

FAVTEA BULLETIN

News, Information and Resources on Domestic and Family Violence
In Marin, Alameda, Contra Costa, Sonoma & Sacramento Counties

Family Violence Treatment and Education Association

www.FAVTEA.com

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JOIN FAVTEA!

Membership is open to individuals working with perpetrators and/or victims of family violence. Meetings are held between 9:30a.m. and 12:30 p.m. in Berkeley the last Friday in March, June and September, and the third Wednesday in December.

For more details, call Darlene Pratt at (510) 644-8190, or e-mail her at: to-temtree@hotmail.com

D.V. Research: Don't Believe Everything You Read

By Lt. Richard Davis

Is scientific research always "factual?" Or is it possible, as Benjamin Disraeli once observed, that "there are three kinds of lies: lies, damned lies, and statistics?" Is it possible that a researcher's social bias and political agenda can be more important than objectivity and that some researchers set objectivity aside in favor of their pursuit of gender equality?

The "fact" is that scientific citations do not always provide "empirical support." It is important that professionals, researchers and domestic violence advocates understand that what appears to be scientific evidence presented in prestigious journals may not always be synonymous with the truth.

Researcher Donald Dutton believes there is what he labels an academic domestic violence research

paradigm:

"I mention this because it appears to me that a scholarly paradigm has developed where the same group of authors mutually cites each others work and generate one model of family violence; the father is the batter, the mother is the victim, the child is victimized by observation of the father's violence. This is the essence of an academic paradigm. A social reality is created that directs belief and focus of future research and disregards conflicting data (Dutton, 2005)"

Central to the search for the truth must be scientific objectivity and a lack of bias. To reach the truth, most researchers agree, the researcher must be or at least attempt to be, objective and value free. However, feminist researchers, because of

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Allegations of DV in Custody/Placement Litigation

By Jon Aronson, MFT

In this talk, I am going to make several points:

First, the research data on domestic violence in the general population does *not* confirm what we, in the Family Court system, generally believe about domestic violence. Second, as a whole, Family Court litigants – including those who allege and who are accused of domestic violence – resemble persons in the general population much more closely than they do women in shelters and men in batterer intervention group. Third, what is known about the distribution and varieties of domestic violence in the general population does *not* corroborate the beliefs on which related statutory factors are based. These beliefs include:

- (1) that all domestic violence is "battering";
- (2) that it is always perpetrated by men on women;
- (3) that it is always driven by an intent to exercise "power and control" over a weaker party; and that domestic violence is best understood as an all-or-none criminal act intentionally committed by a perpetrator against a victim, when a better analogy (in many cases) might be an automobile crash in

which both parties have been negligent – at least, to *some* extent; etc.

In turn, these statutory factors promote biases in the *Family Code*, which do not serve the best interests of children. These biases affect how we think about domestic violence and how we evaluate disputes about children's best interests, when domestic violence is alleged. When it comes to allegations of domestic violence, our normal good practices of forensic evaluation and in hearing processes are altered in ways that do not serve the best interests of children.

During my years at Dane County Wisconsin FCCS, several domestic violence presentations about counselor unawareness and inattention to domestic violence challenged our perceptions and beliefs. These trainings culminated almost six years ago, in March 2001, in a multi-disciplinary program for judges, commissioners, and counselors. In a nutshell, we were taught:

- (1) that we were missing the tip of the very large iceberg of domestic violence – by *not* fact
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Risk Factors for Perpetration of Intimate Partner Violence (IPV)

Risk factors for IPV are mostly the same across gender, according to a large-scale literature review. The table below lists the risk factors that are significantly correlated with perpetration of partner violence, and the number of those studies in which the correlations are the same for women as they are for men:

- Young age (8 of 10 studies)
- Having witnessed parents hit each other (8 of 10)
- Having experienced corporal punishment (7 of 14)
- Being in a high-conflict relationship/verbal aggression toward partner (4 of 4)
- Having experienced physical abuse by partner (7 of 7)
- Dominance (4 of 5); Jealousy (2 of 4)
- Substance use (8 of 16)
- Anger/provocation (6 of 6)
- Angry personality (3 of 4); Personality disorder (4 of 6)
- Gender hostility (1 of 2)

Overall, risk factors for intimate partner abuse perpetration are the same across gender in 72% of the studies reviewed.

