

RESPONSE TO CARRIE SILLITO'S "GENDERED INTIMATE PARTNER VIOLENCE - THERE IS STILL A DIFFERENCE"

(<http://www.soc.utah.edu/graduate/dialogue/spring2009.pdf>)

Dear Editor,

VIEWING PARTNER VIOLENCE AS A HUMAN PROBLEM AND NOT ONLY A GENDER PROBLEM

I proposed in my original response to Lewis and Allen (2008) that the domestic violence (DV) community needs to move away from which gender is more violent to an inclusive approach that focuses on reducing all violence (see Fawson, 2008). Sillito (2009) raises important points (i.e., rates of physical violence and male and female victim services). Yet she maintains a focus on services for male versus female victims and posits that females should receive more services than men. The core of the problem remains, that we need to move beyond comparing which gender is more violent and move towards gender inclusive services. DV needs to be viewed as a human problem (which includes gender, race, socioeconomic status, sexual orientation, etc.) not only a gender problem (Prospero and Fawson 2009; Felson 2002). My following response to Sillito (2009) suggests that viewing DV from an inclusive lens does not intend to minimize resources and services that are currently available for women.

First, Sillito (2009) cites Belknap and Melton (2005) by stating the following: "It is estimated that only 5% of intimate partner abuse cases are truly female-perpetrated." However, Belknap and Melton determine female perpetration not through empirical research but through their "perusal" of what constitutes intimate partner abuse (IPA). In a recent local study among Utah high school students, males and females reported they were equally likely to hit, slap, or physically hurt their boyfriend or girlfriend on purpose (No More Secrets 2009). Moreover, Sillito's (2009) reference to Johnson and Ferraro's (2000) typology is important; however, recent studies are finding that women are just as likely to be intimate terrorists as men (e.g., LaRoche 2005).

In response to Sillito's (2009) criticism of the Conflict Tactic Scale (CTS) as not including sexual violence and not accounting for gendered reporting differences: the CTS does include sexual items and number of times perpetration and victimization happens (Straus 2007). The assertion that the CTS does not account for gender bias stems from the belief that men under-report or over-report the amount of violence used; however, research has revealed that both men and women over-report minor acts they commit, under-report serious acts they commit, and over-report serious acts they suffer (Morse 1995). Researchers using the CTS use several instruments (CBS, Depression, PTSD, Dominance, etc.) to measure other

concepts in context. Therefore, it's too simplistic assuming that family violence researchers use only the CTS to measure such a complex phenomenon like IPA.

Sillito (2009) also argues that negative consequences of physical violence occur at higher rates for women than men, but she fails to acknowledge emotional consequences of IPA. Although extensive research exists for investigating emotional consequences of female victims of IPA, only recently have we begun to understand the mental health consequences among male IPA victims. Studies have found that male victims of IPA suffer from posttraumatic stress disorder, anxiety, and depression symptoms (Próspero and Fawson 2009), and suicidal ideations (Fergusson, Horwood, and Riddler 2005). Such studies suggest that among men, IPA victimization greatly increases the risk of mental health problems. As a result, providing services for both females and males regarding emotional consequences of IPA is essential to heal all victims, regardless of gender.

In reference to the length of stay of male victims in shelters, Sillito (2009) indicates male victims of IPA in Utah staying at Utah Domestic Violence Shelters stay a total of 35 days and women stay a total of 1,756 days. These numbers are misleading because not all DV shelters in Utah provide services to men, especially heterosexual men. Among the 16 DV shelters in Utah, only 3 DV shelters provide some form of shelter for male survivors with only 1 providing in house shelter (personal communication July 21, 2009). Similarly, Hines (2009) found in two national studies that when male victims sought help online because of physical violence from their female partner, 43% were told that the shelters only helped women and 19% were referred to a batterer program for perpetrators. Only 26% of the men felt that they received helpful services (n = 302). These findings suggest that when men do seek help for IPA victimization. Ironically, when DV services recommend male victims to inappropriate services (i.e., batterer programs) or deny them services, they re-victimize and blame the violence on them.

Along these lines, Sillito (2009) makes a problematic assumption that while male victims need access to services, "we must not attempt to equalize the rates of services needed (p.23)." When a victim seeks help, we as professionals provide services. We do not think "we are equalizing services" or "by providing services to this person, we are taking services away from others." For example, when Latinos' need services, we do not tell them, "Sorry you will be taking services away from Whites and they are the majority of people seeking services, so we can't give you equal services." An inclusive approach viewing DV as a human problem will not take away services from another gender. If funding is an issue, then policies should change.

It is important to include multiple perspectives on the etiology of IPA. Drawing on all IPA approaches provides a more comprehensive approach to end violence. These approaches include family violence, feminism, psychology, and many more

(Dobash & Dobash 1998; Holtworth-Munroe 1994; Straus 1979). A gap in the DV community exists between researchers and service providers not working together to incorporate different approaches to end violence. A recent study found that feminist, psychological, and family violence perspectives all predict future perpetration, but that combining all three theories in the same model significantly increase the prediction of IPA perpetration (Prospero and Hickert, in press). This suggests that researchers from different perspectives should work together to address IPA perpetration.

Lastly, Sillito provides no evidence to support her statement: [it is] “a well-known fact among the domestic violence community” that men and women both engage in violence. On the contrary, my experience has shown that when people suggest that both women and men engage in violence in the DV community, they are attacked aggressively for supposedly not understanding DV. I have worked for numerous years within the local DV community with various partners, including the Utah Domestic Violence Council, Salt Lake Area Domestic Violence Coalition, Rape Recovery Center, Cornerstone Counseling Center, Salt Lake County Criminal Justice Services, and others. I have developed a series of workshops titled “Men As Allies” to raise men’s awareness of their male privilege and discuss men’s violence against women and different ways men can help prevent and decrease all forms of violence. Through this diverse experience, I have witnessed first-hand the resistance to accepting male victims. This resistance stems from viewing causes of violence through only one lens.

To further advance our efforts to end violence, we as a domestic violence community need to move beyond comparing violence between male and female and admit that providing services to men and women does not take away services from each other. An approach that includes multiple perspectives aimed at ending violence is essential to decrease all types of violence among all groups, lesbian or heterosexual, Asian or White, rich or poor, and female or male.

Sincerely,

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