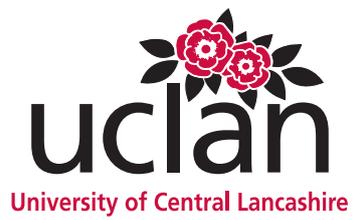


# STRENGTH **TO** CHANGE

Find the strength to stop domestic violence

Men's Talk: Research to inform Hull's social marketing initiative on domestic violence

Nicky Stanley, Ben Fell, Pam Miller, Gill Thomson and John Watson



March 2009

Published by:

School of Social Work  
University of Central Lancashire  
Preston PR1 2HE

ISBN: 978-0-9555145-2-4

## **Acknowledgements**

This research was commissioned and funded by NHS Hull and the researchers would like to acknowledge the support and assistance of Louise Robinson and Simon Hunter at the Primary Care Trust as well as that of members of the Project Steering Group for the Domestic Violence and Social Marketing project. Other individuals and agencies facilitating the research included: Karen Atkinson, Community Nursery Nurse; Paul Henderson and the Goodwin Centre; Humberside Probation Service staff; Dave Littlewood; Jane Mclocklan and staff and students at FASU, University of Hull; Rukshana Shah at Humber All Nations Alliance (HANA); Anne Taylor; staff at the Alcohol and Drug Service and staff at Compass Drug Services. Susan Hilton provided administrative support and proof-reading. We are also grateful to all those who participated in the focus groups and individual interviews.

<b>Contents</b>		
<b>Chapter</b>		<b>Page No</b>
<b>Acknowledgements</b>		1
<b>Contents</b>		2
<b>Foreword</b>		5
<b>1. Introduction</b>		6
1.1 Background to the Research		6
1.2 About this Report		7
<b>2. Literature Review – Men’s Attitudes Towards Domestic Violence and Help Seeking Behaviours</b>		8
2.1 Introduction to the Literature Review		8
2.2 Men’s and Male Perpetrators’ Attitudes and Perceptions of Domestic Violence		8
2.2.1 Key Theories of Domestic Violence		8
2.2.2 Gendered Constructions of Violence		9
2.2.3 Violence as Masculinity		10
2.2.4 Justification, Minimisation and Blame		11
2.2.5 Impact of Violence on Victims		12
2.2.6 Cultural and Social Influences on Violence		13
2.2.7 Demographic and Psychological Variables		14
2.2.8 Conclusions to Review of Men’s Attitudes and Perceptions of Domestic Violence		15
2.3 Men’s Help Seeking Behaviour		16
2.3.1 Gender Differences in Use of Health Care		16
2.3.2 Explaining Gender Differences in Help Seeking Behaviour		17
2.3.3 Masculinity as a Barrier to Help Seeking		18
2.3.4 Developments in Men’s Health Care		21
2.3.5 Conclusions to Review of Men’s Help Seeking Behaviour		24
2.4 Summary Points from Chapter 2		24
<b>3. Prevention of Domestic Violence and Social Marketing Campaigns</b>		26
3.1 Introduction		26
3.2 Preventive Interventions in Domestic Violence		27
3.2.1 Levels of Prevention		27
3.2.2 Early Intervention		27
3.2.3 Difficulties in Interpretation and Issues of Good Practice in Preventive Programmes		30
3.2.4 Public Education/Media Campaigns		31
3.2.5 Key Findings from Public Education Campaigns		34
3.2.6 Taking a Consolidated Approach		34
3.2.7 Conclusion to Review of Preventive Interventions in Domestic Violence		36
3.3 Social Marketing Initiatives		36
3.3.1 Introduction to Social Marketing		36
3.3.2 Background to Social Marketing		36
3.3.3 UK Developments in Social Marketing		37
3.3.4 Key Features of a Social Marketing Intervention		38
3.3.5 Evaluations of Social Marketing Campaigns		46
3.3.6 Conclusion to Review of Social Marketing		47
3.4 Summary Points from Chapter 3		49

<b>4. Stakeholders' Perspectives</b>	<b>50</b>
4.1 The Stakeholders	50
4.2 The Role of the Local Culture	50
4.3 Stakeholder's Perceptions of the Social Marketing Campaign	51
4.4 Developing Messages for Men	52
4.5 Motivating Messages	53
4.5.1 A Focus on Children	53
4.5.2 A Focus on Partners	54
4.5.3 Legal Consequences	54
4.5.4 Violence as Socially Unacceptable	55
4.6 Targeting Specific Groups	55
4.7 Location and Methods for the Campaign	55
4.8 Summary of Stakeholders' Perspectives	56
4.8.1 Stakeholders' Perspectives: Summary Points	57
<b>5. Focus Group Findings: The Participants, their Understandings of Domestic Violence and Motivating Messages</b>	<b>58</b>
5.1 The Focus Groups and their Members	58
5.1.1 Focus Group and their Members	58
5.1.2 Focus Group Participants' Experience of Domestic Violence	59
5.1.3 Key Characteristics of the Focus Groups	60
5.2 Definitions and Understandings of Domestic Violence	62
5.2.1 Defining Domestic Violence	62
5.2.2 Who Perpetrates Domestic Violence?	63
5.2.3 The Language of Domestic Violence	64
5.2.4 The Silence Surrounding Domestic Violence	64
5.2.5 Experiences of Domestic Violence	65
5.2.6 Understandings of Men's Violence	67
5.3 Men's Attitudes to Help Seeking	69
5.3.1 Stigma, Shame and Embarrassment	70
5.3.2 Men's Inexpressiveness	70
5.3.3 Acknowledging and Owning the Problem of Domestic Violence	71
5.4 Motivating Change	72
5.4.1 Effective Messages	72
5.4.2 Worried about Effects on his Children	74
5.4.3 Worried about Losing his Wife/Girlfriend	76
5.4.4 Knowing Help is Available	77
5.4.5 Trouble with the Law	77
5.4.6 Wanting to Improve Relationship with Wife/Girlfriend	78
5.4.7 Trying to do Things Differently from when he was Growing Up	79
5.4.8 Worried about what Others Might Say	80
5.4.9 Wanting to be a Better Person	81
5.5 Summary Points from Chapter 5	82
<b>6. Focus Group Findings: Sources of Help for Abusive Men, Messages and Media for the Campaign</b>	<b>84</b>
6.1 Sources of Support	84
6.1.1 Accessibility of Services	84
6.1.2 Rating Sources of Support	85
6.1.3 Telephone Helpline	85
6.1.3.1 Using a Telephone Helpline	88
6.1.3.2 Helpline Availability	88
6.1.3.3 Staffing the Helpline	89