Source: Straus, M., & Medeiros, R. *Gender differences in risk factors for physical violence between dating partners*. Available at: <http://pubpages.unh.edu/~mas2/PR24N.htm>

The scheme below, as conceptualization by Bronfenbrenner and Belsky, is an excellent tool with which to understand the forces that cause and maintain partner abuse:

Macrosystem (cultural level) - Cultural beliefs supportive of men's rights to control women; women's lack of economic, political power; and attitudes that minimize female-perpetrated violence.

Exosystem (community level) - Job, life stress; undereducated, unemployed, lack of positive support systems, negative peer influence.

Microsystem (family level) - Either partner dominates; high conflict and relationship dissatisfaction; substance abuse; spiraling negative interactions (control-control, control-compliance attack-defend, demand-withdraw, negative reciprocity).

Ontogenetic (individual level) - Need to dominate partner; pro-violent beliefs; insecurely attached; had violent role models, shamed by parents; has poor impulse control, poor conflict resolution skills; jealous and suspicious of other's motives.

A given perpetrator's behavior may be influenced by factors in any, or all, of the above.

Source: Dutton, D. (2006). *Rethinking Domestic Violence*. Vancouver: UCB Press.

FAVTEA SERVICES

Alameda, Contra Costa and Marin Counties

John Hamel, LCSW

Located in Alameda, Marin and Contra Costa Counties
Mailing Address: 481 Via Hidalgo, Ste. 270, Greenbrae, CA 94904
(415) 472-3275 johnmhamel@comcast.net * www.johnhamel.net
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Peace Creations

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Batterer Intervention (English & Spanish) and Parenting Programs
in Alameda and Contra Costa Counties
* Professional Training & Consultation

Sonoma County

Ellen Bowen, LCSW

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(707) 542-0333 * ellenrossowbowen@sbcglobal.net
Batterer Intervention * Individual, Couples and Family Therapy

Sacramento

Grant Adult Education Center

Brandy Hunter, LCSW & Jackie Ray

3222 Winona Way, North Highlands, CA 95660 (916) 286-3858 *
brandyhunter@grant.K12.ca.us
Batterer Intervention & Parenting Programs
Misdemeanor Expungement Class

Capitol Anger Management /Terry Gilbert

4540 Florin Rd, Ste. E-200, Sacramento, CA 95823
(916) 284-6456 gilteach3@hotmail.com
Batterer Intervention & Anger Management
Parenting Program * Executive Coaching

2007 FAVTEA Domestic Violence Training Conference

By John Hamel, LCSW

The Family Violence Treatment and Education Association recently held its third training conference. Previous events have been held in Oakland and San Francisco. This year's event, focused on domestic violence public policy issues, was fittingly located in Sacramento, the state capitol.

Over the years, public policy on domestic violence has sought to provide an effective law enforcement, community and mental health response to this ongoing problem. Although great strides have been made to protect victims and hold perpetrators responsible for their actions, current policies have shown to be seriously flawed in many respects. A recent report from the California Department of Audits indicates that only 50% of individuals legally mandated to a batterer intervention program ever complete their program, and a review of the research literature finds that, overall, batterer intervention programs across the country are only marginally more effective in reducing intimate partner violence in our communities than arrest and probation supervision.

Current policies are both ineffective and unfair. Although men account for half of all domestic violence victims, and about a third of those suffering physical injury, they account for more than 80% of those arrested and over 90% of individuals sent to a mandated treatment program. In the state of California, only one form of treatment is allowed under law for individuals convicted of spousal abuse – a 52-week, same-gender psychoeducational group format, despite reliable research indicating that other forms of treatment, such as couples counseling, can in many cases be a safe and effective alternative. Many shelters will not help male victims and their children, and there is only one shelter in the state that provides beds to male victims. Another policy problem is the far greater attention given to intimate partner violence compared to child abuse, especially within the family court system. Such policy flaws exist largely because of inadequate and outdated information disseminated by victim advocates, based on political ideology.

