Domestic violence, gender, and counselling: Toward a more gender-inclusive understanding

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It is common for domestic violence in Australia to be understood as gendered violence where males are the dominant perpetrators and females the victims. NATHAN BEEL presents evidence and arguments that invite reconsideration of both the assumptions and the implications of viewing domestic violence from this framework. In particular, consideration is given to the ethical risks of the influence of gendered bias in relation to assessments and treatment practices. It is recommended that counsellors who work with domestic violence cases ensure their assessment and clinical practice maintain alignment with their counselling ethical codes of practice, and are congruent with recommendations from counselling outcome research.

Domestic violence theories and treatment frameworks originated in political feminism to respond to a ‘social evil’ that involved a helpless female victim and children trying to escape her systematically violent husband (Eisikovits & Bailey, 2011). Feminists in Australia have advocated successfully that domestic violence is a symptom of female social inequality and therefore is an inherently gendered issue (Murray & Powell, 2009). For the sake of this paper, the ‘gendered approach’ will be the phrase used to describe the framing of domestic violence as perpetrated primarily by males on their female intimate partners.

The gendered approach to domestic violence still has pervasive and broad level support from Australian governments (Mitchell, 2011), community services, and more broadly within the community. Counsellors, social workers and psychologists who treat perpetrators and victims may use this framework to inform their practice. Maintaining a gendered understanding can influence assessment and practice, each of which impacts client treatment and experience (Hines, Brown, & Dunning, 2007). This paper questions the current validity of gendered domestic violence portrayal in contemporary Australia, and expresses concerns that it promotes differential treatment based on gender stereotypes. Practice recommendations consistent with outcome research and counselling ethics will be provided.

At the heart of the gendered approach is the assumption that the social mandate should be on protecting females and their children from witnessing and experiencing male aggression and control. Public education and awareness campaigns such as the White Ribbon Day assert that domestic violence is perpetrated overwhelmingly by male partners (Flood, 2008). This gendered understanding of domestic violence is promoted by: associations such as White Ribbon Day and the No to Violence: Male Family Violence Prevention Association; the research facility, QLD Centre for Domestic and Family Violence Research; conferences (e.g., No to Violence Conference on Responses to Men’s Domestic and Family Violence: Experience, Innovations, and Emerging Directions, 2012); practice guides (Australian Domestic & Family Violence Clearinghouse, 2011, and ‘Towards Safe Families’, 2012); and, even a Swinburne University qualification of Graduate Certificate in Social Science (Male Family Violence).

Australia currently has a National Plan to Reduce Violence Against Women and their Children (COAG, 2010) to be implemented over a 12 year period. The introduction states: ‘While a small proportion of men are victims of domestic violence and sexual assault, the majority of people who experience this kind of violence are women — in a home, at the hands of men they know’ (COAG, 2010, p. 1). The title of this National plan and the expressed underlying philosophy highlights how a gendered approach to understanding violence is supported at the highest level of Australian Government.

Treatment philosophies associated with the gendered approach emphasise that male perpetrators need to be held
rates of female violence in intimate relationships (Cho, 2012; Dixon & Graham-Kevan, 2011; Dutton & Nicholls, 2005; Fiebert, 2011; Lewis & Fremouw, 2001; Moffitt, Robins, & Caspi, 2001; Straus, 2008; Williams & Frieze, 2005). In addition, gay women have between equal (West, 2002) and higher (Messinger, 2011) rates of domestic violence perpetration within their relationships than heterosexual men, which appears inconsistent with the gendered understanding. Braaf and Meyering (2013) propose that research showing gender parity typically lacks sensitivity to important contextual features of violence that are more gender specific. A number of these concerns will be addressed more specifically later in the paper. One of the arguments for framing domestic violence as gendered is through the assertion that males perpetrate relationship violence disproportionately against females (Australian Law Reform Commission & NSW Law Reform Commission, 2010; ‘Towards Safe Families’, 2012). Various surveys such as the Crime Victimisation Survey (e.g., Australian Bureau of Statistics, 2012a) show higher rates of male perpetration and female victimisation and appear to lend credence to adopting a gendered conceptualisation. While arguments about proportionality have appeal at face value, they cannot be applied comfortably to other groups of people. Using the same logic, crime might also be argued as gendered, based on the imprisonment rates of males, e.g., 92% of the Australian prison population in 2011 (Australian Bureau of Statistics, 2012b), or perhaps crime viewed as a characteristic based on one’s race, e.g., Australian indigenous prison rates are 17 times higher than the general population (Australian Institute of Criminology, 2009). Following such

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contrast, females (and their children) have access to refuges and support services designed to provide protection, guidance, and material and emotional support. Perpetrator treatment programs and counselling also tend to follow the gendered perspective. Typically, treatments for men involve education about domestic violence from a feminist perspective (Bruns & Kaschak, 2010), sensitising them to the needs and preferences of their partner, requiring them to accept full culpability for their behaviour, and attempting to reduce various psychological defences and beliefs of entitlement.

