I wish to draw attention to MEDICAL research into the rates that females perpetrate incest against both boys and girls (unilaterally, NO involvement by a male). Mothers, sisters, aunts all do this, this study reflects international rates that establish at least 30% of child sexual abuse is committed unilaterally by women on children.

The researcher is Rebecca Deering (Deakin Uni, Victoria), the paper is divided into 3 studies, a total of 600 pages. It is currently being reviewed for publication, Rebecca's supervisor is David Mellor School of Psychology Deakin University) and is willing to discuss with anyone who is concerned that this abuse on children is hidden by the discredited Feminist Patriarchial view of abuse.

Unfortunately those in the FCA, and social services continue to deny this reality, at the expense of children.

Furthermore with respect to Family Violence, once again the Feminist Patriarchal model is harming children. I refer this committee to the attached file "Partner Violence and mental health outcomes in a New Zealand birth cohort" by Professor David M Fergusson

Executive Director

Christchurch Health & Development Study Department of Psychological Medicine Christchurch School of Medicine & Health Sciences I quote,

"(c) exposure to domestic violence was significantly related to increased risks of major depression (p , .05) and suicidal ideation (p , .005) even after extensive control for covariates."

The point of this study is that it followed infants from birth, and measured rates of victimization (Family Violence) at 25 years of age. Both men and women were equally victimized, and clinical depression was equal between men and women. Women committing violence against males in the presence of children, role models violence to children.

It is time that Australia, FCA and social workers abandon Feminist Patriarchal construct of DV and sexual violence, and adopt the medical model.

However, it generally takes 10-15 years for medical research to become clinical practise, can we afford to let our children wait that long?

I suggest that medical practitioners be involved in FRC's who are expert in the medical model of abuse, and that social workers trained in women's studies be relegated to re-education or abandoned all together.

However, this committee needs to understand that these cases are rare and the real issue has been identified in the paper "Satisfaction and dissatisfaction with father-child contact arrangements in Australia" by Patrick Parkinson and Bruce Smyth. "Child and Family Law Quarterly" Vol 16, No3, 2004. (pp 289-304) It IS the essential issue, to quote page 297, "Figure 3 shows that resident mothers and non-resident fathers differ markedly in their level of satisfaction with the

amount of father-child contact occurring. The potential for contact disputes suggests itself in these attitudinal data." Please contact the Australian Institute of Family Studies to request a copy of this report, and carefully consider the data on page 297.

The point is that it is mothers who are blocking access by children to their fathers, NOT because of DV but because of their attitudes.

This is the main issue to be aware of and to be addressed by FRC staff. I thank you for the opportunity to respond, please make wise decisions based on good research (not Feminist advocacy research) for the sake of a whole generation of children and their relationships with their fathers.