The 2007 FAVTEA Training Conference sought to challenge prevailing assumptions about domestic violence by providing up-to-date, accurate information based on sound empirical research evidence. Its goal was to educate family violence professionals, family court attorneys, mediators and evaluators, legislators and the general public about family violence, by (1) providing up-to-date research, including data that calls into question

polices that have hindered our abilities to effectively intervene in family violence; (2) educating participants regarding the needs of all victims and their families; and (3) providing an overview of alternative intervention options, including couples and family counseling. The one-day, 7-hour training was divided into four parts:

Part One: Domestic Violence Policy: What Went Wrong?

John Hamel, LCSW presented an overview of research on domestic violence, as well as a critique of current public policy with respect to: (1) law enforcement responses, (2) mandatory arrest policies, (3) victim services. He was followed by Laura P., whose family was needlessly disrupted as a result of mandatory arrest policies, and who shared her personal experiences with the system.

Part Two: Child Custody and Domestic Violence.

A panel of mental health professionals and family court mediators and evaluators, including Darlene Pratt, MFT, of FAVTEA, addressed issues related to the appropriate assessment and treatment of family violence in child custody cases. One area of focus was how to determine when DV accusations have merit and the difference between estrangement and alienation.

Part Three: Working With Victims.

This panel began with an overview by John Hamel, LCSW on the needs of male victims and their families. Panel members, including Fred H., himself a victim of female-perpetrated abuse, as well as Michael Robinson, a Sacramento lobbyist who is introducing victim reform legislation, spoke on this issue and answered questions from the audience.

Part Four: One Size Does Not Fit All: Reforming Family Violence Interventions.

Michael Carolla, MFT, and Ellen Bowen, MFT, talked about existing programs, and offered suggestions for interventions that are both gender-inclusive and take a family systems orientation.

More than a hundred people attended, among them numerous mental health professionals, victim advocates, law enforcement officers and representatives from 11 California probation departments. Attendees found the training to be "timely" and a "much needed alternative." The conference was such a resounding success that FAVTEA is already preparing for a second reform conference to be held once again in Sacramento in 2008.

NATIONAL FAMILY VIOLENCE LEGISLATIVE RESOURCE CENTER

www.NFVLR.org

Advocating for non-discriminatory and evidence-based policies

Featuring a panel of the most respected experts in the field with research on: * Law enforcement responses
* Intervention * Victim Services * Family Violence and Family Court * Prevention, Education & Outreach

(Continued from page 1)

toring into our evaluations and hearings the in-your-face realities and “power and control” dynamics of DV, which accompanied (albeit, silently) *many* custody/placement disputes;

(2) our studies and court proceedings had “re-victimized” many mothers – leaving young children in the hands of their “abusers”; when evidence appeared to contradict the advocate formulation of DV, family court counselors and court officers were advised to *not* believe our eyes and ears;

(3) because, finally, our seemingly impartial and objective findings actually resulted from inadequate understanding and incorrect thinking, and led to women and children remaining endangered as targets of their “abusers.”

Yet, there was only that one murder in more than twenty years – and after thousands of custody disputants had been seen at FCCS. Despite my skepticism about what I heard in domestic violence trainings, it is *not* easy to accept what I found in the research literature in the past year. Despite my many contrary experiences in conducting C/P evaluations and my *disbelief* about the advocates’ “standard formulation” (what Donald Dutton calls the “DV paradigm”), the advocate perspective had also shaped my deeper mind-set.

Until investigating this research literature, a contradiction existed in my thinking about domestic violence – between what practice led me to believe and what I also believed from several advocate trainings. I emphasize this discrepancy, because I suspect many of you, also, grapple with it.. Whether practicing as attorneys or mental health professionals, our training about domestic violence has almost certainly come from theory and research on selective samples of shelter residents and batterers in “treatment.”

