, these workers need training in how to dismantle the barriers to men disclosing their abuse and strengthening the factors that facilitate men's disclosure of their abuse."

Other issues that we believe need to be addressed include:

- Inclusion of male victims of family violence and abuse in the *National Plan to Reduce Violence Against Women and Their Children* and associated COAG systemic reforms.
- Better Australian Bureau of Statistics (ABS) and other data (the 2013 ABS Personal Safety Survey will have three times the female sample compared to the male sample).
- Education of Members of Parliament and the public service about the issue of male victims of family violence and abuse so that they stop talking about domestic violence as something that men do to women and children (and rolling out programs that exclude male victims).
- The opening up of domestic violence services and sexual assault services to employ male workers.

Your submission notes that there is a bias towards women in the provision of domestic violence services. How do you suggest the NSW Government address this issue to ensure the safety of all victims of domestic violence?

Rather than simple bias we say that the entire current model of domestic violence service provision is fallacious and not grounded in fact.

All services must be open to all persons experiencing the full range of family violence and abuse (not just 'domestic violence' between current or ex- co-habiting intimate partners) regardless of their sex, age, sexuality, race, religion, etc.

Males will not present to or use services staffed by individuals who accept Duluth Model-informed gender stereotyping of all men as abusers. Indeed rather than being helped men attending such services are re-victimised by these judgmental attitudes.

Government *policy* currently does not use discriminatory language but the funding will go to agencies which will only see female victims, e.g. *Staying Home Leaving Violence*.

The current inability to acknowledge female perpetrators means that victims of female violence who are old or are children are often not detected. Sibling abuse of younger brothers by older sisters is in fact not uncommon and we would point the committee to the research of Helen Koch cited in *Born to Rebel* by Frank Sulloway (p78). The most consistently negative inter-sibling dynamic that Koch's research uncovered was that between older sisters and their younger brothers.

The underlying model is wrong, hence tinkering around the edges will not fix it.

Arrests of women. a) A number of inquiry participants have suggested that the recent increase in arrests of women for domestic violence related offences in NSW could be related to the Police's pro-arrest policy. What is your perspective on this anecdotal evidence?

We are concerned that there seems here to be a desire to prevent police from acting against female perpetrators. From our experience violent women are less likely to be acted against and many men who have complained of being assaulted by their partner are told to 'man up'.

We have also observed this sort of comment in the submissions provided to the committee by male victims: "Look you are 6 foot tall - how could she have hurt you?" Men are so ashamed. For these reasons we would suggest there is serious under-reporting of female violence, as there has been of male sexual assault. There is a wealth of international and Australian evidence to support this claim.

The large-scale South Australian Interpersonal Violence and Abuse Survey found that "females (22.0%) were more likely to report the [domestic violence] incident(s) to the police than males (7.5%)"⁴. Likewise "The 2004 [Canadian] General Social Survey (GSS) on victimisation found that fewer than 3 in 10 (28%) victims of spousal violence reported the abuse to the police (36% of female victims and 17% of male victims)"⁵. Also, the 2008-09 Scottish Crime and Justice Survey: Partner Abuse found that "Men were significantly more likely not to have told anyone about the abuse they suffered in the last 12 months (40% compared with 21% of women)" and "Around one in five (21%) who experienced partner abuse in the last 12 months said the police did come to know about the most recent / only incident. Again, this figure was significantly higher among women (35% compared with eight per cent of men)"⁶.

⁴ Dal Grande, E., Woollacott, T., Taylor, A., Starr, G., Anastassiadis, K., Ben-Tovim, D., et al. (2001). Interpersonal violence and abuse survey, September 1999. Adelaide: Epidemiology Branch, Dept. of Human Services. Retrieved September 21, 2009, from <http://www.health.sa.gov.au/pros/portals/0/interpersonal-violence-survey.pdf>

⁵ Statistics Canada (2009, October). Family violence in Canada: A statistical profile 2009. Ottawa: Statistics Canada, Canadian Centre for Justice Statistics, Ministry of Industry. Retrieved August 29, 2010, from <http://www.statcan.gc.ca/pub/85-224-x/85-224-x2009000-eng.pdf>

⁶ MacLeod, P., Kinver, A., Page, L., & Iliasov, A. (2009, December). 2008-09 Scottish crime and justice survey: Partner abuse. Edinburgh: The Scottish Government. Retrieved January 15, 2010, from <http://www.scotland.gov.uk/Resource/Doc/296149/0092065.pdf>



The research evidence also demonstrates that the most common form of domestic violence is reciprocal violence (making up around half of all violence in the home), with unilateral 'perpetrator-victim' violence by male perpetrators making up around 25%, and unilateral 'perpetrator-victim' violence by female perpetrators making up the other 25%⁷.

Therefore, while it is possible that some female victims are arrested by police lacking the necessary tools and training, it is equally possible that some male victims also experience this.