Is domestic violence inherently a gendered issue?

The representation of domestic violence as perpetrated primarily by males without any qualifiers appears to be misleading. Archer (2000) undertook a meta-analysis of physical acts of aggression in relationships. The findings were that women were more likely than men to use physical violence in their relationships and to use it more frequently. The same meta-analysis found men were slightly more likely to injure their partners when they used violence. In Australia, one study found both genders were just as likely to use physical violence in their relationship and also to require medical attention (Headey, Scott, & De Vaus, 1999). There are over 200 studies that show either gender symmetry or higher
logic would require many other such group categorisations. However, such generalisations and conclusions based on statistical comparisons have the potential to stigmatise and stereotype, and may lead to discounting, reinterpreting, or denying exceptions to the trends. While overt linking of gender with relationship violence may be socially acceptable and politically strategic, the inconsistencies of applying this type of approach to one social group while not others, and the potential negative ramifications on the group being stigmatised, needs to be considered more carefully.

The assumption that males primarily make up the intimate terrorist criterion also has some doubt due to the populations being sampled. The research used to defend Johnson's typology is drawn typically from samples likely to inflate male perpetration figures as they are based commonly on interviews of women from refuges, and males from prisons and domestic violence treatment groups (Graham-Kevan & Archer, 2003). Other studies based on broader community samples show more gender parity with intimate terrorists (Hines, et al., 2007; Laroche, 2005; Migliaccio, 2002; Moffitt, et al., 2001; Ross & Babcock, 2009; Straus, 2011).

Critics of the gendered approach charge that attempts to maintain fidelity to a gendered understanding has led to compromised research design and reporting (Graham-Kevan, 2007b). Straus (2007) argued that while feminism has contributed greatly to ensuring that society improve protection to women and children from domestic violence, its ideological commitments can lead to biased research. He claimed that data showing violence symmetry is commonly ignored or not reported (c.f. Dutton & Nicholls, 2005), and that women are often only asked about their experience of abuse while questions about their own aggression are excluded (c.f. Langhinrichsen-Rohling, 2010). Straus also claimed that it is harder to find funding and to publish articles that contradict male dominance theories, and that when researchers do, they may experience negative ramifications. Graham-Kevan adds that data about female victimisation is visible more readily to researchers and the public, while data showing rates of male victimisation or female perpetration are typically obscured (2007a). While both sides of the gender debate equally accuse each other of bias, the relative silence in the research literature on female perpetration and male victimisation, given the symmetrical rates highlighted earlier, appear to lend credence to some of these accusations.

In light of the consistent and accumulating population data showing the gender symmetry of domestic violence, gendered violence proponent and researcher, Johnson (1995, 2011) attempted to propose typologies of violence. The first is ‘common couple violence’, which is by far the most frequent, and is engaged in roughly equal numbers of men and women. This type of violence is situational, and...
to use violence in retaliation after receiving physical violence from their partner, whereas females are more likely to use violence in responding to an experience of emotional hurt (Follingstad, et al., 1991). A range of motivations provided by women for their relationship violence include self-defence, retaliation, desire for control, and emotional expression (Flyn & Graham, 2010; Stuart, Moore, Hellmuth, Ramsey, & Kahler, 2006). Self-defence rates for females do not stand out from a number other violence motivations (Felson & Cares, 2005) or from the rates of males claiming self-defence from female violence.

As to male motivations of control in contrast to females, there is research that highlights higher rates (Makepeace, 1986), equal rates (Carrado, George, Loxam, Jones, & Templar, 1996; Graham-Kevan & Archer, 2009), and lower rates of violence motivated by control (Follingstad, et al., 1991). While contextual and sampling reasons may account for these differences, they nonetheless raise doubts about whether control is more uniquely a male motive.