However, Family Court litigants are much more likely to come from and reflect relationships in the general population, *not* those individuals who have found their way (or would be eligible for) battered women’s shelters and batterer intervention groups. Therefore, I have concluded, that the domestic violence we encounter in Family Court is much more likely to be “minor” than “severe,” and much more mutual than male-on-female perpetrated.

These two populations – the general population, on one hand, and batterer victims and perpetrators, on the other – are often confabulated. That is, characteristics of batterer victims and perpetrators are presented, as if they represent the larger subset of high conflict and abusive couples in the general population. This is part of what leads to contradictions in what we believe about domestic violence within that part of the population who litigate custody and placement in Family Court.

Conclusions from the Research Literature

About *half of the DV in the general population* is “mutual” (Situational Couple Violence). It results from conflict that gets out of hand. Both partners are perpetrators; both are victims. This means that 50% of domestic violence is *not* one-sided, one-way, male-on-female violence. The remainder of domestic violence is divided almost equally between that perpetrated by males on non-violent (non participating) females and that perpe-

trated by females on non-violent males.

From one study to the next, women may be more responsible for the “minor” *non*-mutual domestic violence, and men a larger percentage of “severe” non-mutual violence (battering). These differences between the genders are neither necessarily large nor always in the same direction. Women certainly suffer the greater proportion of severe injuries. Research on a large general population sample in Canada has identified a significant percentage of classic batterers are female. Finally, all taken together, these points indicate that female perpetrators are *not* always acting in self-defense (what Michael Johnston calls Violent Resistance).

Implications for Practice

For us who practice in this area, what procedural lessons should be drawn?

Parties who *allege* domestic abuse in a custody disputes should *not* be given the “benefit of doubt.” The facts of these accusations should be carefully examined, case by case.

In Family Court proceedings and in Restraining Order hearings, a single standard should be even-handedly applied to evidence presented by both parties: When *children* are involved, given the distribution of domestic violence between genders in the general population, we are prudent to carefully and thoroughly scrutinize each allegation, on its own merits.

In custody cases in which DV is alleged, there is no sound empirical basis to shift the burden of proof from accusing mother to the accused father. An embattled, abusive father may *not* have *full* responsibility for a *sequence* of events in which he was a victim as well as a perpetrator. Both parties should be held to the same standards of accountability for their respective contribution/s (if any) to the alleged abuse.

Allegations of DV should *not* be made an exception to the common understanding that – perhaps especially in disputes between intimates – “there’s always another side to every story.” *Not* that the “other side” necessarily will show the allegation to be false. As we all know, in high conflict Family Court disputes, there are almost always two sides to the story. Such allegations and denials should *always* be tested by “hard” evidence. However, in one study, objective corroboration of domestic violence was acquired in only one-third of the custody cases examined. (Bow & Boxer, 2003, cited by Hamel, et al., 2007)

We should never presume to know what our hearings and investigations of domestic violence would find. However, in another study, Sorenson, et al. (1995) [cited by Hamel, et al., (2007)] found Florida judges’ disinclined “to award custody to parents who had been *accused* of child or partner abuse, even with little or no corroboration.”

Jon Aronson, MFT, works in Madison, WI. His website is www.divorce-conflict-solutions.com. The above is a portion of a talk that Jon gave on March 8, 2007 before the Dane County, Wisconsin, Family Law Attorneys Group.

Healthy Families Checklist—How Are You Doing?

