

Engaging Abusive Men in Seeking Community Intervention: A Critical Research & Practice Priority

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Abstract The present study investigated effective strategies for engaging abusive men and preventing the reoccurrence or escalation of violence against women. Seventy-three men solicited from a community program for male batterers completed a questionnaire regarding help-seeking behaviors. Of these participants, 12 participated in subsequent focus group discussions. Approximately two-thirds of the participants identified they had sought help regarding the problems in their intimate relationships; however, only half of them actually received help that addressed their violent behaviors. Furthermore, of those participants who received help, only one-quarter found the help to be useful or effective. When reviewing both the questionnaire responses and focus group transcripts, several help-seeking themes emerged from the data including numerous missed opportunities to intervene, men's view of masculinity and help-seeking, and the critical role of developing trust, non-judgmental and confidential counseling relationships. The results have implications for both public education campaigns and training of professionals to address domestic violence issues in male clients.

Keywords Help-seeking behavior · Male batterer · Domestic violence · Spouse abuse · Intimate partner violence · Batterer's intervention

Introduction

Domestic violence (DV) is defined as any emotional, psychological, physical, and/or sexual abuse which occurs between a married, common law, dating, or intimate couple (Roth 1997). It is reported to be one of the most underestimated and under-reported crimes which occurs across all racial, ethnic, and socioeconomic classes (Huang and Gunn 2001). Reported prevalence rates of DV, both globally and nationally, depict a distressing social and public health issue. The World Health Organization's multi-country study on women's health and DV against women found that 15% to 71% of women have been victimized by some form of DV during their lifetime, with the prevalence in 2005 ranging from 4% to 54% (WHO 2005).

Since the 1980's, there has been tremendous research and public efforts targeted at developing effective supports and interventions for victims of DV and their children (Gewirtz and Edleson 2007; Tutty et al. 1993). There have been many prevention campaigns and intervention initiatives being developed to encourage an overall change of the public's response to this problem (e.g., Purple Ribbon Campaign, Step it up! Campaign). Some effort has also gone into understanding how to appropriately address and help perpetrators of abuse in order to deter further assaults (Corvo et al. 2008). In general, perpetrators of DV typically receive help through batterer intervention programs when mandated after a court finding of an assault. Many batterers whose behavior has been unreported by their victims never receive the much needed help and support from intervention

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programs for their violent behaviors (Mbilinyi et al. 2008). Although research has indicated certain interventions for batterers to be effective as part of an overall coordinated community response (Gondolf 2002), the greatest challenge with such programs is that they are barely scratching the surface of the population of men who require these interventions.

When considering batterer's help-seeking behaviors, it is important to recognize that less than one third of males experiencing psychological distress will seek help from mental health professionals (Andrews et al. 2001). With this in mind, it is critical that society begin to recognize the vast amount of missed opportunities in which one can engage and provide a batterer with the appropriate help and support required to end their abusive behaviors. The need to engage abusive men has had very limited examination by researchers and authors in the field. The authors reviewed 769 abstracts published in major domestic violence journals (*Journal of Violence Against Women*, *Journal of Family Violence* and *Violence & Victims*) and found that only 7% focused on treatment of batterers and less than 1% examined the need to engage men in these treatments.

Although DV is typically concealed from society at large, close family members and friends are generally aware of the occurrence of violence within an intimate relationship. A 2007 father's day poll was conducted in the United States which questioned men about their awareness and knowledge related to the victimization of DV (Family Violence Prevention Fund & Verizon Wireless 2007). Results of the poll indicated that over half of the men surveyed believed DV was quite common in the U.S., with one-quarter of the men indicating that they were aware of a family member, friend, and/or an acquaintance that had experienced some form of DV. Additionally, the *Domestic Violence Death Review Committee of Ontario*, Canada, reported that of the 47 domestic homicide cases reviewed, three-quarters of these cases had family members and just over half had friends who were aware of the abuse that was occurring in the relationship (DVDRC 2006). Therefore, the act of DV does not always remain private, given that evidence suggests close family members and friends are frequently aware of the presence and risk of intimate partner violence. Although friends and family may have an opportunity to intervene to prevent further abuse, it is unknown how often and how effective these interventions could be.

