

The Rhetoric And Reality Of Men And Violence

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Violence is an inescapable part of life – it has been present through all history and across all cultures. Naturally, the extent of violence has varied in different locations and times, driven by contextual factors such as racism, poverty and war. But acknowledging the inevitability of violence does not preclude recognising that it is a public health issue that requires attention, and the use of the most effective strategies available to reduce its occurrence.

One specific area of violence that has generated considerable concern is violence between two adults in an intimate relationship, variably referred to as “domestic violence” (DV) or “intimate partner violence” (IPV). While there is no doubt over the level of concern, there are grave doubts that in Australia we are responding to the problem in an effective manner, through being guided by evidence produced in rigorous research studies. The following presents arguments based on extensive research that questions current policies and practices, especially in regard to DV.

A Brief History Of The Domestic Violence Paradigm.

Modern day interest and research into DV really began in the 1970s and 1980s, largely generated by feminists who were concerned about women who had been severely beaten and injured by their partners. Stories and studies from that era provided us with a vivid picture of the battered woman, her assailant, and their relationship. Frieze (2005) notes that Walker's 1979 book, *The Battered Woman*, was the most quoted book on marital violence through the late 1980s. This book portrayed battered women as helpless victims of male abusers, and claimed the motivation for men was a patriarchal desire for control. This became the dominant view of marital violence by researchers through the 1970s and 1980s, and led to the development of a commonly presented paradigm in which DV was seen as something that affects a substantial proportion of women, and is a direct result of male patriarchal desire for control. It is this narrative which is the basis of what is termed the “Duluth Model” – the model used to guide understanding of and responses to DV in Australia. The model can best be explained through an extract from “Partners Against Domestic Violence” (2005), the collaborative body established by State and Federal governments in 1997.

“Domestic violence is a mechanism that oppresses women and maintains male power over women. Therefore domestic violence is gendered violence. Its focus is on the structural power differentials between males and females and how these are played out at the level of intimate relationships where men abuse power to maintain control over women. Male structural power in the public domain is reproduced in the private

domain".

(Partners Against DV, 2005)

But alongside the growth of this paradigm of gendered violence, data was emerging that undermined its central premises. Even in the 1980s, extensive studies by researchers (such as Strauss, 1980; Henton et al, 1983; Kalmuss, 1984; Gelles & Strauss, 1988; Brinkerhoff et al, 1988; Sugarman & Hotaling, 1989) consistently reported that there was large measure of reciprocity in DV – that is, women were as likely as men to use violence against partners. The evidence was so prevalent it could not be ignored, and led to a minor change in the Duluth paradigm, whereby it was suggested that when women use violence, it is only in self-defence.

But even this addition of self-defence to the paradigm was negated by research. Numerous researchers (eg Morse, 1995; Headey, Scott & de Vaus, 1999; Fergusson, Horwood & Ridder, 2005; Whitaker et al, 2007) found that women were as likely – or even more likely - than men to initiate violence in intimate relationships. Whitaker et al's (2007) research using data from the National Longitudinal Adolescent study, published in the prestigious American Journal of Public Health, found that:

“Almost 24% of all relationships had some violence, and half (49.7%) of those were reciprocally violent. In non-reciprocally violent relationships, women were the perpetrators in more than 70% of the cases”.

These findings were supported in a wide ranging review of research into DV by Irene Frieze (2005), who noted that the reciprocal nature of DV has been documented in married, cohabiting, and dating heterosexual couples, as well as in lesbian couples. These findings contradict the Duluth gender paradigm on DV. Unfortunately, DV appears to rely more on rhetoric than evidence. In current public statements in Australia it is commonplace to find claims about DV such as:

“57% of women will experience violence from men during their lives” (White Ribbon Campaign)

“It is estimated that in 2002–03 the total number of Australian victims of domestic violence may have been of the order of 408,100, of which 87% were women. It is also estimated that there were a similar number of perpetrators of domestic violence, 98% of which were male” (Access Economics, 2004).

Yet the studies that these statements are drawn from are limited in number, and suffer from serious conceptual and methodological problems (see eg Kelly, 2003; Gelles, 2007). The bulk of international research is ignored in these statements, seemingly because the evidence does not suit the desired argument. That the Duluth gendered view has dominated in Australia is not surprising as a result of extensive social marketing campaigns, such as the government's “Violence Against Women” campaign, and UNIFEM's “White Ribbon Day”. With such significant levels of expenditure it is not

surprising to find the level of ignorance of DV revealed in a recent survey conducted for the Body Shop in Australia (2006):

“95% of those surveyed believed that DV occurs in over 40% of relationships”.

The discrepancy between the findings of research and the type of statements noted above raises questions over the credibility of the Duluth model, and has led to a recent major report for the Australian Institute of Family Studies (Moloney et al, 2007) to adopt a solution first proposed by Johnson & Leone (2005). This approach suggests that we divide DV into two discontinuous types. The first is referred to as “situational couple violence”, the low-level reciprocal violence that occurs between intimates, is primarily isolated incidents, and does not lead to any notable harm. This, Moloney et al (2007) suggest, is not gendered, and is initiated by men and women in equal parts. It is this form of violence most often revealed through the research using community surveys, the preferred method for such issues as DV. The second form of violence, however, they label “intimate terrorism”, and is the severe, and much rarer, psychological and/or physical abuse associated with “wife battering”.