Control and domination is not always achieved by the use of physical violence, and if the police arrest the person who has been using physical violence, they might not be arresting the abusive partner (the victim might be retaliating physically to years of sustained emotional, psychological, financial and/or social abuse). In this case, the children will be left with the abusive parent.

It is also likely that in many if not most cases there *is* no primary aggressor as both parties are perpetrators and victims of violence (the relationship itself is violent and dysfunctional).

Arrests of women. b) Witnesses recommended that inappropriate arrests and ADVOs be addressed through training of officers and/or the addition of a fairly simple 'primary aggressor assessment tool' in police standard operating procedures, to ensure police ask the appropriate questions, examine COPS records of the history of violence over time, etc. What is your view of these recommendations?

We feel the performance of the police could improve and the police code of conduct (attached to our submission) is a good place to start. Unfortunately it is not being followed in all cases or LAC's. Very often the quality of the police intervention is largely directed by the personal views or experiences of the officer(s) involved.

As long as the 'primary aggressor assessment tool' doesn't contain any gender bias, and as long as it allows for the most common forms of violence (where both parties are violent and there is no primary aggressor), it sounds like a sensible proposal.

Data supporting Mr Andresen's anecdotal evidence (p22) that women are more likely than men to perpetrate domestic violence around the time of pregnancy.

Mr Andresen made the following statement at the hearing:

"My partner and I are currently expecting our second child in August. We went to the intake with our midwife at a NSW Health hospital and my partner was screened. I was ushered out of the room and my partner was asked the various questions as part of the screening tool about whether she is experiencing domestic violence. She asked the midwife, "Do you feel awkward asking these questions of the women that come in here?" The midwife answered,

⁷ Dutton, D. G. (2010). The gender paradigm and the architecture of antiscience. *Partner Abuse*, 1(1), 5-25. Also Straus, M. A. (2005). Women's violence toward men is a serious social problem. In D.R. Loseke, R. J. Gelles & M. M. Cavanaugh (Eds.), *Current controversies on family violence*, 2nd Edition (2nd Edition ed., pp. 55-77). Newbury Park: Sage Publications. Also Dutton, D. G. & Nicholls, T. L. (2005). The gender paradigm in domestic violence research and theory: Part 1 — the conflict of theory and data. *Aggression and Violent Behavior*, 10(6), 680-714.

‘Well, actually, more often than not the women tell me that they are the ones who are hitting their male partner,’ but that is not reported on the form as part of the screening tool. So we really feel that a lot is being missed.”

We would like to cite research evidence in support of this anecdotal evidence. Halford et al conducted Australian research in 2011 on intimate partner violence in couples seeking relationship education for the transition to parenthood⁸ and found that in 19% of couples both partners perpetrated IPV, in 12% only the woman had perpetrated IPV, and in 3% only the man had perpetrated IPV.

Overseas, Charles and Perreira (2007)⁹ reported in a study of 2,310 socially disadvantaged US mothers and fathers participating in the Fragile Families study, that 8.2% of women and 1.2% of men perpetrated some form of IPV during pregnancy. However, this study used only a single item to assess IPV and consequently likely underestimates the rate of IPV. Kan and Feinberg (2010)¹⁰ assessed IPV using the comprehensive Conflict Tactics Scales–Revised in a sample of 168 expectant couples predominantly recruited through antenatal classes, and reported 30% of women and 18% of men had perpetrated an act of IPV in the past year.

Concerns about inaccurate use of material

We would like to raise concerns with the Committee regarding what we perceive to be an inaccurate use of our material. This concern relates to the following statement by committee member the Hon. Helen Westwood:

Addressing Dr Jane Wangmann, Helen Westwood said “Do you have a view on the position put by the One in Three Campaign – that domestic violence is not a gender issue?”

In the transcript of our presentation we state:

“We do not suggest that patriarchal views are not a significant factor in some domestic violence. They certainly are” (p16)

“I think there are aspects of it (domestic violence) being a gender issue and there are certainly many clients I see where this is the most significant factor” (p18)

We therefore would like the committee to be aware that we feel the Hon. Helen Westwood has seriously misquoted or misunderstood our position.

To clarify: the ‘gendered approach’ or ‘gendered violence approach’ that we referred to in our appearance before the committee, and of which we are highly critical, is the current feminist paradigm on domestic violence based on the ideological premise that domestic violence is caused by males holding rigid and erroneous patriarchal attitudes. We do not argue that gender does not play a part in some cases of domestic violence.

⁸ Halford, W. K., Petch, J., Creedy, D. K., & Gamble, J. (2011). Intimate partner violence in couples seeking relationship education for the transition to parenthood. *Journal of Couple & Relationship Therapy*, 10(2), 152-168.

⁹ Charles, P., & Perreira, K. M. (2007). Intimate partner violence during pregnancy and 1-year post-partum. *Journal of Family Violence*, 22(7), 609-619.

¹⁰ Kan, M. L., & Feinberg, M. E. (2010). Measurement and correlates of intimate partner violence among expectant first-time parents. *Violence and Victims*, 25 32-44.