Previous research on help-seeking has suggested that 92% of individuals typically communicate to others within their social network about his or her problem before seeking professional help (Cameron et al. 1993). However, domestic violence represents a more complex challenge than other personal problems because of the shame, fear and potential legal consequences. One study examined help-seeking behaviors with adolescent victims and perpetrators

of dating violence (Ashley and Foshee 2005). The majority of victims and perpetrators did not seek help for dating violence, however those that did seek help usually chose informal sources, such as family and friends. Furthermore, it was found that for both victims and perpetrators of dating violence, males were more likely to seek help from formal sources (e.g., teachers, lawyers) compared to female victims and perpetrators. This study illustrates some perpetrators of DV do reach out for help from informal and/or formal sources but that the majority of perpetrators of dating/domestic violence do not seek help for their abusive behaviors. Thus, two problems are identified when trying to provide support to perpetrators of DV: 1) How do we engage perpetrators that are not reaching out to be able to provide them with the necessary support? and, 2) What does this support look like once we do engage them? Specialized intervention initiatives, community programs, and public education campaigns must address these issues.

There are presently limited resources and campaigns which help promote and encourage society and professionals to approach male batterers in order to provide the necessary guidance and support for their violent behaviors. One such campaign, the *White Ribbon Campaign*, established in 1991, is one of the founding educational campaigns and the largest effort in the world that target men and boys by addressing their role in ending violence against women. The focus of the campaign is a general public education effort which is accomplished by challenging others, educating youth, raising public awareness, and working with other organizations to involve men and boys (White Ribbon Campaign 2005). Similarly, the Neighbours, Friends, and Family (NFF) campaign, which was established in London, Ontario in 2006, addressed the need to engage both victims and perpetrators of DV (Neighbours, Friends, and Family 2007). The NFF campaign was created to provide public education regarding how to effectively intervene and engage victims of DV and known male batterers. The campaign has recognized the importance of engaging and discussing DV with men and boys, in order to both prevent future violence against women and to encourage engaging and assisting perpetrators or non-perpetrators who are at risk of carrying out DV.

The *Freedom from Fear Campaign against Domestic Violence*, developed in Western Australia in 1998, adopted a similar goal of reducing and preventing DV by going to the source of the problem, the perpetrators of abuse (Freedom from Fear Campaign against Domestic Violence 1998). This campaign utilized television and radio commercials, as well as newspaper advertisements, to grab the attention of men concerned about their behaviors in their intimate relationships and encouraged them to call a hotline to receive help and referrals to intervention programs. This campaign received several awards for applying social marketing techniques in the reduction and prevention of DV.

Another research team developed and tested a brief motivational enhancement telephone intervention (The Men's Domestic Abuse Check-Up) designed to reach untreated and non-adjudicated abusive males who were concurrently abusing alcohol and/or other drugs. Publicized as a confidential opportunity to take stock of one's behaviors and think through one's options, this intervention involved a telephone assessment session followed a week later by a telephone feedback session in which the counselor used motivational interviewing strategies. The goal was to reach men who had some ambivalence about what they were doing and tip the scales in the direction of self-initiated behavior change and/or seeking treatment (Roffman et al. 2008, p. 595). To reach the target population, publicity strategies (print media, radio ads, news stories, websites, and other media channels) were constructed with the help of a team of researchers that included professionals who worked with perpetrators and victims of DV, and focus groups comprised of men that had completed a domestic violence intervention program (Mbilinyi et al. 2008). In total, the researchers were able to enroll 124 men in the Men's Domestic Abuse Check-Up over a period of 55 weeks (Mbilinyi et al. 2008).

Campaigns, such as those described above, address how to safely speak to perpetrators of DV and hopefully engage abusive men outside of an intervention program to recognize their need to change. However, these types of campaigns are limited and based on a minimal amount of research on how to effectively and appropriately engage perpetrators of DV that have not already been identified in the judicial system.