6.1.4	General Practitioners as a Source of Support	90
6.1.5	Friends as a Source of Support	92
6.1.6	Support from Family Members	93
6.1.7	Support from People at Work	93
6.1.8	Support from the Police	94
6.1.9	Religious Leaders or Religious Belief as a Source of Support	95
6.1.10	Counselling and Therapeutic Services	96
6.1.11	The Internet as a Source of Support	97
6.1.12	Use of Other Statutory Services	97
6.2	Messages for the Advertising Campaign	97
6.2.1	Conflicting Messages	97
6.2.2	Targeting Specific Groups	98
6.2.3	Campaign Themes, Images and Slogans	99
6.3	Campaign Methods and Locations	103
6.3.1	Posters	103
6.3.2	Local Radio	104
6.3.3	Internet	105
6.4	Summary Points from Chapter 6	105
<b>7.</b>	<b>Conclusions and Messages for the Social Marketing Campaign</b>	<b>107</b>
7.1	Complexity and Consistency	107
7.2	Key Messages for the Social Marketing Campaign	107
	<b>References</b>	<b>110</b>
	<b>Appendix – Methodology</b>	<b>119</b>

## Foreword

The research outlined in this document is an important contribution to both understanding male perpetrators of domestic violence, and developing interventions that successfully work with such men to change behaviour. Professor Nicky Stanley and her team have undertaken a complex and difficult research project seeking to understand the views of men in general, and perpetrators in particular, and how this can inform the content and marketing of a new service established in Hull in April 2009. We believe that the quality of the research methodology, the literature review and presentation of the findings together provide a powerful source for academics, policy makers and practitioners nationally and internationally. In Hull, the findings will be a vital component in improving the health, wellbeing and safety of the many women and children who are the victims of domestic violence each year.

NHS Hull, the primary care trust for the city, has made a significant commitment to supporting victims of domestic violence but has also recognised the need to prevent that violence in the first place. Health services have worked with partners in Citysafe, Hull City Council, Humberside Police and the commercial and voluntary sectors (including Women's Centres) to address this issue. Using the groundbreaking Western Australia *Freedom From Fear* campaign as a framework, a preventative service has been developed based on what Hull men have said about how such a service could work. It has also been crucial to understand what would motivate perpetrators to voluntarily seek help to address their violence – to 'have the strength to change' – and the insight from this research has directly informed the marketing strategy developed by BJL and Mark Francas from TNS Global. Global. We have also received invaluable support from Spencer Robinson, seconded to NHS Hull from the National Social Marketing Centre who has provided expertise and guidance relating to the social marketing aspect of the campaign. As we take this research forward into a prioritised action plan, we must pay tribute to the contribution and expertise of these companies and individuals. We would also want to acknowledge the vision and commitment of Christopher Long, the NHS Hull Chief Executive, whose own understanding of and reaction to the levels of domestic violence led directly to establishment of the service and this underpinning research.

Tackling the perpetrators of domestic violence will always be complex and controversial but no less important because of that. The findings presented here provide a wealth of detail about attitudes, concerns and actions that could support men to change. As a first essential step, violent men need to recognise their own behaviour as abusive and take steps to stop it. This is a key finding from the research and is a foundation for both the service and the associated marketing campaign – this will not be a soft option, nor will we compromise on extent to which perpetrators need to change. The safety of women and children has been and will continue to be our prime concern. We are committed to measuring the impact of this work in terms of the extent to which the marketing campaign drives men to contact the service, but, more importantly, how successful the service is in achieving behaviour change and in making women and children safer. We are pleased that Nicky Stanley will continue to work with us on an extensive evaluation of the service over the next two years. Her expertise and understanding of researching domestic violence and improving services is substantial, as this report demonstrates, and we are pleased to commend it to you.

**Simon Hunter**  
**Louise Robinson**

**NHS Hull**  
**15<sup>th</sup> March, 2009.**

# Chapter 1: Introduction

## 1.1. Background to the Research

It is increasingly acknowledged that initiatives aimed at ending domestic violence need to target and engage men as the primary perpetrators of abusive behaviour (World Health Organisation, 2007). The widespread nature of domestic violence calls for preventative approaches that aim to change attitudes, values and behaviour at the level of the community in addition to interventions targeting the individual. In Hull, the Primary Care Trust (PCT), influenced by government support for social marketing approaches (Department of Health 2008a) and the model offered by the Australian *Freedom from Fear* campaign, took the decision to respond to domestic violence in the city by developing a social marketing campaign aimed at male perpetrators of domestic violence.