When it comes to victim beliefs about the motivations of the perpetrators, females more often believe their perpetrating male partners are motivated by control (Follingstad, et al., 1991), however male victims also tend to perceive their female perpetrators with control motivations (Hines, et al., 2007). This would appear an important perceptual difference in accounts depending on whether one is commenting on one's own motivations for violence or interpreting the motivations of the other person.

Much of the research has tended to focus attention on the perceptions of female victims, so it is unsurprising that male perpetrators have been ascribed with control as the dominant motive. Motivations among perpetrators vary, and it is an oversimplification to assign categorically motives of male control and female defence. In turn, this may have a minimizing effect on perceptions of female violence while simultaneously ascribing more blameworthy motivations to males.

Research used to argue that domestic violence is a gendered issue has been accused of sampling biases with over-reliance on self-reports of victimisation from refuges, surveys of violent males, and reported crime surveys (Archer, 2000). Both males and females tend to underreport their own aggression and over-report aggression coming from their partner, while men tend to underreport their own experience of victimisation (Archer, 1999). Broader population samples and questioning of both males and females experience and perpetration of violence is likely to lead to more accurate and balanced conclusions.

Children may be at further risk of abuse perpetration if the primary focus is defaulted to the male and his expressed concerns interpreted as a control tactic. There is increased awareness of the correlation and co-occurrence of domestic violence and child abuse (Appel & Holden, 1998; Council of Australian Governments, 2009; Holt, Buckley, & Whelan, 2008). Traditionally, children and mothers are viewed as victims of male aggression, and any culpability the mother might have is by not protecting the child from witnessing or experiencing the male’s actions. The most common pattern however is that both parents are perpetrators of violence against each other and/or against the child (Jouriles, McDonald, Smith, Slep, Heyman, & Garrido, 2008; Slep & O’Leary, 2005). While typically the literature has focused only on the father as aggressor, some research has focused also on exploring the mother’s violence and found that mother-perpetrated partner abuse also had a significant long-term negative impact on children (Hamel, 2007). Humphreys and Stanley (2006), while subscribing to a gendered violence viewpoint themselves, caution that from a child protection perspective, such a patterned view can blind practitioners to very dangerous abuse of children and partners.

Proponents of the gendered perspective tend to minimise any relationship of alcohol and substance abuse with domestic violence, but require the male be held solely accountable for his violence (McGregor, 1990). In fact, the relationship between substance abuse and domestic violence is promoted as one of the myths of domestic violence (The Advocates for Human Rights, 2010; White Ribbon Foundation, 2009) partly out of concern that perpetrators may use it as justification. However, there is consistent evidence of correlations with substance abuse (Foran & O’Leary, 2008; Kachadorian, Homish, Quigley, & Leonard, 2012; Kachadorian, Taft, O’Farrell, Doron-LaMarca, & Murphy, 2012; Leonard & Sencak, 1996; Stuart et al., 2008) and domestic violence with both male and female perpetrators and victims. While this does not argue a single causal effect, there is strong evidence of its regular co-occurrence, which is one of the arguments made for assessment of both domestic violence and substance abuse of participants in rehabilitation and battering programs (Thomas & Bennett, 2009). Recognition of this relationship may help perpetrators access additional treatment for co-occurring problems, which may, in turn, reduce frequency and severity of violence as has been demonstrated in at least one study (O’Farrell & Murphy, 1995). While it is simplistic to hold substance intoxication responsible for domestic violence, it is equally naïve to ignore or downplay its contribution.

The key area of gender difference, which both feminist and family conflict researchers agree, is the impact of domestic violence. Both genders experience distress when they are victimised, however data to date has found that females experience more distress and associated health problems than males (Romito & Grassi, 2007; Williams & Friese, 2005), are more likely to suffer sexual assault (Romito & Grassi, 2007), receive more physical injuries (Laroche, 2005), and have more social difficulties, due to more limited access to income and child rearing responsibilities (Eisikovits & Bailey, 2011). Women are more likely to be injured due to the physical size and strength difference of the male, though this difference is reduced when the female uses a weapon (Felson, 1996).

There is also some question about the degree of difference in impact between genders that is commonly
reported (Carney, Buttell, & Dutton, 2007; Williams & Frieze, 2005).