The purpose of the present study was to better understand how to effectively engage male batterers and provide support for ending their violent behavior. The study was exploratory in nature and sought to identify patterns in the help-seeking behaviors of perpetrators of DV. For the purpose of this paper, the scope of the help-seeking behaviors includes asking for support from professionals (e.g., counselors, doctors) and non-professionals (e.g., family, friends, neighbors). This study uses a broader definition of help-seeking to include seeking help from informal supports as well as from formal supports. Through questionnaires and focus group discussions, it was anticipated that the research could better inform public and professional education campaigns on how to engage abusive men in seeking help, especially considering that the information came directly from known batterers themselves.

Method

Participants

Participants were solicited from a community program for male batterers, Changing Ways, located in London,

Ontario. Changing Ways holds an information session once a week for men who are interested in attending their program. The participants were recruited by means of a researcher discussing the study during these information sessions. Approximately 15 to 20 men attended each information session and, on average, five men from each session agreed to participate in the study. If an individual was interested in participating, they were asked to complete a questionnaire and discuss the issues further during a future focus group. Men who were seeking help both voluntary and involuntary were welcomed to participate. The researcher screened participants based on the inclusionary criteria; soliciting English speaking male volunteers, 18 years or older, who were currently involved and attending a counselling group at the agency. Seventy-three men, who attended an information session at the intervention agency for male batterers, volunteered to complete the questionnaire. Of the 73 men that participated, 57 were court-ordered and 16 were considered voluntary clients. All participants were over 18-years old, which is a requisite for the male batterer program. No data on ethnicity was collected for the purposes of this exploratory study. Twelve men from the 73 that completed a questionnaire participated in a focus group. Of these 12 participants, seven were court-ordered and five were voluntary.

Procedure

During the initial meeting with potential participants, individuals were notified that their participation was voluntary and that all information would remain confidential. Participation in the study had no effect on participant's individual evaluation at the agency. All participants provided written informed consent prior to completing a questionnaire or taking part in a focus group. Next, participants were asked to complete a brief questionnaire during the information session. If they chose to participate by completing the questionnaire, they were also agreeing to take part in a small focus group. However, some men declined to participate in the focus group after they handed in their completed questionnaire. The researcher contacted each participant that agreed to participate in a focus group to schedule a date and time. Several men declined to participate in the focus group due to scheduling conflicts, lack of interest, or a change in their personal situations (e.g., moved, back in jail).

Measures

The *Help-seeking Questionnaire* was administered during the initial information sessions to all interested participants. The questionnaire, which was developed by the researchers, consisted of 13 items (see Appendix 1). Each item had a set of possible responses, with a "Not applicable"

or “Other” response option available. The purpose of this tool was to collect general descriptive and characteristic variables related to male batterer’s help-seeking behavior in order to determine percentages and frequencies of certain variables of interest. For example, particular items determined whether or not the individual had ever asked for or offered help regarding their own or other’s abusive behaviors. If help was sought out, or desired, participants were asked to identify with whom they would seek or accept help from, such as family members, friends, neighbors, co-workers, doctors, counselors, clergy, etc. Moreover, if participants did not seek help for their violent behaviors, they were asked to identify the reason(s) for doing so. Thus, the goal of administering the questionnaire to all participants during the initial meeting was to collect categorical data related to male batterer’s help-seeking behaviors in a quick, easy, and less invasive manner.

The items on the questionnaire were framed in a way so not to provoke defensiveness by the participants. For example, the items asked the participants if they ever asked for help regarding the “troubles” in their intimate relationship. The items did not specifically ask about their violent or abusive behaviors because many of the participants would have become defensive and angry. Some men that are mandated by the courts to attend a male batterers program are not in the contemplative stage of change. They are unable to be fully accountable for their use of abuse. Therefore, the researchers chose to create questions that would be less direct and challenging, believing that it was inferred that the questions were asking about their abusive behaviors due to the fact that all of these men were attending Changing Ways, a program for male batterers.

Focus groups took place during the 10th week of the participant’s attendance in the batterer’s program. Group sizes consisted of approximately 3 participants, in addition to the researcher, and lasted for the duration of 1 h. The researcher probed the group with questions which addressed patterns, behaviors, and attitudes related to the process of batterer’s help-seeking (see Appendix 2). For example, participants were asked whether or not they sought out help for their violent behaviors prior to attending the batterer intervention program, and discussed whether the help was useful or not. Additionally, participants shared who they believed to be the best person to approach them regarding their violent behaviors, and how one should do so. Furthermore, group members discussed whom they would approach to talk about their abusive behaviors if help was needed, and how they would go about doing so. Group members were encouraged to share both personal thoughts and stories at length, providing details related to their own experiences.