Preventative initiatives in the field of domestic violence have been slow to emerge in the UK (Ellis et al 2006). The Preston Road Domestic Violence Project in Hull included one of the few examples of a schools-based initiative to be independently evaluated (Bell and Stanley 2006) and a key finding of the evaluation was the need for preventative programmes to take account of gender differences in their delivery, content and reception (Bell and Stanley 2006). Whilst there have been some UK preventative domestic violence initiatives targeted on local communities, most of these have either addressed the needs of victims or have taken a 'whole community' approach. The Hull Domestic Violence and Social Marketing project is the first community education campaign in the UK to focus on male perpetrators of domestic violence and its progress and impact will be of considerable interest for a range of audiences. The development of the project was heavily influenced by the award winning *Freedom from Fear* project in Western Australia and Hull PCT staff visited this project and consulted Rob Donovan whose research informed the Perth project. Expertise in social marketing was supplied by the National Social Marketing Centre. The project is underpinned by three key objectives:

- ∞ To increase the safety of women and children in Hull affected by domestic violence.
- ∞ To develop a model for engaging with perpetrators of domestic violence in a proactive and productive manner.
- ∞ To evidence, through the implementation of a robust and longitudinal evaluation process, a reduction in incidence and type of domestic violence offending/re offending in Hull.

The initiative is characterised by its use of the social marketing approach together with a commitment to developing a new local service for perpetrators of domestic violence. Research has been a key component of the project and this report presents the literature review and formative research with men in Hull which have informed the campaign. A longitudinal evaluation of the project is also planned. The Domestic Violence and Social Marketing project has aimed to take account of the specific social context, local culture and expectations concerning men's violence in Hull as well as acknowledging the diversity and range of views within a city whose population, having previously being characterised by continuity, is now changing rapidly. Rates of domestic violence are estimated to be high in Hull with 24,690 women and 18,468 children per year thought to be victims; the figures for crimes against the person in Hull in 2006/07 were reported to be more than twice the national average (Humberside Police Statistics, 2009). The average monthly figure for domestic violence incidents reported to the police in Hull more than doubled from 218 incidents per month in 2003/04 to 498 per month in 2007/08. Hull has well established services for victims of domestic violence, a preventative programme delivered to children and young people in schools and a probation programme for

convicted perpetrators directed by the courts to attend. However, at the time of this research, there were no services in the city with a specific remit to offer early interventions to perpetrators or potential perpetrators who had not been apprehended by the criminal justice system. The PCT therefore established a multi-agency steering group for the Domestic Violence and Social Marketing project early in 2008 and, in addition to commissioning this study appointed an advertising agency to develop and deliver the campaign and staff to implement and manage both a telephone helpline and programme of interventions for male perpetrators of domestic violence.

Consultation with the target population in order that their views and understandings inform the campaign is an intrinsic feature of any social marketing initiative (Andreason, 1995). This study was conceived as the formative research to enhance the relevance and potential effectiveness of the planned social marketing intervention by ensuring that the campaign was based on a well developed understanding of the attitudes, beliefs and values of men in Hull. While the campaign aimed to target both male perpetrators and potential perpetrators of domestic violence, these groups of men are not easily identifiable or accessible to research. It was agreed therefore that the research would focus on capturing the views of men in the general population but would also include groups of men who were known to be or were more likely to be perpetrators. In addition to eliciting local men's understandings and attitudes, the expert views of local professionals working in the field of domestic violence were sought. The researchers also undertook a review of the available published literature to identify knowledge concerning: men's and perpetrators' conceptions of and attitudes towards domestic violence; men's attitudes to help seeking; preventative interventions aimed at men and perpetrators and the application of a social marketing approach to complex health issues such as domestic violence. A full account of the methodology used for the study is provided in the Appendix of this report.

The study was undertaken by a team of researchers from the Universities of Central Lancashire and Hull which brought together previous experience of research in the field of domestic violence, a range of research skills and local knowledge of the city. Key research objectives included exploring the understandings and attitudes of men in Hull in relation to domestic violence and highlighting any differences between social groups which might structure their responses to a social marketing campaign. The research also sought to elucidate the barriers and drivers that would shape men's help seeking and to identify the themes and messages that would engage the interest and motivation of perpetrators and potential perpetrators of domestic violence and so initiate a process of change. Finally, the research aimed to draw on local knowledge and expertise concerning which forms of communication and media would be most likely to engage the interest and ensure the involvement of men in Hull.

## **1.2 About this Report**

The report begins with two chapters reporting the findings of the literature review. The evidence presented here provide a useful backdrop to the findings of this study and offers the opportunity to set the understandings generated by this research, which has focused on one particular Northern city, in the context of the international body of knowledge.

Chapter 4 presents the findings of the stakeholder interviews and Chapters 5 and 6 provide a detailed picture of the findings of the focus groups held with men in Hull. Chapter 7 draws the different parts of this study together in a conclusion and lists the key messages from this study.

## **Chapter 2: Literature Review – Men’s Attitudes Towards Domestic Violence and Help Seeking Behaviours**

### **2.1 Introduction to the Literature Review**

The areas covered by the literature review were selected with the aim of ensuring that the development of the social marketing campaign and the service for male perpetrators of domestic violence in Hull would be informed by relevant literature and research. Four key fields were selected for review. This chapter addresses two of them. The first concerns men’s and perpetrators’ conceptions of and attitudes towards domestic violence. The second examines men’s help seeking behaviours. The areas of knowledge covered by this review are represented by material published in English from the UK, North America, Australasia and Northern Europe in the period from 1990 to the current date. The methodology adopted throughout the review is described in the Appendix of this report.

