

Reaching out and seeking help from frontline professionals: experiences of men perpetrating partner violence

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**Key messages:**

- Men who sought help from frontline professionals for their violent behaviour towards their partners found it helpful when frontline professionals in a respectful and non-judgmental manner assisted men to find words to disclose their behaviour
- They also needed support in identifying their responsibility for the violence and provide a sense of hope that change is possible
- Frontline professionals require training to gain and practice skills in communicating with men about their violent behaviour and support them in the referral process to specialised services

## **Abstract**

**Background:** Research on help seeking behaviour in partner violence has mainly focused on victims. This article reports on a multi-country qualitative study exploring the views and experiences of men perpetrating partner violence and their contact with frontline professionals. The study was part of a wider programme of training for professionals to enable disclosure of domestic violence by perpetrators (project ENGAGE).

**Methods:** Eleven semi-structured interviews and one focus group discussion with seven men were conducted and thematic analysis was used to analyse their responses. Emphasis was on understanding how professionals' responses prevented or facilitated disclosure and seeking support and/or professional help.

**Results:** The men revealed the difficulties they face in the process of disclosure and that help seeking from non-specialised professionals had a negative emotional impact for most men. Four themes emerged: barriers to help seeking for men; helpful responses from professionals; unhelpful responses to avoid; and recommendations for professionals to improve their interactions with men.

**Conclusion:** This study has implications for the training of frontline professionals and underlines the need for changes in services to ensure all men consistently receive an appropriate response and are directed to perpetrator programmes or specialised services.

**Keywords:** Men, partner violence, disclosure, help seeking, frontline professionals

## **Introduction**

Men perpetrating intimate partner violence who reach out to frontline services tend to do so for trauma, anger or stress management or feeling depressed and not for their violent behaviour, as this is related to uncomfortable feelings of shame and fear of consequences [Hashimoto 2018]. These frontline professionals such as health professionals or social workers tend to not be specialised in working with perpetrators of violence. Many men who attend a perpetrator programme have sought help for their violent behaviour before attending the programme, but only one-third reported receiving actual support from the service they contacted and a quarter who received help found the support helpful [Campbell 2010]. Frontline professionals working in these services have a responsibility to take the necessary measures to promote and protect the rights of women to live free from violence, as stated in the Council of Europe Convention on preventing and combating violence against women and domestic violence, referred to as the Istanbul Convention. These include having an awareness of violence and its impact on victims, having the skills to identify the indicators of violence and abuse when working with men and ensuring referral to specialised perpetrator programmes. These are essential for early intervention and prevention in the cycle of violence in close relationships.

Historically, research and interventions have primarily focused on the victims. The perceptions of female victims disclosing partner violence and their help-seeking behaviour have been widely documented [Goodson 2018; Hayes 2017; Linos 2014; Shannon 2006; Sylaska 2014] and a systematic review of the health seeking experiences of male victims exists [Ager 2018]. The experiences of men who perpetrate partner violence have been studied with regards to conditions and interactions before, during, and after a violent incident [Catlett 2010]; explanations for their abuse [Flinck 2008]; and motivating factors underlying their behaviours [Sheehan 2012]. A systematic review has also been performed of qualitative

studies on facilitators of change [McGinn 2017] and recovery for men perpetrating violence [Teddlie 2007]. One study on help-seeking behaviours for partner violence by men focused specifically on men receiving substance use treatment [Hashimoto 2018]. Thus, issues related to disclosure and help seeking are limited, due in part to the few studies conducted to date. Yet this knowledge is important in order to improve training for frontline staff to ensure the professional response men receive is consistent and appropriate. The multi-country study reported here explores the perceptions and experiences of men perpetrating violence who sought support with disclosure and management of their violent behaviour from frontline professionals.