The goal of the focus groups was to learn the most effective ways of providing support for individuals who are

abusive in their intimate relationships. Thus, participants were given an opportunity to share their own personal views and experiences related to what was (and was not) helpful for them when they were in need of help and support for their abusive behaviors. The discussions also provided an opportunity for participants to share their thoughts and opinions on how to engage other male batterers. Each focus group was tape recorded, transcribed, and analyzed by the primary research assistant in order to identify and extract any major and obvious patterns or themes which emerged from the data.

Results

To determine the prevalence of male batterer’s help-seeking behaviors, data from the questionnaire were computed and presented in frequencies. Interestingly, up to 63% of the participants identified they had sought help regarding the problems in their intimate relationship, however, only 38% actually received help and support for their violent behaviors. Furthermore, of those participants who received help, only 27% found the help to be useful or effective. When reviewing both the questionnaire responses and focus group transcripts, several help-seeking themes emerged from the data.

Missed Opportunities

Although family and friends are frequently aware of the problems and violence present in a batterer’s intimate relationship, most participants thought that such individuals avoided confrontation as a result of not wanting or knowing how to appropriately intervene and help the batterer. Additionally, of those family members and friends who were aware and tried to engage the batterer regarding the DV, the participants stated the support was neither effective nor appropriate. For example, one participant disclosed an incident in which he asked his father-in-law for help regarding the problems in his intimate relationship, and his father-in-law gave advice that was less than helpful:

When I approached my father-in-law, he said something that just floored me...he said life’s a bitch and sometimes you marry one. So needless to say I don’t think that was very helpful.

When participants responded to the questionnaire regarding who they would like to approach them and offer help, the majority of these men wanted a counselor to offer help, followed by a friend or family member, doctor, or religious leader. Ten percent or less felt that they would like an employer, co-worker, teacher, or neighbor to approach them and offer help (see Table 1). Thus, providing friends

and family members the appropriate knowledge and tools on how to intervene and engage a batterer seems to be an important step to effectively assist and help a male batterer cease their violent behaviors.

Societal Influence

Another common theme which materialized from the focus groups was the notion that men avoid help-seeking because it is associated with characteristics such as being weak and fragile. The discussions suggested that men who are abusive to their intimate partners are typically embarrassed, humiliated, and ashamed to seek help for their violent behaviors. For example, from the questionnaire administered to all participants, 38% responded that they were too embarrassed to seek help (see Table 2 for other barriers to help-seeking). Furthermore, some of these men identified that their partners went to someone and asked for help about the problems in their intimate relationship, and when asked how they felt about that, one-quarter of the men stated that they felt embarrassed and ashamed. For example, one participant shared his thoughts regarding his feelings around help-seeking:

I was embarrassed, too damn proud. You know, this is something I thought all these years I can handle, I can get a hold of, just like I got over my drinking and that didn't work out either...I never discussed it with anyone.

The avoidance of help-seeking is certainly not a new phenomenon for men. Research studies have examined the impact of traditional male gender role attitudes on men and their help-seeking behaviors and found that men who support traditional attitudes about the masculine role in society, such as the attitude that men should never express emotion or show concern for other men, were less likely to seek out psychological help (Good et al. 1989; Blazina

and Watkins 1996). Thus, through the results of this study, one could hypothesize the present study supports the notion that traditional male gender role attitudes still exist in our society, and that such attitudes deter batterers from seeking the required help and assistance from intervention programs.

The Role of Trust and Confidentiality

In addition to various societal and personal barriers to help-seeking behaviors, participants also discussed which factors are critical when seeking or accepting help from others. When reviewing the study data it became evident that both trust and confidentiality are critical characteristics when predicting the likelihood of male batterers seeking or receiving help for their violent behaviors. Thus, participants would typically seek help from others with whom they could trust and they knew would hold what they said in confidence. For example, one participant shared his feelings related to the role of trust:

If you go to someone and you are afraid, or if you are uncomfortable, or if you don't feel in the safe zone it's hard to open up and give your opinion about how you feel.