### **2.2 Men’s and Male Perpetrators’ Attitudes and Perceptions of Domestic Violence**

Domestic violence in intimate relationships is characterised as a ubiquitous social problem (Craig et al, 2006). Whilst it is recognised that intimate partner violence is not solely committed by men, domestic violence is not gender-neutral (Pence and Paymar, 1993). There is a plethora of evidence that demonstrates that men are far more likely than women to perpetrate violence, particularly serious violence (Pence and Paymar, 1993; Dobash and Dobash, 1979; Dobash et al, 2000; Knox et al, 2000; Walby and Allen 2004). From research undertaken with over 200 women in Duluth, Pence and Paymar (1993) constructed a Power and Control Wheel which depicts the ‘typical’ behaviours displayed by violent men. These include minimising, denying and blaming, using children and using male privilege and economic abuse in order to exert power and domination over others. There is now a large body of research examining survivors’ accounts of domestic violence. However, there is less known about perpetrators’ perceptions of themselves and others in relation to their violent behaviours (Goodrum et al, 2001).

In exploring men’s attitudes and perceptions of domestic violence, this part of the review has paid particular attention to male perpetrators’ views. The aim is to generate further insights and understanding into why abusive acts are committed, how they these acts are justified and internalised by perpetrators, as well as to identify those attitudes and beliefs which appear to exacerbate and maintain the incidence of domestic violence. In order to contextualise the topic, the following section describes the three key theoretical explanations of domestic violence. The key themes to emerge from the literature review are then discussed in relation to the gendered concept of violence, how violence is framed within a masculine perspective, as well as how partner abuse is justified and minimised through victim-blaming.

#### **2.2.1 Key Theories of Domestic Violence**

Feminist theory constitutes the most commonly espoused theory of domestic violence. This perspective attributes domestic violence to the socialisation of men and women into a patriarchal society; a society in which men are provided with special privileges (Dobash and Dobash, 1979; Pence and Paymar, 1993; Bagshaw et al, 2000). The values attached to gender roles are considered to have created a power imbalance resulting in a culture that supports relationships characterised by male dominance and aggression (Pence and Paymar, 1993). Violence in intimate relationships is identified as having a ‘functional’ role (Dobash and Dobash, 1979; Pence and Paymar, 1993) in terms of exerting and re-enforcing perceptions of men’s masculinity, and subsequently their domination and control over their partners. This

power differential contributes to and perpetuates the violence that women suffer and can deter women from leaving abusive relationships (Mauricio and Gormley, 2001).

One of the key criticisms of this perspective is that it fails to explain why all men do not engage in violence (Pence and Paymar, 1993; Mauricio and Gormley, 2001). Feminist theory has been criticised for its conception of men as a homogenous group, and for failing to account for the influence of individual psychology or social circumstances on violent behaviours. The theory also lacks an explanation for women's violence to men in intimate relationships, a phenomenon for which evidence is now available although it is generally found to be small in scale or less serious in comparison to men's violence (Walby and Allen 2004).

Social Learning Theory (Bandura, 1977) offers a contrasting account of domestic violence defining it as learnt behaviour that is subsequently reinforced through a process of 'modelling' and 'imitation'. Perpetrators learn to condone violence or become violent through imitating the observed aggression of parents, family members or friends which has elicited favourable outcomes for them. However, not all men from violent homes are aggressive (Taubman, 1986; Pence and Paymar, 1993; Miller and Bukva, 2001) and not all men who abuse their partners are known to have experienced similar forms of abuse (Taubman, 1986); with some research suggesting that the opposite may be the case (Miller and Bukva, 2001). So, whilst observing or imitating these behaviours may be necessary for their continuation, the theory does not adequately explain why some men become violent.

Individual or familial explanations, such as personality disorders, emotional problems and attitudinal defects, offer another theoretical approach to domestic violence (Mauricio and Gormley, 2001). Research that supports this approach has demonstrated that violent men tend to display more pathology and personality problems than non-violent men (Dutton et al, 1995). A familial-led perspective considers violence to be embedded in dysfunctional family systems, which incorporate poor coping, communication and conflict resolution skills (Straus et al, 1980). All those who are involved are believed to contribute to and are responsible for the escalation of violence (Mauricio and Gormley, 2001). Criticisms of individual and family system theories have been raised by feminist theorists who argue that a focus on individual psychology or shared responsibility for the escalation of violence ignores the power dynamics in the family, as well as the patriarchal, socio-political context that has contributed to intimate partner abuse (Dobash and Dobash, 1979; Dobash et al, 2000).

Overall, it is argued that one theory may not be adequately comprehensive to explain the phenomenon of domestic violence (Mauricio and Gormley, 2001). There are instances where violence occurs due to the combination of two personalities, and violence is not necessarily displayed within other intimate relationships (Goodyear-Smith and Laidlaw, 1999). Furthermore, there is little evidence to suggest that patriarchal societies are associated with a higher incidence of domestic violence (Goodyear-Smith and Laidlaw, 1999). However, due to the predominance of men amongst perpetrators of domestic violence, patriarchal culture and the socialisation of men remains a dominant explanation of domestic violence (Taubman, 1986).

### **2.2.2 Gendered Constructions of Violence**

Men and women do not necessarily agree on what constitutes violence, (Dobash et al, 2000). Women tend to have a greater understanding and awareness of domestic violence, and typically attribute more blame to perpetrators than to victims of violence (Pavlou and Knowles, 2001). Men on the other hand perceive intimate violence to be less serious than women and tend to be more tolerant of abusive situations (Miller and Bukva, 2001).

Bryant and Spencer (2003) examined 305 US university students' attitudes towards attributing blame in incidents of domestic violence (through the use of the Domestic Violence Blame Scale).<sup>1</sup> The results of this study identified gender differences with male students reported as being significantly more likely to attribute blame to the victim when compared to female students. The *Zero Tolerance* study surveyed 2,039 young people in Scotland aged between 14-21 years. The results identified that 1 in 5 men and 1 in 10 young women thought violence against women was acceptable (Kitzinger et al, 1998).