1. **MAINTAIN CLEAR BOUNDARIES BETWEEN CHILDREN AND PARENTS** - I have the responsibility to raise my children and, therefore, have authority over them. I can be their friend, but I am a parent first, and do not use them to get my emotional needs met. I take care of my needs, and my spouse and I have a relationship apart from the children. We do not side with any child or encourage “alliances.” My children are individuals, even if they remind me of people I’m angry with, and I don’t take my frustrations out on them.
2. **USE AN “AUTHORITATIVE” STYLE OF PARENTING** - My style of parenting is neither permissive nor authoritarian, and my rules are reasonable. My spouse and I are definitely in charge. We are willing to hear the children out, but reserve the right to have the final say. Our decisions are always made out of love, and to meet the best interests of the family.
3. **COMMUNICATION IS RESPECTFUL** - With my spouse and children, communication is always respectful. I am an attentive listener, and talk in a non-aggressive manner, careful to avoid put-downs and comments that shame my children. I am secure enough to allow my children to express strong feelings and opinions.
4. **DISCUSSION AND NEGOTIATION PREFERRED** - My partner and I never try to impose our will on each other, but are open to hearing each other’s points of view. When appropriate, I engage in discussion and negotiation with my children, allowing them to contribute to the problem-solving process. I am open to changing the rules if necessary.
5. **AUTONOMY ENCOURAGED** - I give my children as much responsibility as they can handle. Although I am responsible for their welfare, and seek to keep them safe, I avoid overprotecting or over-controlling them. I teach them in such a way that they *internalize* my rules and lessons, and they behave because they think it is the right thing to do, rather than out of fear.
6. **MARITAL RELATIONSHIP HEALTHY AND SECURE** - I actively nurture my relationship with my partner. We help each other, are flexible in our roles, and show mutual respect. We set aside time to talk, but we also go out on dates and have fun together, so that our home is not simply a “child rearing business.”

Resources

HELPLINK - (800) 273-6222 - General information line

NATIONAL DOMESTIC VIOLENCE HOTLINE - (800) 799-7233.
www.NDVH.org

CHILD HELP U.S.A.—(800) 4 A CHILD; (800) 422-4453

PREVENT CHILD ABUSE AMERICA—www.preventchildabuse.org
Family Violence information and resources; chapters in 39 states.

CHILD ABUSE PREVENTION COUCIL - Community organization provides resources for abused children and their families

(Contra Costa County)	(Alameda County)	(Marin County)
(925) 946-9961	(510) 780-8989	(415) 507-0181

KID’S TURN - (415) 437-0700 Counseling for children of divorce

ELDER ABUSE HOTLINE - (202) 898-2586

SAFE - www.safe4all.org.—Resources for victims of DV, with emphasis on underserved populations - men, gay & lesbian

DOMESTIC ABUSE HELPLINE FOR MEN & WOMEN- Resources for male female victims throughout U.S. (888) 743-5754

MARIN VIOLENCE PREVENTION FORUM - (415) 258-4813
(www.violencepreventionforum.org) Community education/resources

ADVISORY COUNCIL AGAINST DOMESTIC VIOLENCE- In Contra Costa county. Contact: Devorah Levine (925) 335-1017

DOMESTIC VIOLENCE CONSORTIUM - S.F. (415) 626-8709

FAMILY VIOLENCE COUNCIL— Court based committee that works on family violence issues with members of the community. For meeting

LIST OF BAY AREA SHELTERS, COUNSELING AND LEGAL RESOURCES CAN BE FOUND AT WWW.FAVTEA.COM.

CALL JOHN HAMEL (415) 472-3275 FOR COMPLETE LIST OF DV-RELATED WEBSITES.

DV Research: Don't Believe Everything You Read (Continued)

what they are, must believe that most scientific research has ignored women and because of that past ignorance their contemporary research must always focus on the condition of women, whose rights are suppressed by men.

Hence, ideological domestic violence research cannot be objective because it *requires* that the researchers be biased. Ideological researchers, because of their social and political beliefs and their personal and professional objectives, provide us with research that is primarily in pursuit of data supportive of their beliefs, rather than in pursuit of the truth (Macionis, 1997).

Central to their domestic violence research appears to be a need to marginalize and minimize heterosexual male victimization at the hands of heterosexual females. The search for the truth for gender feminist researchers *begins* and *ends* with the belief that women are the victims of domestic violence and men their victimizers.

The gender feminist researchers can acknowledge homosexual domestic violence because in cases of domestic violence involving gay men the perpetrator is a male and in lesbian incidents the female perpetrator is thought to be acting like a male. In child, sibling and elder abuse female perpetrators are assumed to be acting out their violence against others because of their past victimization at the hands of males or their witnessing victimization of other females at the hands of males.