This trend also emerged in the responses provided on the brief questionnaire completed by all participants. When participants were asked who the best person was to approach for support, 52% felt that the best person to go to for help regarding problems in their intimate relationship was a counselor, followed by a physician, then a family member or friend. Fewer than 10% of these men felt that it would be best to ask an employer, teacher, co-worker, or neighbor for help (see Table 3). Many people believe that a counselor and doctor are sources of support that are bound by professional-patient confidentiality; therefore it is understandable why such persons would be most likely approached by male batterers. For example, one participant stated:

Had I asked my doctor and he would have suggested something, I would have jumped at it. It didn't occur to me to do that, but I trust my physician.

On the other hand, some individuals may believe that a counselor or family physician is mandated to report incidents of domestic violence which would deter a batterer from disclosing his use of abuse. Although this did not seem to be reflected in the focus group discussions, it is a possible limitation that should be addressed in future research.

It is also important to recognize that friends and family members are also likely candidates for help and support under the condition that trust and confidentiality are

Table 1 Ratings by male batterers on the best source to offer help when dealing with problems in an intimate relationship

Best source to offer help	Percentages % (<i>n</i> =73)
Counsellor	60
Friend	49
Family member	49
Doctor	33
Religious leader	22
Other	10
Co-worker	10
Employer	10
Teacher	7
Neighbour	4

Table 2 Ratings by male batterers on the reasons they did not ask for help

Reasons for not asking for help	Percentages % (n=73)
Not sure who to ask	41
Embarrassed	38
Didn't want anyone to know	22
Felt no one knew how to help them	18
Believed they didn't do anything wrong	11
Other	11
Believed there are no real problems in the relationship	6

maintained. Thus, when engaging with male batterers, it is imperative to consider trust and confidentiality as factors in deciding who these men will confide in about their abusive behaviors.

The Role of Knowledge and Positive Regard

When participants were asked how they would like someone to approach them when offering help, many disclosed a desire for someone to approach with a general understanding and knowledge of the dynamics of DV in an intimate relationship. For example, the participants would feel more comfortable discussing their violent behavior with a friend that has been through a similar experience, or with a counselor who has been trained in dealing with DV cases. Furthermore, participants felt very strongly that they wanted the help they received to be non-judgmental. One participant stated:

I want somebody to say, okay you've got a problem, we got to help you with it, and it's something not to be ashamed of but we can deal with it. We can get you out of this grasp of where you are in, this trap you are in you know, but I didn't know where to go.

Many of the men in the focus groups discussed the need to approach someone that was trustworthy, confidential,

Table 3 Ratings by male batterers on the best source for help when dealing with problems in an intimate relationship

Best source for help	Percentage % (n=73)
Counsellor	52
Doctor	37
Family member	36
Friend	33
Religious leader	23
Other	11
Employer	8
Teacher	6
Co-worker	6
Neighbour	1

knowledgeable, and non-judgmental to receive help for their abusive behaviors. However, these men stated that they unfortunately did not know where to go to receive this kind of support. For example, 41% of men who were asked what stopped them from finding help for their abusive behaviors identified that they did not know who to ask. Furthermore, many participants felt that when they went looking for help, the only help available was that for women experiencing DV, with nothing in the community being offered for the male batterers. Participants stated that it was important for someone to be able to recognize when someone was asking for help in order to make it easier for batterers when seeking assistance. One participant in a focus group discussion stated:

I've actually offered, because I am a smoker and that's where most of the bitching gets done...now that I have a lot of the tools, I do share it with them when I hear their problems. They are obviously reaching out and most of the time you just don't notice that they are reaching out, maybe they are just bitching about the old lady. But now I realized they are really maybe asking for something.