Men as well as women have been found to be more likely to associate domestic violence with severe physical injuries (Donovan et al, 1999; VicHealth, 2006), and thereby fail to consider the emotional or psychological impact of intimate partner abuse. Male perpetrators tend to deny that their behaviours are violent; deny that violence between themselves and their partners actually constitutes violence (Dobash and Dobash, 1979); and often use strategies to present themselves as non-violent and rational (Anderson and Umberson, 2001).

In the South Australian *Reshaping Responses to Domestic Violence* study (Bagshaw et al, 2000), focus groups were undertaken with men who were involved in and were facilitating violence prevention groups for men. The findings revealed that men were often surprised to find that behaviour they had considered normal could be experienced as abusive (Bagshaw et al, 2000). Cavanagh et al (2001) examined 122 interviews with men who had committed intimate partner violence<sup>2</sup>. They identified that, whilst men made admissions of violent incidents, the seriousness of the violence was often minimised and behaviour was only considered 'violent' when it reached a particular level of severity or frequency.

From a male perpetrator's view, 'real' violence is between men; therefore what occurs between men and women does not warrant this description. Abusive men have been found to reject or express frustration at labels such as 'batterer' or 'abuser' (Cavanagh et al, 2001; Goodrum et al, 2001). They argued that as they had only experienced these issues within one relationship, or had never 'really' beaten their partner, this behaviour did not reflect their 'true selves' (Anderson and Umberson, 2001; Goodrum et al, 2001), and therefore considered themselves to be 'non-violent' (Liebrich et al, 1995; Cavanagh et al, 2001; Anderson and Umberson, 2001; Goodrum et al, 2001).

Men have conveyed a 'siege mentality' which they view as the consequence of attributing 100 per cent of blame to male abusers (Donovan et al, 1999). Some perpetrators also consider that it is they who are powerless and vulnerable in a gender-based criminal justice system that holds men solely responsible for the violence (Anderson and Umberson, 2001). Men have described feeling disadvantaged in terms of accessing appropriate help and support, with services for men believed to be hidden and invisible (Bagshaw et al, 2000, p. 63) (see also section 2.3 of this review). However, Anderson and Umberson (2001) suggest that it is self-serving for violent men to focus on 'biases' such as the women's movement and reverse discrimination and argue that they use such claims to deflect attention away from their behaviours and sustain their perceptions of themselves as rational males.

### **2.2.3 Violence as Masculinity**

As is consistent with feminist theories of male violence, many researchers have suggested that domestic violence is a means through which men construct their masculinities. Whilst it is recognised that not all men are violent, research has

---

<sup>1</sup> The Domestic Violence Blame Scale measures the attribution of blame for domestic violence to situational, perpetrator, societal, and victim factors.

<sup>2</sup> Data taken from the Violent Men's Study (Dobash and Dobash, 1999)

identified that patriarchal beliefs and stereotypical masculine traits are often highly influential for those men who are abusive towards women (Taubman, 1986; Bagshaw et al, 2000; Winstok et al, 2002). It is not that these men conform to the stereotypes, but rather that male stereotypes operate as the norms against which they evaluate themselves (Taubman, 1986). Bagshaw et al (2000) found that men felt that to be a man was to be strong, tough, invulnerable, in control and always right.

Problems occur when men believe that more is expected of them than they can achieve, so creating a sense of inadequacy and failure, leading to role-conflict and psychological stress (Taubman, 1986). This is referred to by Bagshaw et al (2000) as a 'crisis' in masculinity (Bagshaw et al, 2000, p. 160). Furthermore, the behaviour of women who do not conform to their gendered expectations (such as being a 'good' home-maker) can be interpreted as a threat to their authority, and a challenge to the status quo (Dobash et al, 2000; Winstok et al, 2002).

Research using grounded theory undertaken by Winstok et al (2002) examined 25 interviews with male perpetrators. The analysis identified that when men felt threatened or challenged, emotions such as anxiety, anger, humiliation, hostility and low self-esteem were evoked. Their patriarchal attitudes and rigid sex role perceptions left these men feeling entitled to respond with violence in order for their sense of normalcy to be restored (Winstok et al, 2002). Indeed, Taubman (1986) considered that the inability of such men to succeed in relation to masculine norms of achievement and independence may lead to them over-conforming to stereotypes of aggression and control (in the relative safety of their intimate relationships).

Liebrich et al (1995) surveyed 2,000 men in New Zealand in order to understand men's attitudes towards domestic violence. A ten per cent sample also took part in face-to-face interviews. While the researchers found that most men do not condone domestic violence and tend to hold liberal attitudes towards women, a quarter of their sample believed that physical abuse was acceptable in certain circumstances, and 58 per cent considered psychological abuse to be acceptable. This study suggested that masculinity is the crux of domestic violence. When men are prevented from re-enacting masculine roles due to the realities of socioeconomic hardship, they may feel shame and emasculation. The pressure that men feel to exert power and control is exhibited through anger due to their inability to live up to their self-imposed, as well as socially sanctioned, expectations of masculinity.

#### **2.2.4 Justification, Minimisation and Blame**

*'Self-justification, minimisation and victim blaming are recurring features of men's discussions of their use of violence'* (Dobash et al, 2000 p. 33)

There is general consensus that, whilst men (including perpetrators) do not generally condone violence against women (Liebrich et al, 1995; Pavlou and Knowles, 2001; Craig et al, 2006), a number of them espouse the belief that violence is justified under certain circumstances (Kristiansen and Giulette, 1990; Foo and Margolin, 1995; Donovan et al, 1999; Pavlou and Knowles, 2001; Craig et al, 2006). Therefore, whilst they may not agree with abusive behaviours, they may still advocate the use of violence if they deem it justifiable.