Recent research shows that men are equally at risk as women of developing post-traumatic stress disorder when victimised by domestic violence (Hines & Douglas, 2011), and that negative experiences with treatment providers can exacerbate this risk (Douglas & Hines, 2011). Both men and women are impacted negatively by physical and psychological violence in relationships (Coker et al., 2002). Regardless, the prioritisation of services based on vulnerability and impact does not demand the entire issue to be framed as gendered, nor should violence prevention campaigns omit attention to male victims of domestic violence.

Perhaps the most unfortunate aspect of the gendered approach has been the active promotion of gender-based perpetrator and victim stereotyping. It is arguable that males are already stereotyped negatively in legal contexts, given they are treated as more culpable, given longer sentences, treated as more criminal rather than insane, and more likely to be arrested in comparison to females (Daly & Bordt, 1995; Desancts & Kayson, 1997; Felson & Pare, 2007; Forsterlee, Fox, Forsterlee, & Ho, 2004; Hamilton & Worthen, 2011; McKimmie, Masters, Masser, Schuller, & Terry, 2012; Yourstone, Lindholm, Grann, & Svenson, 2008). A South Australian study asked male and female participants for their responses to two domestic violence scenarios—one showed the perpetrator as male and one as female. On all measures participants rated the male offender more harshly—as more culpable, more deserving of the punishment, and conversely, were more sympathetic when the female was cast as the perpetrator (Feather, 1996).

Typically, male victims are reluctant to seek help (Cheung, Leung, & Tsui, 2009), but when they do they can be met with being turned away, referred to batterer’s programs, accused of being the perpetrator, and even arrested (Douglas & Hines, 2011; Hines et al., 2007). The following quote captures some of the social and legal help-seeking challenges from research into the responses gained by male victims.

“She stabbed me with a knife, and I didn’t even defend myself, and after I got out of the hospital two weeks later, the court tells me to go to a group they say is for victims. It turns out to be for batterers and I am expected to admit to being an abuser and talk about what I did to deserve getting stabbed’ (Hines et al., 2007). Males in Australia can face substantial risks, barriers, and disincentives to reach out in a social context primed to disbelieve them.

In 2009, no services for exclusively male victims were found in Australia (Cheung et al., 2009) though an online search conducted in the beginning of 2013 found one service (see http://www.dvs4men.com). By far the majority of domestic violence services are specialised to support women and children, and when the males are incorporated, they are typically provided for with perpetrator programs. If the data showing violence gender symmetry is an accurate reflection of Australian relationship violence, there appears to be a disproportionately low number of dedicated support services for male victims. It could be argued that this is symptomatic of a dominant paradigm that defaults culpability to the male. Potential impacts on counselling practice

Counsellors are not immune from operating out of stereotypes and biases (Boysen, 2009). Utilising gender based assumptions does not imply practitioners will act in discriminatory ways to their clients, and practice guides recommend respectful and non-shaming delivering of services (Jenkins, 1990; Paymar & Barnes, 2007; ‘Towards Safe Families’, 2012). However, viewing domestic violence from a gendered paradigm does carry risks. Advocates of the Duluth Model (the model underpinning most gender-based domestic violence approaches) admit to observing some counsellors using such a framework in a shaming and confrontational way (Paymar & Barnes, 2007) and have also admitted that a strong commitment to dichotomised gender assumptions can lead counsellors to minimise and negate contrary information provided by clients (Augusta-Scott, 2003).

A qualitative study of marriage and family therapists working with violent couples identified a theme that counsellors tended to minimise female violence against men, assume women were more justified to use violence, empathised more with violent women, and assessed them differently according to gender (Karakurt, Dial, Korkow, Mansfield, & Banford, 2013). One participant was quoted, ‘I know that primarily men are the perpetrators. It’s harder for me to see women as a perpetrator, because I do not read a lot of evidence for that’ (Karakurt et al., 2013, p. 9). For a counsellor, the ethical problems in gender based discriminatory treatment should be obvious. Stereotype activation is often quick and automatic, is more likely when there is perceived good reason to hold the stereotype and when there is a social context to support it, and takes conscious effort to deactivate (Stangor, 2009). The risk is that there may be a bias to privilege the voice of the female while implicitly or explicitly marginalising the male voice. Assessment can become filtered and biased, giving different weightings and interpretations to information based on overgeneralised gender beliefs. Additionally, while feminists do acknowledge both males and females perpetrate violence, they require only the males to be held accountable for it (Silverstein & Brooks, 2010), which is a position that is inherently inequitable. Using a gendered paradigm with court mandated males has additional risks. The paradigm’s goals are to promote safety for the perpetrator’s loved ones and to hold men accountable for their violence. However, counsellors must ensure their practice prioritises the client’s rights of autonomy to their own treatment goals, that the treatment is focused primarily on the client’s own wellbeing (not necessarily to the exclusion of other stakeholders, but not superseded by them either) and seeks to apply fair, impartial and non-discriminatory treatment to the client regardless of the gender (Principles 3.2.2, 3.2.3, and 3.2.5 in Psychotherapy and Counselling Federation of Australia, 2012).