Rather than observe, recognize or become enlightened by data to the contrary gender feminist researchers simply minimize, marginalize or ignore facts contrary to their political and social agenda (Dutton, 2005). The gender feminist researcher will recognize only data that agrees with their beliefs. If data does not agree with their firmly established position (men are the perpetrators and women their victims) that data will be ignored or when it can not be ignored, the gender feminist will claim that specific data is flawed.

A Non-Fact

The Journal of the American Medical Association (JAMA) lists on its website the key, critical objectives of JAMA http://jama.ama-assn.org/about_current.dtl. It states that its number one objective is to "maintain the highest standards of editorial integrity independent of any special interests." In their article, "Risk Factors For Injury To Women From Domestic Violence," the journal has missed its mark by a very wide margin. This author is not sure if JAMA dropped its high standards or has capitulated to special interest groups. Regardless, this particular article does little to lend credibility to JAMA.

The following sentence appears twice on the first page of the article cited above, presented in the December 16, 1999 issue of *The New England Journal of Medicine*: "Domestic violence is the most common cause of nonfatal injury to women in the United States." The article is about injuries to women, and as do most domestic violence articles, it excludes men <http://content.nejm.org/cgi/content/short/341/25/1892>.

This domestic violence injury claim has been reproduced so many

times and presented as fact by the electronic and print media that it has become accepted as a fact by the general public. As the JAMA article documents, the claim has also unfortunately become accepted as fact by many professionals, researchers and domestic violence advocates. Once JAMA reported that domestic violence is the most common cause of nonfatal injury to women in the United States, the JAMA article itself was used to cite that non-fact as fact and, as it continues to be cited, the cycle of non-truth continues to be perpetuated. What should be particularly troubling to everyone is that this domestic violence injury claim is presented as fact by one of the more prestigious medical journals in the world. It is particularly troubling that none of the article's co-authors (9 medical doctors and two staff members) were aware of the existence of easily available data that would refute their claim, data that could be found within minutes. Research that once could take days or months is now, because of internet search engines, only a mouse click away.

If you read the article, or find the abstract on the JAMA website, you will see that this article has been cited by 14 other articles. Now researchers can provide 15 instances of "empirical support" to document this non-fact as fact. This non-fact to fact to "empirical support" process is not very complicated. The JAMA article has three citations for its "most common injury" claim. The first citation was: "Family and other intimate assaults"—Atlanta, 1984. *MMWR Morb Mortal Wkly Rep* 1990;39:525-9." Results are at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001707.htm>.

What is a fact is that the above study provides little to no data to support the JAMA researchers' claim. It is a very small study and the majority of the participants are African American women living in an urban setting. The report contains a total of only 150 reported non-fatal incidents. That information is gleaned from police reports and presents no comparison with other non-fatal injury reports. The only information in the MMWR study that might be seen as supporting the JAMA researchers' assertions is a paragraph that notes another study that claims domestic violence is responsible for more injuries than motor vehicle accidents, rape, and mugging combined. However, the MMWR study includes a warning about that study that the JAMA researchers chose to ignore.

The MMWR study warns that this other small study also takes place in an inner city emergency room where the population is almost exclusively African American women living at the lower end of the socioeconomic strata. These women from an inner city minority community *do not* accurately represent a cross section of America women. In fact the rate for injuries in the MMWR study indicates that African American women were injured three times more often than white women.

The second citation in the JAMA article is: Grisso JA, Wishner AR, Schwarz DF, Weene BA, Holmes JH, Sutton RI., "A population-based study of injuries in inner-city women." *Am J*

Epidemiol 1991:134:59-68.” An abstract of the results from that study can be found on line at: <http://aje.oupjournals.org/cgi/content/abstract/134/1/59>.