Pavlou and Knowles (2001) explored community attitudes to a series of four domestic violence vignettes portraying different levels of provocation by the victim. Participants were more likely to attribute responsibility and blame to the perpetrator than the victim. Furthermore, whilst attributions of responsibility towards perpetrators remained constant across all the scenarios, assessments of the wife's behaviour were found to vary. Negative judgments of the wife's behaviour were higher within the 'high' provocation scenario compared to the other three scenarios used. These findings suggest that, whilst perpetrators' behaviour was not 'excused', high levels of

provocation could be used to 'justify' the perpetrator's responses (Pavlou and Knowles, 2001).

Various studies have found that male perpetrators attribute shared blame to the victim for the violence (Liebrich et al, 1995; Dobash and Dobash, 1979; Dobash et al, 2000; Goodrum et al, 2001; Winstok et al, 2002). Whilst abusive men have been described as expressing remorse, guilt or shame about their behaviours, such self-admonishments are often accompanied by exculpatory statements designed to blame the victims and legitimise their own behaviours (Donovan et al, 1999; Cavanagh et al, 2001; Dobash et al, 2000).

Infidelity and nagging were identified as common causes or predictors of abuse by male perpetrators, as well as by males in general (Levitt et al, 2008; Donovan et al, 1999). The Scottish *Zero Tolerance* study with young people found that the 'acceptability' of hitting women increased in situations in which the woman had had sex with someone else; were described as 'nagging' or were considered to be disrespectful (Kitzinger et al, 1998). Male perpetrators cite their partners' controlling, demanding or dominating behaviours (Anderson and Umberson, 2001; Goodrum et al, 2001). Men use various strategies to diminish their own sense of responsibility, such as 'she should have kept her mouth shut' (Bagshaw et al, 2001, p. 61). Dobash and Dobash (1979) suggest that men habitually blame women as well as justify their behaviours by judging that she 'deserved it'.

### **2.2.5 Impact of Violence on Victims**

Violent men tend to display a general lack of awareness concerning the impact (physical or psychological) of their behaviour on their partners. In line with a 'justification for violence' perspective, male perpetrators have been found to demonstrate a lack of empathy towards their victims (Dobash et al, 2000; Bagshaw et al, 2000). Goodrum et al (2001) identified various levels of empathy in abusive men's responses to the emotions of others. They found that nine out of the 33 men interviewed failed to identify the connection between physical abuse and their partner's emotional distress. Whereas, in contrast, some of the most violent men they spoke to expressed deep sadness for their partners. They concluded that there was no relationship between the level of violence and degree to which empathy is expressed.

It has also been suggested that male abusers often fail to consider the long-lasting influence of their behaviours on their intimate relationships. Perpetrators have been found to believe that, at the point where the victim's wounds had healed or violence had ceased, their partner's fears and anxieties would dissipate and life would return to normal (Dobash et al, 2000; Goodrum et al, 2001). Similar accounts were found by research undertaken with the general population. Baumeister et al (1990) recruited 63 psychology undergraduate students to write autobiographical accounts of being angered (victim narratives) and of angering someone else (perpetrator narratives). Victim accounts often portrayed the incident in a long-term context, which carried lasting implications, whereas perpetrator accounts tended to perceive the case as closed, isolated incidents that did not have a lasting impact.

Winstok et al (2002) explored the escalation of violence from the abusive man's perspective. The study found that, on the one hand, violent men would assign equal responsibility to the victim for the violence, but on the other, they described themselves as more accountable as they would 'give in' (in not becoming violent and aggressive and acceding to their partner's wishes) more often. Winstok et al (2002) argued that the purpose of these accounts was to portray men as rational and reasonable individuals willing to self-sacrifice their own interests for the sake of their children. At the same time, these accounts were used to blame the victim by first not

giving into their demands; and second by inferring that she did not care about the wellbeing of the children.

Goodrum et al's (2001) study found that violent men often reacted negatively to the victim and to the victim's family and friends' involvement in their domestic affairs. However, a number of perpetrators expressed regret, sadness or would end the violence once they realised that children had observed their behaviour. The reactions of children, as well as the police, often acted as a catalyst for perpetrators to become aware of their abusive behaviour, and helped them to break the cycle of violence in which they were embedded (Goodrum et al, 2001). Similarly, unpublished ongoing research by Stanley et al found that perpetrators attending programmes described police intervention as a 'wake-up call'. In contrast, attempts from those in wider social networks (such as their partner, family, and friends) to address men's violent behaviour are often considered to challenge and threaten their authority (Goodrum et al, 2001, p. 237).

Hester et al's (2006a) study of domestic violence perpetrators entering the criminal justice system found that their desire to change or their access to help was often related to specific 'triggers for change' (p. 10). These triggers tended to represent chronic disruptions to their 'normal' life, such as their partners threatening or actually leaving the relationship, or child contact issues. Police involvement was also considered to have a similar effect. Indeed, a number of men suggested that legal sanctions provided them with the incentive to initiate help seeking. Hester et al (2006a) concluded that it was the profound experience or anticipation of loss that caused these men to take action.

### **2.2.6 Cultural and Social influences on Violence**

Sub-groups of perpetrators appear to consider intimate partner violence to be 'natural' as a consequence of behaviour they have observed in their own upbringing (Bagshaw et al, 2000; Levitt et al, 2008; Cavanagh et al, 2001). The Scottish *Zero Tolerance* research highlighted that group norms and peer pressure could represent resilience or negative factors influencing abusive behaviours among young people (Kitzinger et al, 1998). Furthermore, the attitudes and actions of significant adults and media messages were often utilised as a reference point for young people to justify their opinions and perceptions of violent behaviours (Kitzinger et al, 1998).