Another concern is about treatment outcomes. The outcomes of perpetrator treatments are little better than no treatment at all. Counselling outcomes for a wide range of clients and issues
highlighted men’s batterer groups' demonstrated 40% improvement, and without any treatment, 35% of perpetrators gained improvement, a difference of merely 5% from treatment effects (Babcock, Green, & Robie, 2004). The same meta-analysis highlighted that regardless of modality, the groups tended to frame domestic violence as a gendered issue, influenced by the Duluth Model. While the underpinning philosophy of the gendered approach may or may not be a contributing factor limiting treatment effects, such marginal treatment outcomes should surely cause a re-consideration of the assessment and treatment paradigm. Commenting particularly about Duluth informed groups, Corvo, Dutton, and Chen (2009) warn that professional counsellors who facilitate in these groups need to consider the lack of demonstrated treatment effectiveness in addition to the risks of violating professional ethics codes.

**Recommendations**

It is not within the scope of this paper to offer alternative theoretical paradigms for working with people who experience or perpetrate domestic violence. It does recommend that at the very least, treatment aligns with outcome research-informed transtheoretical counselling principles and gender inclusive values. The quality of the therapeutic alliance is the strongest predictor of treatment success (Hubble, Duncan, Miller, & Wampold, 2010) and is also associated with treatment completion by perpetrators more specifically (Taft & Murphy, 2007). Counsellors should listen to clients and privilege what they say (regardless of gender), focus on their goals, and provide them a psychologically safe place (Norcross, 2010). By contrast, confrontational methods, arguing, acting authoritatively, maintaining a deficit focus, and a non-listening stance is regarded as unhelpful and can compromise outcomes (Miller, Benefield, & Tonigan, 1993; Miller & Rollnick, 2002; Norcross, 2010). Counsellors might assess if it is primarily unilateral or dual violence in the relationship and the treatment aims and interventions need to incorporate the agenda of safety on all those affected by any form of relationship aggression. When the violence is mutual, interventions might be for the couple or individuals to explore how to protect themselves, each other, and their children from harm and injury. This avoids unnecessary gendered blame and pre-determined responsibility allocation and allows clients to address their issues in a more dignifying and less threatening manner. Some researchers take this further by suggesting that those experiencing mutual couple violence should consider couple therapy (Straus, 2009) where each is accountable for his and her own behaviour, rather than the traditional approach of banning couple therapy outright when domestic violence is evident. While couple therapy may not be appropriate for all domestic violence presentations, it may be suitable where the violence appears more interactional and the power more equal.

Many of the interventions commonly used might still be applicable (e.g., safety planning, reviewing beliefs, conflict management, addressing control and entitlement issues, etc.), but these are considered by understanding the client’s context and collaboratively selected with the client. In line with outcome research, it is recommended that the client’s own understanding of the issues and their theory of change be discussed and possibly incorporated (Duncan, 2010; Norcross, 2010), and that a theory of domestic violence is not imposed unilaterally onto clients. Clinical supervision, critical self-reflection, and incorporating alliance and outcome measures (e.g., client feedback) are additional strategies that may help reduce the aforementioned distortions and biases, and help the counsellor remain accountable to the client and their profession’s values.

**Conclusion**

This paper has raised questions about the promotion and implications of treating domestic violence as a gendered issue, particularly given the amount of research that casts doubts on its assumptions. The gendered approach does not provide adequate explanation of mutual couple violence rates, lesbian perpetration or male victimisation in relationship violence, and has the potential to prejudice perceptions and responses from counsellors. It is recommended that counsellors utilise objective, impartial, and non-discriminatory assessment and treatment practices to ensure they practice within the spirit of their own code of ethics and apply practices associated with positive treatment outcomes.

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