These JAMA researchers are obviously unaware that the study they cite *actually demonstrates that the major cause of injury to women were falls not domestic violence*. Further, it reports that “very little is know about nonfatal injuries to women,” and concludes that “more work is needed to understand the nature of injuries occurring to young women in urban communities.” This study also does not provide a cross section of American women. The majority of the participants are from a poor, urban, African American community. For any study to be relevant nationally that study must collect data from a sample that represents the entire population. These two studies clearly do not meet that very basic *random sampling* standard needed to produce accurate, scientific results.

How can these JAMA article researchers conclude that the information in either of these first two studies is empirical scientific data that provides “support” for their domestic violence injury claim? The almost total lack of empirical support for their premise in these first two citations undermines any claims of objectivity by these researchers.

The third citation the JAMA article cites is worse, as difficult as that seems, than the first two: Stark E., Flitcraft A., “Spouse Abuse.” In: Surgeon General’s Workshop on Violence and Public Health. Source book, 1985. Centers for Disease Control, 1986: AS1-SA43. What is a fact is that the published works of Stark and Flitcraft document they are biased gender feminist researchers, and this was never acknowledged by the Attorney General.

The Center for Disease Control (CDC) is on record that they will not recognize this nonfatal injury claim as being presented by them or the Attorney General as a “fact” at the Surgeon General’s conference (<http://www.mincava.umn.edu/documents/factoid/factoid.html>) The JAMA article researchers either ignore or are unaware of the CDC disclaimer. What is more surprising than the non-fact citations presented in the JAMA article, is that these 9 doctors and two staff members failed to notice that two out of their three citations lead them to the CDC.

The Facts

How is it possible that these erroneous domestic violence injury claims could be accepted by JAMA? How is it possible that out of nine medical doctors and two staff researchers involved in this JAMA article, that not a single one of them thought to question data that can so easily refuted? They make claims that even their citations do not. Researchers and others who are concerned about this nonfatal injury claim need only visit the CDC website to find out that the assertion that domestic violence is the most common cause of nonfatal injury to women in the United States is *without* empirical support <http://www.cdc.gov/ncipc/wisqars/>.

The CDC website <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5017a4.htm> documents the estimated number

of nonfatal injuries treated in hospital emergency departments for the year 2000. The CDC website documents unequivocally that domestic violence *is not* the most common cause of nonfatal injury to women in the United States. Just a cursory view of CDC data documents that falls cause the most injuries to women. In fact there are a number of unintentional injuries listed before any type of intentional injury, intimate partner or not, is listed.

There is not a single scientific study anywhere in the United States, or in fact elsewhere, that lends empirical support to the JAMA claims. Unfortunately, the truth does not seem to stop domestic violence advocates from repeating the JAMA domestic violence claim over and over again, and it can now be found on many domestic violence websites.

The findings from the National Violence Against Women Survey, the *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women*, document that men and women are nearly twice as likely to be injured on the job than during a rape or physical assault (Tjaden & Thoennes, 2000). The Bureau of Justice Statistics Special Report, *Violence-Related Injuries Treated in Hospital Emergency Departments*, documents that all violent assaults account for only about 3% of women’s injury related visits to emergency rooms. Of those approximately one third of violence-related injuries reported by females were committed by their intimate partner.

Fallacious Facts

This JAMA article establishes another less than “reputable citation” for gender feminists and others who want to continue with this hoax. The truth is that the researchers for this JAMA article did not present *a single citation* that can actually document that their domestic violence injury claim has “empirical support.”

How is it possible that these doctors, researchers and a prestigious medical journal remain so unconcerned or uninformed about such an obvious truth? Is it possible that the gender feminist ideology has become more important to some domestic violence researchers than the truth?