In contrast, the research undertaken by Miller and Bukva (2001) did not support a social learning explanation of domestic violence. In their study, university students judged vignettes which described a man performing violent threats or acts against a woman. The findings suggested that attributions of intimate partner violence are complex and can depend on a variety of factors. They identified that social background and experiences of violence, as well as the characteristics of the victim and perpetrator influenced the respondents' attitudes.

Cavanagh et al (2001) argued that social or cultural contexts are often used by perpetrators to normalise or excuse their abusive behaviours. For instance, a social learning explanation can be used to rationalise behaviours as inevitable or beyond their personal control. Violent and non-violent men also identify excessive use of alcohol as a trigger for abusive outbursts (Kitzinger et al, 1998; Donovan et al, 1999; Dobash et al, 2000). However, Cavanagh et al (2001) describe the ways in which consumption of alcohol was used to exculpate men's behaviours through claims of reduced competence. Their research revealed that few men recognised the relationship between violence and alcohol, and these men tended to perceive alcohol as the problem, rather than the violent behaviour per se (Cavanagh et al, 2001). Indeed, the Duluth Model developed by Pence and Paymar (1993) emphasises that emotional and violent outbursts by male perpetrators do not signify a lack of control,

but rather they are tactical behaviours which are imbued with intent to exert domination and control over their intimate partners.

It is also important to consider that violent men often lack communication skills and have limited social networks (Goodrum et al, 2001; Levitt et al, 2008). Paradoxically, it is often the case that the only emotional support violent men receive is from those intimate partners whom they abuse (Levitt et al, 2008). Isolation from social networks was therefore found to magnify their problems in that it curtailed any opportunities for positive social learning opportunities (Levitt et al, 2008).

### **2.2.7 Demographic and Psychological Variables**

A number of studies have addressed the influence of demographic variables (such as age, ethnicity, and educational status) as well as psychological traits (such as self-esteem, emotional dependency, jealousy and anger) on attitudes and on perpetrators' violent behaviour. For example, attitudes towards intimate partner violence have been found to vary according to ethnic background (of the participant, perpetrator and victim) (Locke and Richman, 1999; Miller and Bukva, 2001); age (Kitzinger et al, 1998; Indermaur, 2001); as well as educational and employment status (Liebrich et al, 1995; Donovan et al, 1999; VicHealth, 2006). The Violence Against Women Community Attitudes Project involved a telephone survey administered to over 2,000 members of the community in Victoria, Australia (VicHealth, 2006). Findings showed that people who had higher education status, were employed and in white collar occupations were less likely to have attitudes that were supportive of violence (VicHealth, 2006). Although there is recognition of the different forms that domestic violence may take in different communities (Humphreys, 2006), this literature review did not uncover research which specifically explored perpetrators' attitudes to violence by ethnic group.

A number of reports have also identified a multitude of factors associated with intimate partner abuse. For example, the nationwide study undertaken by Liebrich et al (1995) reported that men who condoned partner abuse were older, had scored higher on trait anger, held more rigid sex role stereotypes, were not aware that violence against women was a crime and were likely to have observed intimate partner violence (Liebrich et al, 1995). Violent men have been described as having insecure attachment styles (Mauricio and Gormley, 2000), lower self-esteem (O'Keefe, 1997; Jones and Gardener, 2002) and as more emotionally dependent on their partners (Kane et al, 2000) compared to non-violent counterparts. Murphy et al (1994) explored measures of intimate dependency with a group of 24 men who had physically assaulted their female partners (recruited via a treatment centre); a group of 24 men who were 'maritally discordant'; and a group of 24 men who were happily married. Violent men were found to have higher interpersonal dependency, and lower self-esteem than the control groups. However, there were no differences between the groups on measures of jealousy.

Studies have also revealed that attitudes that were supportive of violence were much more likely to be held by communities with a low level of support for gender equality compared to those which held more egalitarian views (VicHealth, 2006). Research undertaken by Pavlou and Knowles (2001) with university students revealed that male respondents from non-Anglo cultures and less educated respondents held more traditional attitudes towards women. Those with more traditional attitudes demonstrated less sympathy towards the victim of domestic violence (Pavlou and Knowles, 2001). Research has also identified a relationship between attitudes concerning the acceptability and the actual perpetration of violence (Stith and Farley, 1993; Saunders, 1992). Men who hold violence-supportive attitudes are more likely therefore to use violence against women (Russell and Hulson, 1992; Stets and Pirog-Good, 1995; Kane et al, 2000; VicHealth, 2006).

Parrott and Zeichner (2003) investigated the combined effects of trait anger and men's negative attitudes towards women (hostility towards women, calloused sexual beliefs) on the frequency of physical aggression in pre-marital relationships. Regression analyses identified that intimate partner violence was more likely amongst men who possessed more negative (misogynist) attitudes towards women and had higher levels of trait anger.

Overall, variables associated with social deprivation such as low education status, poverty and unemployment are considered to exacerbate interpersonal conflict (Dobash et al, 2000). However, the findings from a wealth of studies suggest that these factors play far less of a role than do attitudes (Russell and Hulson, 1992).

### **2.2.8 Conclusion to Review of Men's Attitudes and Perceptions of Domestic Violence**

The research reviewed here reveals the complexity of domestic violence as a social problem. Some of the research can be criticised on a number of grounds, such as the reliance on self-report measures and the bias towards socially desirable responses which can affect findings in this field (Mauricio and Gormley, 2001). Other limitations are related to findings based on samples of undergraduate students who are young and highly educated. Research has also tended to focus on men participating in treatment programmes, with a lack of appropriate comparison groups (Kane et al, 2000). Nevertheless, research in this area has uncovered a wealth of factors associated with intimate partner violence.