## **Method**

### *Research Design and Participants*

The study was conducted as part of a two-year European project entitled ENGAGE, which aimed to improve the capacity of frontline professionals to provide a coordinated, multi-agency response and referrals to male perpetrators of gender-based violence (<https://www.work-with-perpetrators.eu/projects/engage>). The project was conducted across France, Germany and Spain and aimed to improve the capacity of frontline professionals to provide a coordinated, multi-agency response and referrals to male perpetrators of gender-based violence. Men perpetrating violence who were clients of specialised perpetrator programmes in the three participating European countries (France, Italy, Spain) were invited to participate in the project following consent of the organisations' management. Men were purposively sampled to include a range of ages, types of substance and violence perpetrated to generate the maximum range of perspectives and experiences [Padgett 2008]. A total of 18 male participants across the three countries consented to participate; from France ( $n = 6$ ), Italy ( $n = 7$ ) and Spain ( $n = 5$ ). Only in Spain did three men

decline participation due to time constraints. The participants' age range was 23–62 years. All participants were receiving specialized support from the respective local perpetrator programme for their violent behaviour towards their partner. A qualitative research design was utilized to allow for flexibility and depth in the discussions. The majority of the men were in their (previously) abusive relationships at the time of their interviews and violence reported by all participants was unidirectional only, men's violence toward their partner. The duration of hours attending a perpetrator program varied in the men from two months to 33 months.

### *Data Collection*

Semi-structured interviews were performed in France by a female interviewer and in Spain by a male interviewer; the focus group discussions in Italy was led by a male facilitator. The interviewers/facilitators have over 10 years of experience offering support to men perpetrating violence. An interview/focus group discussion protocol was designed by the authors to ensure consistency in the questions posed to elicit in-depth exploration of experiences and beliefs [Braun 2013] (see supplemental material 1). The research was approved by the management of the three participating perpetrator programme organisations in France, Italy and Spain. Male clients of the programmes received written information about the study, participation was free and no incentives were offered. The men were informed that declining to participate would not affect their use of services at the organization and that all data would be anonymised. Eighteen volunteered to take part by signing a consent form. One participant from France requested to have his name appear explicitly when quoting his words.

Participants in France and Spain took part in one-to-one semi-structured interviews and participants in Italy in a focus group discussion with seven men. The interviews lasted between 17 and 180 minutes and the focus group was one-and-a-half hours. These were

performed in their native language. All participants chose to be interviewed within the premises of the perpetrator programme's organisation and private rooms were made available. The date and time of interviews were mutually agreed by the researcher and participant. Interviews explored participants' experiences of contacts with frontline professionals. The focus of the questions was based on responses provided by frontline professionals as the men were seeking help regarding disclosure about their violent behaviour, currently and/or in the past towards their partner. For example, questions included: *What was the most difficult thing you had to face when talking about your problem of partner violence? How did you deal with it / overcome it?* Interviews also explored any explanations and observations made by participants as to what would have helped them in their situation when attempting disclosure to a frontline professional. For example, questions included: *How should professionals address the issue of violence and talk to the man to help him disclose it (and how shouldn't they)?* Participants were encouraged to draw on their knowledge of their pasts and experiences. All interviews were audio recorded and transcribed verbatim by the interviewer to respect the specificities of the discourses. Given the sensitive nature of the topic, the participants were offered a debrief to check wellbeing and welfare. The participants were receiving specialized support from the organization staff at the time of the study and no organization reported any incidence related to the study.

### *Data Analysis*

Data were coded by the last author with expertise in qualitative research. Thematic analysis was used to first explore precursory and potentially interesting themes (see example from Spain, supplemental material 2). The next step of coding performed by the same author was to identify the most dominant and relevant themes [Pope 2006]. A second author independently re-read the transcripts and reviewed the coding. Informal discussions took place between all authors to agree on the most relevant themes and sub-themes [Guest 2006]

and coding discrepancies were resolved by consensus. To ensure the validity and credibility of the results, constant comparative analysis of the data was utilized, combined with a detailed presentation and illustration of each category with excerpts of the participants' own speech.

## **Results**

Analysis of the interviews yielded four main themes and 19 subthemes (see Table 1) concerning the perceptions and experiences of men perpetrating partner violence.

### **Place Table 1. Here**

#### *Theme One: Barriers to help seeking for men*

Of the eighteen participants, only one French participant was asked directly about family violence by frontline professionals such as medical professionals, social workers etc. All others had to disclose it themselves. Perpetrators and frontline professionals often collude to discuss problems other than the violence and abuse, as this may be uncomfortable for both. The men acknowledged difficulties at the beginning in accepting the problem of violence as their own and criticised the widespread social idea of men perpetrating violence as "monsters" as counterproductive in help-seeking. They also indicated the low visibility of specialized services to deal with these problems.