Lt. Richard L. Davis is a retired lieutenant from the Brockton, Massachusetts police department. He has a graduate degree in criminal justice from Anna Maria College, another in liberal arts from Harvard University and a BA from Bridgewater State College in History. He is an instructor of Criminology, Group Violence and Terrorism, Criminal Justice and Domestic Violence at Quincy College in Plymouth, MA, and serves as an independent consultant for criminal justice agencies on policies, procedures, and programs concerning domestic violence. He has written numerous articles on domestic violence for newspapers, journals, and magazines, and is the author of *Domestic Violence: Facts and Fallacies* (Praeger, 1998). Lt. Davis can be contacted at: rldavis@post.harvard.edu

ABOUT FAVTEA

FAVTEA is comprised of family violence specialists in the Greater Bay Area, who are concerned about partner, child, sibling and elderly abuse. Our goal is to reduce violence in the home, and to build safe, healthy and productive relationships. In our view, this goal can best be realized within a gender-inclusive, whole-system framework. We believe that domestic violence cannot be separated from family violence. We also believe that family violence is a human issue, not a gender issue, that current public policy towards intervention is short-sighted and inadequate, and that effective treatment must be empirically derived, based upon sound research and clinical experience.

We believe that family violence stems from learned behavior, as well as early trauma and disrupted childhood attachment, which can be altered and repaired. Our approaches are eclectic and practical, and we reject rigid, "one-size-fits-all" methods. We empower our clients by helping them stay safe, providing them resources, teaching them alternatives to abuse, and by holding them accountable for their actions. There is truly "no excuse" for domestic violence.

RECOMMENDED BOOKS

"Hats off to Hamel who has written *the* manual for responding to this complex problem."

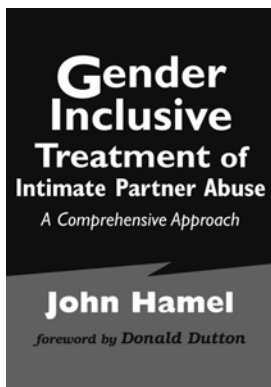
- Linda Mills, PhD, JD, MSW, New York University

"This is the best book I have read on the topic of domestic violence treatment."

- Terri Moffitt, PhD, University of Wisconsin

By John Hamel

Available from Springer Publications
(877) 687-7476/www.springerpub.com

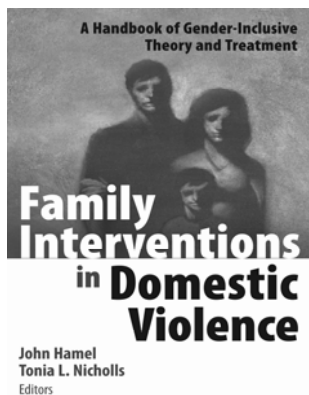
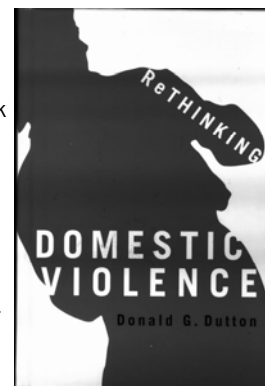


"Dutton's analysis of domestic violence research and discourse is comprehensive, refreshing and enlightened. He has gathered the latest work from multiple disciplines to create a volume that will surely be a cornerstone of a radical, distinctly feminist rethinking of domestic violence practice."

- Linda G. Mills, NYU professor of social work, law and public policy; author of *Insult to Injury*.

By Donald G. Dutton

Available from UBC Press, www.ubcpress.ca



This is a powerful volume, and about time...The voices here present evidence for and solutions towards a broader, more authentic approach to domestic violence in all of its complexities."

- Miriam K. Ehrensaft, Division of Child Psychiatry, Columbia University, College of Physicians & Surgeons.

"The editors are to be congratulated not only for compiling such a comprehensive book which will serve as a benchmark for years to come, but for their ability to think outside the box and to offer alternative perspectives for responding to this pervasive problem. This important contribution tops the short list of 'must read' books for anyone working in the field of domestic violence."

- Sandra M. Stith, Ph.D., Program Director, Marriage and Family Therapy Program, Virginia Tech, Falls Church, VA.

"I implore public policy makers, law enforcement personnel and those who work in the domestic violence and mental health fields to read this book!. Should be a required text for students going into those fields."

- Jan Brown, Founder and Executive Director, Domestic Abuse Helpline for Men and Women

Available from Springer Publications (877) 687-7476/www.springerpub.com

SUBSCRIPTIONS

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