Discussion

There is considerable research related to effective interventions and supports for women experiencing DV in their intimate relationship. Significantly less research has been conducted in order to evaluate the effectiveness or even the specific kinds of support or interventions that are appropriate when engaging or assisting a male batterer. Public education campaigns have been created to educate the public on how to prevent DV by engaging with both victims and perpetrators of abuse (Neighbors, Friends, and Families 2007; White Ribbon Campaign 2005). However, due to the lack of research with male batterers, these campaigns may not maximize their effectiveness and appropriately engage batterers. The Men's Domestic Abuse Check-Up (MDACU), a brief telephone-delivered motivational enhancement intervention, sought to reach untreated

and non-adjudicated abusive men who were concerned about their IPV behaviors. Various marketing strategies, developed with the help of IPV professionals and focus groups of treated abusers, were effective in reaching this population and facilitating their participation in this brief intervention (Mbilinyi et al. 2008). Similarly, the present study attempted to learn about the most effective ways of engaging, challenging, and supporting men who are known to be abusive in their intimate relationship by asking these men directly. It was decided that a critical informant on how to effectively engage male batterers was a male batterer himself.

The overall pattern of results in this study illustrated several important themes which need to be considered when trying to engage and help men who are abusive in their intimate relationship. It is hypothesized from the findings that most male perpetrators of DV will not seek out help for their violent behaviors due to inherent male gender role attitudes, in addition to a lack of knowledge on where to find the required help. Previous research on male batterer's help-seeking behaviors supports this claim suggesting a relationship exists between reference group identity dependence and help-seeking attitudes. A study by Mendoza and Cummings (2001) demonstrated that male batterers who had negative help-seeking attitudes also had a tendency to feel connected with other men, which suggests that these men may have viewed counseling as an inappropriate activity based on gender role expectations. Therefore, it is critical that the DV movement make assistance for batterers more readily available in order to shift societal norms to encourage and promote help-seeking behaviors. At this point in the history of the domestic violence movement, batterer programs are still associated with the justice system and mandated interventions rather than a voluntary and desirable community service for men.

When considering with whom a male batterer is most likely to divulge information regarding DV, the findings from the present study indicated that men who engage in abusive behaviors typically feel comfortable talking with someone who is trustworthy, knowledgeable, and able to hold what is said in confidence. Additionally, results suggested male batterers are generally willing to seek help from those who are non-judgmental and knowledgeable on the topic of DV. Thus, it is not surprising to discover that batterers are most likely to seek help from a professional (e.g., a family physician or counselor), a family member, or a close friend. The challenge, however, is that health professionals have often ignored the presentation of DV and have not played an active role to reach out to those involved in abusive relationships (Gerbert et al. 2002). Indeed, with the Men's Domestic Abuse Check-Up campaign, researchers found that healthcare professionals and other formal sources of support were not receptive to having recruitment materials placed in their establishments

(Mbilinyi et al. 2008). The researchers explained this reluctance with the belief of "it doesn't happen here", meaning that these establishments and institutions felt that DV was not a concern and that the recruitment material would send a message that perpetrators of abuse are among their employees and/or clients. Furthermore, Alpert (2007) addressed an even more concerning issue stating, "The ability of most health professionals to effectively identify, assess, and respond to domestic violence has lagged far behind societal awareness and community responses." The current study indicated that 33–37% of male batterers feel that their family physician would be a good source to go to for help. Thus, it is critical that educational campaigns and intervention initiatives develop in order to equip health care professionals with the appropriate tools to effectively engage male batterers.

Although this research has identified some important themes, there are several limitations that need to be acknowledged because of the exploratory nature of the study design. First, the retention rate and the sample size from the focus groups were low. Many participants declined to attend the focus groups due to scheduling conflicts, a change in their personal situations, or a general lack of interest. Due to the fact that there was almost an even distribution of voluntary and mandated participants that attended the focus groups, it is uncertain the reasons for the low retention rate. Thus, the concern is that the information collected during the focus groups may be biased to a population of batterers who are more motivated to disclose and share their help-seeking experiences for their abusive behaviors. For future studies, the researchers should find ways to make attending a focus group more appealing and accommodating to participants. Furthermore, an additional limitation to the focus group methodology was the fact that participants' responses were not independent of each other. There is a risk that some participants may have aligned themselves with others in the group and thus may not have expressed their true feelings or thoughts on the subject matter being discussed. Lastly, the issue of confidentiality arises within focus group discussions. Although all group members were reminded that anything that is said in the group will be kept confidential, some participants may have filtered or screened their responses in fear of others breaching confidentiality.