*"I would seek help earlier, if there had been a way. That someone had told me earlier what I was like, that someone tells me and reflects earlier on the violence and my behaviour and attitude. I was not aware" (French participant)*

Yet the fact of "talking about violence" becomes a significant aspect of the motivational change process. Most men stated they arrived at a perpetrator programme sent by a third party (e.g. partner, lawyer, court) with a very external motivation. The act of talking about violence and identifying the issue plays a major role in realizing they have a problem.

*“...I had only interacted with institutional professionals and none of them discussed what had happened...I started thinking, I never called the violence with its name, and when you call it with its name BINGO! You understand, there is a problem” (Italian participant)*

*Theme Two: Helpful responses from frontline professionals after men’s disclosure of partner violence*

Some men stated that the gender of the professional was important, in that it was easier for a man to speak with a male professional. What men stated was helpful is when the professional addressed the violence gradually and professionals providing a sense of choice in how to react, as well as hope and trust that, with specialized support, the perpetrator would be able to change.

*“What is problematic is the lack of hope for the perpetrators. It is important to help them build a perspective ‘after’ the violence. That the professionals tell me that there is a new perspective possible” (Bruno Brilloit, French participant)*

*Theme Three: Unhelpful responses from frontline professionals from men after disclosure of partner violence*

Throughout the interviews the men commented on the inappropriate responses or advice given to them by frontline professionals that hindered their ability to address their problem of violence. Examples were provided as to how the responses were inappropriate. These included the professional shaming men as not capable of changing or focusing on their health status as ‘sick’ to explain the violent behaviour. A number of the respondents stated they were not referred to individual therapeutic care.

Also problematic was focusing on the relationship and not the violence:



*“I needed someone to listen to me, to help me understand what was hidden behind my excessive reactions and controlling behaviour. I did not want to talk about other, about the relationship or other persons involved, and had to challenge the professional to get her to concentrate on just me...” (French participant)*

Some men experienced that frontline professionals placed the responsibility on the partner, quasi validation of violent/abusive behaviour:

*“I scheduled a meeting for the first time with a psychologist, a woman. She was the only professional who appeared to me to be able to make me understand what was beyond me. I chose a woman... I remember one thing: I did not step into her office again after she told me – during the 4th session – that “maybe, my partner loves to be assaulted...” (Bruno Brilloit, French participant)*

Men did not appreciate the advice from frontline professionals to separate from their partner as a means to solve the problem. A few men stated that the professional did not consider the severity and danger of the situation, neither for the victim nor for the men perpetrating the partner violence. Many stated that the professionals did not inform them of the existence of self-help groups for violent perpetrators or specialist services/experienced professionals who have experience working with perpetrators, nor refer them to these services.

#### *Theme 4: Insights for frontline professionals interacting with men*

The men interviewed were asked if they had insights for frontline professionals who may come into contact with men seeking help for perpetrating partner violence. A majority responded that at the beginning they needed help to find the words to discuss violence, to put into words their feelings and understand the cycle of violence, and also to explore the link to

violent childhood experiences. What men commented on being most important in being able to communicate and disclose about their violent behaviour, is the ability of frontline professionals to provide them with the words for expressing the violence, words for naming the violence, and in turn becoming able to acknowledge the problem. Men highlighted the importance of frontline professionals providing support for men to take responsible for their violent behaviour, in a gradual, non-judging way to avoid feelings of shame or rejection. They specifically requested that frontline professionals focus on their behaviour, without labelling or judgement, and not on the victim or the relationship:

*“In a specialised programme, we discuss violence upfront, that is what we are there for. We know it... We see the interactions between everything. There is no labelling of good – bad. It is important that the professionals are therapists with many different approaches and at the service of persons they are counselling. We can talk about violence without being closed in by labels and judgments. Behind the violence, what is happening? What is going on there? We can go see...in full safety, what is happening. When you work on yourself it is not a quiet type of work, it shakes you up”. (French participant)*

This also included providing a referral to self-help groups with men who have overcome the problem, so as to give men hope:

*“What is important is to find self-help groups, but not where the partner goes as there you will hear a lot about the victim. You need separate groups where each person can talk, a space that is capable of listening to a perpetrator. It is necessary to systematically listen to the perpetrator, and also to be able to speak to the perpetrator. Professionals need to be trained in the topic of violence, in the situation and the complex mechanisms that link the perpetrator and the victim.” (French participant)*

In addition, men reported on the need for more visibility of services, in the forms of campaigns so men who are violent realise they are not alone, that there is help and in particular, awareness about the existence of perpetrator programmes:

*“There should be much more information in health and health centres (about perpetrator programmes) and more propaganda that is more visible and easier to access... if I had known this space I would have come directly and not been waiting...” (Spanish participant)*

## **Discussion**

In this study men shared their perceptions and experiences in seeking help and disclosing their violent behaviour towards their partner, and what barriers and facilitators exist when interacting with frontline professionals. Men had difficulty naming the violence and were often not asked about their violent behaviour by frontline professionals. Men identified what was helpful and unhelpful in their interactions with professionals, and provided insight as to how to improve this interaction in order to improve self-disclosure and referral to specialised perpetrator programmes. These included approaching the topic gradually, with respect and without judgement or labelling. In addition, helping men find the words to express the problem, and take responsibility for their actions. Furthermore, men highlighted the importance of providing a sense of hope and trust in the changing process, and referrals to perpetrator programmes and self-help groups for specialised support.

The findings are similar to a systematic review of help seeking perceptions and experiences by male *victims*, both internally (e.g. fear of disclosure, challenge to masculinity, commitment to relationship, diminished confidence/despondency) and externally, e.g. invisibility/perception of services and the appropriate and inappropriate professional responses they received [Huntley 2019]. One study highlighted the negative emotional

impact men experienced when seeking help due to the poor professional responses [Machado 2017], which was also stated in this study.

### *Strengths and limitations*

The present study constitutes an analysis of men's experiences and yields innovative and valuable information that may be profitable for service providers, policy makers and social service practitioners alike. By using a qualitative approach, we were able to add meaningful results about the experiences of men perpetrating violence and their help-seeking behaviour. Nonetheless, the findings do not represent all men's perceptions [Braun 2013]. Another limitation is the retrospective nature of the research, given that the men were asked to recall also past experiences. It is also acknowledged that when using a clinical-forensic sample, we get to know the experiences of those who sought help; however, the experiences of these men may not reflect the experience of all male victims, including the experiences of those who never sought help.

At the time of the interview all participants were clients of a perpetrator program, thus the study can only reflect the views and perceptions of these men, and not generic experiences of men who perpetrate partner violence. In addition, the potential for bias, including social desirability bias is acknowledged in the interaction between the participants and the organization staff acting as interviewer [Pope 2006]. However, the study offered no incentive to participants; it used predominantly open questions and there was no hypothesis to consider, and thus the study only offered an opportunity for participants' views to be expressed. The encouragement of the use of examples may have helped to negate any social desirability as it required participants to focus on their own experiences. All participants offered to take part freely and out of their own interest in the subject, and signed consent forms to that effect.

### *Implications for practice*

Based on this feedback from perpetrators, the ENGAGE project developed an “ENGAGE Roadmap for frontline professionals interacting with male perpetrators of domestic violence and abuse” to ensure a coordinated, multi-sectoral response for the provision of services for perpetrators. The aim was to provide an evidence-informed, human-rights-based tool for frontline professionals, including a 4-step Roadmap and Twelve do’s and don’ts when engaging with a perpetrator. This can be found on the project webpage hosted by the European Network for the Work with Perpetrators of Domestic Violence (WWP-EN) with 50 members from throughout Europe: [www.work-with-perpetrators.eu/projects/engage](http://www.work-with-perpetrators.eu/projects/engage). The Roadmap is available in English, French and Italian.

## **Conclusion**

Men who sought help from frontline professionals for their violent behaviour towards their partners stated they had to overcome substantial barriers. They found it helpful when frontline professionals in a respectful and non-judgmental manner assisted men to find words to disclose their behaviour, identify their responsibility for the violence and provide a sense of hope that change is possible. Men placed emphasis on the importance of frontline professionals informing and providing them with a referral to perpetrator programmes specialised in supporting men to change. Frontline professionals require training to gain and practice skills in communicating with men about their violent behaviour and support them in the referral process to specialised services.

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