This proposed approach seems to offer an exit strategy for those wedded to the Duluth gendered framework. Moloney et al (2007) suggest that “intimate terrorism” is practiced almost solely by males, and is a result of a patriarchal mind-set. Unfortunately for this proposal, a sophisticated research study by Nicola Graham-Kevan & John Archer (2005) in Britain indicates that women are as likely to engage in behaviours of “intimate terrorism” as males. They note:

It may be that the use of coercive physical aggression is best understood in terms of personality rather than patriarchy. Indeed, research has not found a consistent link between patriarchal ideology and wife assault within samples in Western nations, although personality is predictive of partner assaults. Moffitt and colleagues (2001) found that personality characteristics (such as approval of the use of aggression and poor self-control) identified 3 years prior to the onset of partner abuse were significant predictors of which women would later use physical aggression against partners and others.

These personality traits were the same as for the men in the sample. They also found for both men and women that a history of antisocial behavior was predictive of partner violence, regardless of their partners’ use of physical aggression against them.

This observation accords with widely accepted psychological research relating Borderline Personality Disorder (BPD), and violence. This condition affects an estimated 2% of young adults, with slightly more females than males, and is characterised by, among other behaviours, impulsive and extreme aggression toward intimates. BPD helps explain why an excessive desire for dominance and control exists in some individuals of both genders. On this basis, it would be surprising not to find some proportion of women engaging in the constellation of behaviours referred to as “intimate terrorism”.

The current situation in Australia

This weight of research and the consistent logic have had very little impact on DV policies and practices in Australia as yet. There is an ongoing ideological commitment to maintaining the Duluth gender paradigm. Bias has been built into publicly funded studies such as International Violence Against Women study (Mouzos, & Makkai, 2004) to generate misleading statistics. Hyperbole and exaggeration – as well as mistruths – can be found fairly readily in various public statements by a number of organisations. For example, the “White Ribbon Day” campaign sponsored by UNIFEM currently claims on its website (September 20th, 2007) that:

“over two thirds of women have experienced violence since the age of 15”, citing the Australian Bureau of Statistics (ABS, 2006) as their source. Unfortunately for the credibility of the White Ribbon Day, The ABS (2006) Personal Safety Survey reports that a total of 39.9% of women (and 51.1% of men) have experienced some form of physical or sexual violence since the age of 15. The ABS (2006) also notes that only 3% of Australian women were found to have experienced any form of physical assault in the past 12 months (less than half the rate of assaults on males).

A further problem for such statements is that the White Ribbon Day site insinuates that all violence against women is perpetrated by men, and most of this by intimate partners. However their data source, the ABS (2006), reveals that approximately 30% of violence against women was perpetrated by other women, and that women are more likely to be assaulted by family members, friends or acquaintances than by their male partners, current or previous.

Proportion of Australian population physically assaulted during past 12 months x type of perpetrator

(Source: ABS, 2006)

	MALE PERPETRATORS			FEMALE PERPETRATORS		
	Male stranger	Male current or previous partner	Family /friends / other known persons	Female stranger	Female current or previous partner	Family /friends / other known persons
Female victims	0.46%	0.96%	1.2%	0.28%	N / A	0.6%
Male victims	4.2%	N / A	1.9%	0.17% *	0.28% **	0.6% *

* = estimate has a relative standard error of 25% to 50% and should be used with caution – likely to be a significant underestimation

** = estimate has a relative standard error greater than 50% and is considered too unreliable for general use

Violence against Women and children

This deserves special mention, as an example of how double standards and intellectual contortions occur in public documents about DV. Over the past few years violence against women campaigns have begun to emphasize “violence against women and children” (see, for example, PaRDV, 2005) – clearly implying that both are primarily the victims of male perpetrators. This probably increases the levels of our, as the addition of children guarantees a heightened level of emotional response. Yet conjoining the two is at odds with the established data showing that women were the perpetrators of physical assaults of children in up to 50% of cases; 50% of recorded infanticides, and up to 7% of sexual assaults on children (FitzRoy, 2003). Women are also responsible for the majority of instances of emotional abuse and neglect of children (Tomison, 1996 - although note that this latter data is rather old, as Australian government agencies do not readily provide gender breakdowns of perpetrators of child abuse). The US Department of Health & Human Services is not so coy about the gender of perpetrators. In their report “Child Maltreatment 2004”, mothers acting alone were responsible for 38.8% of cases of abuse, and fathers for 18.3% of cases. In child fatalities, the mother acting by herself was responsible for 31.3% of cases, and fathers for 14.4%.