Future research with a larger sample of men may identify the effectiveness of public education campaigns which extend to both male batterers and their friends and families. Moreover, future research needs to address the role of professionals, such as family physicians and counselors, in encouraging men to disclose and seek help for their violent behaviors.

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Appendix 1

Intake Questionnaire: Helping and Help-seeking Behaviours for Men Who Are Experiencing Problems in Their Intimate Relationships

Please check all the following answers that you agree with. If you do not want to answer a question, please leave it blank. Thank you very much for your participation.

1. Did you ask anyone for help regarding the troubles in your relationship before attending Changing Ways?
 - Yes
 - No
 - N/A

2. Who did you ask for help? (You can check more than one answer)
 - Family Friend Neighbour Co-worker Employer
 - Doctor Counsellor Religious Leader Teacher
 - Other _____
 - N/A, I didn't ask anyone for help

3. Did you receive help?
 - Yes
 - No
 - N/A

4. Was the help you received useful?
 - Yes Why? _____
 - No Why? _____
 - N/A

5. Whether or not you have asked for help in the past, who do you think would be the best person to go to for getting help and information? (You can check more than one answer)
 - Family Friend Neighbour Co-worker Employer
 - Doctor Counsellor Religious Leader Teacher
 - Other _____

6. Why would you not ask for help? (You can check more than one answer)
 - I'm not sure who to ask
 - I don't think I have done anything wrong
 - My partner and I don't have any real problems
 - I don't want anyone to know
 - I'm embarrassed
 - No one knows how to help me
 - Other _____

7. If someone was to approach you to discuss your behaviours and volunteer help, who would you like that person(s) to be? (You can check more than one answer)
 - Family Friend Neighbour Co-worker Employer
 - Doctor Counsellor Religious Leader Teacher
 - Other _____

8. Do you know if your (ex) partner ever approached anyone about the problems in your relationship?
 - Yes, she did speak to someone
 - No, she didn't speak to anyone
 - N/A, I do not know

9. If you know that your partner approached someone regarding the problems in your relationship, who did she approach?
 - Family Friend Neighbour Co-worker Employer
 - Doctor Counsellor Religious Leader Teacher
 - Other _____
 - N/A, I do not know

10. How did you respond to your partner talking to someone about the problems in your relationship?
- It didn't bother me
 - I got angry
 - I felt glad that she approached someone
 - I felt embarrassed
 - I felt ashamed
 - I felt worried
 - Other
 - N/A, My (ex) partner didn't approach anyone
11. Have you ever offered help to anyone that you knew was being abusive towards their partner?
- Yes
 - No
 - N/A
12. If you have offered help, was it effective?
- Yes
 - No
 - N/A
13. If you were to offer someone support, would you know what to do?
- Yes
 - No
 - N/A

Appendix 2

Focus Group Questions Related to Male Batterer's Help-Seeking Behaviours

1. Do you think anyone knew that there were problems in your relationship?
2. Do you think you needed help?
3. Did you ask anyone for help regarding the troubles in your relationship before attending Changing Ways? For example, a physician, an individual counselor, a friend, family, etc.
4. Did you receive any help? If so, was it useful? Why or why not?
5. Whether or not you have asked for help in the past, who do you think would be the most beneficial person to go to for getting help and information regarding your behaviours?
6. What reasons can you give for not asking for help?
7. If someone approached you to discuss your behaviours and relationship troubles and they offered help, how do you think you would respond? Why?
8. If someone was to approach you to discuss your behaviours and volunteer help, who would you like that person(s) to be?
9. More specifically, how would you like that person(s) to approach you when offering help?
10. Do you know if your (ex) partner talked to anyone about the problems in your relationship?
11. If she did speak to someone, who was that person?
12. How did you feel and respond to your (ex) partner discussing your problems in your relationship with that person?
13. Have you ever offered help to anyone that you know who was being abusive towards their partner?
14. If you have offered help, how did you approach the individual? Was it effective? Why or why not?
15. What reasons did you have for approaching the individual?
16. What reasons did you have for not approaching the individual?
17. In the future, would you seek out help if these problems arise again?
18. How would you go about asking for help?
19. Who would you ask for help and why?

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