The claims associating “women and children” as the victims of (inevitably male) violence restrict men from seeking help in those instances where they and their children experience violence from a female partner. As the above shows, women do perpetrate a substantial amount of the violence that children experience. We should encourage any adult to be able to seek help for their partners of whatever gender, not limit such support to only those instances where a male is the perpetrator.

The negative implications of maintaining a gendered paradigm.

The problem with the Duluth gender paradigm is not simply an academic argument. The adoption of this approach has far-reaching – and harmful – implications, including:

1. Preventing meaningful research into causal factors and successful interventions for violence against women. Due to bias in research methods, we cannot know for certain if the reported substantial reduction in violence against women between 1996-2005 is a methodological artefact, or reflects a real decrease in rates. If there has been a decrease, we do not know if this is as a result of any specific interventions, so have not generated evidence to accelerate the effects of successful interventions. Despite years of perpetrator programs based in the Duluth model, there is no research to show to what degree these are successful, if at all, or which programs are most effective. We do not know what aspects of primary prevention – the preferred public health approach – are worthwhile in reducing violence against women.

2. Preventing discussion about and research into the much larger group of victims of violence in Australia – males. Until 2005, no major community research into the extent of violence against males had been undertaken in Australia. As a result of this, we now for the first time have some indication of male experience of violence. While the ABS was inadequately funded for its research into males, so settled for a sample size too small to enable detailed analysis, it is clear that males are far more likely to be victims of violence

than females. The data does suggest that males are less likely than women to be victims of violence from partners, but the small sample size limits any firm conclusions. No state government has attempted to provide a reasonable study into the extent and nature of violence against males. In fact, in New South Wales one data gathering exercise that could be of interest specifically excludes males. This is the screening for DV that has been done routinely in many health facilities (A&E, in antenatal, early childhood, alcohol and other drug and mental health services) since 2001.

3. Preventing policies and laws from recognising other sectors of the population who should expect recognition of the problems they face. Even if we accept the proposition that males are only a minority of victims of DV, there are no services available for men as victims – no emergency housing for them and their children; no programs for their violent female partners; no free para-legals to assist them with AVOs; no training for social workers / counsellors in helping men who have been victims of violence; very few sexual assault services open to males (despite one third of victims of sexual assault being males - ABS, 2006).

A paradigm shift

As a gendered framework is unable to explain much of violence, it is time to develop better frameworks which can do so, and which incorporate other factors – individual and social – that are linked to DV. At the National Men’s Health Conference in 2005, Gillian Sliwka suggested a utilising the Ecological Model proposed by WHO to guide research and interventions. This model considers violence within a context of family, community and social influence.

The Ecological Model is the approach we find in policies in Australia dealing with both child abuse and elder abuse (see e.g. Holzer, 2007; Prevention of Elder Abuse Task Force, 2001). It acknowledges the multiple risk factors that contribute to occurrences of violence, and leads to multi-level interventions. These interventions include a variety of forms of practical and emotional support for perpetrators, and in the case of child abuse, a focus on developing skills needed for successful, non-violent parenting. Sliwka (2005) suggested that this model be applied to DV as much as other forms of violence.

The presence of identifiable factors associated with increased rates of DV requires a response that takes these factors into account in designing prevention and interventions.

These major risk factors for DV are:

1. Alcohol. The data from the ABS (2006) shows that alcohol is commonly present in all forms of interpersonal violence (see Table below).

Table: Were alcohol or other drugs involved in the most recent incidence of violence?

Source: ABS, 2006

Alcohol or drugs contributed to most recent incident	Male perpetrator	Female perpetrator
Men	75.3%	49.8%
Women	48.5%	50.6%

Further evidence is from the experience of many Aboriginal communities. Those with successful alcohol management approaches show that all forms of interpersonal violence (including DV) can be dramatically reduced (see, for example, Strempl, Saggars, Gray & Stearne, 2004).

2. Poverty and social stress is a further important contributory factor to rates of DV (eg Evans, 2005; ABS, 2006; Peoples, 2005). Julie Peoples (2005) examined the relationship between domestic assault and disadvantage in NSW, and found that 5 factors were significant independent predictors of the recorded rate of domestic assault within a postcode. Taken together, these five factors explain 61 percent of the variation in the rate of domestic assault:

- the percentage of Indigenous people resident in the postcode;
- the percentage of sole parents under 25 years of age resident in the postcode (as a proportion of the total number of families);
- the percentage of rental accommodation in the postcode that is public housing;
- the male unemployment rate; and
- the level of residential instability in the postcode (measured by the proportion of residents who had a different address one year ago).

It is time to reject ideology, and adopt models and explanatory frameworks that incorporate all known relevant factors. To reduce DV requires frameworks for planning prevention & interventions that recognise contextual factors, including the contributions of the concomitants of poverty, such as financial and social stress, as well as alcohol, drugs, mental illness and inadequate conflict management and affect regulation skills.

Services should target those groups that data shows to be most at risk – young women and men living in situations of social stress and who use alcohol and other substances to excess, and who have inadequate levels of social support. The overt rejection of these factors involved in violence does not accord with the evidence, and does not assist men, women or children who are at risk of DV.

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