The World Health Organisation (2007) emphasises the role of social values and structures in its list of factors associated with partner abuse:

*'Gender inequality, social norms which support traditional gender roles, poverty, economic stress and unemployment, lack of institutional support from police and judicial systems, weak community sanctions, dysfunctional, unhealthy relationships characterized by inequality, power imbalance and conflict, alcohol and substance misuse, witnessing or being victim of violence as a child'*

(World Health Organisation, 2007 p. 8)

This literature review has identified that men (both violent and non-violent) often hold dysfunctional perceptions of the nature and impact of domestic violence. Domestic violence is frequently considered to involve physical abuse only. Furthermore, whilst some men support gender equality and do not condone partner abuse, they often espouse the view that 'in certain circumstances' violence can be justified. Such attitudes indicate the need for campaigns to target non-physical forms of domestic violence, not only because these forms of abuse are more prevalent and omnipresent in abusive relationships, but also to raise awareness about the impact of these behaviours in the wider community (Bagshaw et al, 2000).

Abusive men are often resistant to, and have difficulties in identifying their actions as abusive, and use strategies to justify, minimise and deny their violent behaviours. These strategies are instrumental in inhibiting their ability to empathise with others, and in constructing and maintaining a non-violent self-view (Goodrum et al, 2001). Furthermore, by distinguishing themselves from a stereotypical view of a vicious wife beater, they are able to mitigate their conduct, and minimise the severity of their behaviours (Cavanagh et al, 2001). Research has suggested that the potential loss of liberty or relationships enables perpetrators to examine the appropriateness of their behaviour, and present them with an alternative self-perception (Hester et al, 2006a).

Feminist theories of domestic violence have greatly advanced conceptual understandings of partner abuse and issues of power and gender continue to be identified as central. There is support in the literature for the role of culture, gender role attitudes and beliefs as key factors contributing to men's abusive behaviours (Mauricio and Gormley, 2001), although research in this area is not consistent (Parrott and Zeichner, 2003). Conflicting findings in this area may be explained by the fact that only a sub-group of men who commit domestic violence hold conservative sex-role attitudes. Violent men are often treated as a homogenous group, against which comparisons can be made with non-violent men. However, in reality, violent men often display variations along a number of dimensions, such as the severity of violence, anger, and emotional difficulties (Holtzworth-Munroe and Stuart, 1994). Some authors argue that multi-dimensional explanations are necessary for a full understanding of why men are violent (Mauricio and Gormley, 2001). The integration of psychological and socio-political theories offers a comprehensive perspective on the nature and incidence of domestic violence, as well as providing instrumental and practical guidance for the development of appropriate interventions (Mauricio and Gormley, 2001).

## **2.3 Men's Help Seeking Behaviour**

### **2.3.1 Gender Differences in Use of Health Care**

The research and publications of Alan White of Leeds Metropolitan University provide a useful focus for this section of the review. In order to develop and encourage men's health care services in the UK, White has established the Men's Health Forum which includes a database of projects and initiatives on men's health ([www.menshealthforum.org.uk](http://www.menshealthforum.org.uk)). Other relevant UK developments include new pharmacy contracts which include specific requirements to target men in their services (Department of Health, 2005a). This section of the review is not as comprehensive as the other sections as it was commissioned at a relatively late date. The focus is confined to men's use of health care services; however, a useful and informative range of research studies and evaluations has been identified.

Gender has been long accepted as an important dimension of health inequalities (White and Banks, 2008; Bagshaw et al, 2000). Men have been found to be less likely to access primary health care services (White, 2001; White and Banks, 2008) with the consequence that fewer visits to the doctors and potential delays in receiving treatment may decrease the likelihood of early detection, treatment and prevention of disease (O'Brien et al, 2005). Across the majority of diseases, men's rates of premature death are higher than women's (White and Banks, 2008). White and Cash's (2003) study on the state of men's health across 17 European countries found that nearly 2.5 times as many men died within the 1-24 year bracket, and almost twice as many in the 25-74 year bracket. Men are also more likely to die by suicide (White, 2006a). In a recent study of the patterns of mortality across 44 countries, suicide and self-inflicted harm was within the top five causes of death for men in 38 of the countries assessed (White et al, 2006). In the UK, it is reported that over 1,300 young men commit suicide each year (Care Services Improvement Partnership and National Institute for Mental Health in England, 2006).

Patterns of premature mortality and morbidity also suggest that men are far more likely to engage in negative lifestyle and health behaviours which subsequently impact upon their vulnerability for poorer health outcomes (White and Banks, 2008). For instance, men are more likely to be homeless, to abuse alcohol, to take class A drugs, to suffer from a mental disorder and to be excluded from educational establishments (White et al, 2006).

Not all research has identified gender bias in relation to help seeking behaviours (Adamson et al, 2003). For example, Wyke et al (1998) examined whether women

reported a greater propensity to consult a General Practitioner (GP) than men. In their study, 852 participants aged 39 and 858 participants aged 59 were presented with a checklist of 33 symptoms. Participants were asked to identify whether they had experienced any of the symptoms in the past month, and if they had, had they consulted their GP. The results found that women were significantly more likely to have consulted a GP for at least one of the symptoms in the past month. However, when only data for those who actually had experienced one or more symptoms was analysed, there were no significant differences in the likelihood of men or women actually reporting their symptoms.

Analysis of British health statistics suggests that over an entire life span there are few gender differences in the number of visits by primary diagnosis (White and Banks, 2008). However, age has been identified as a key factor in health seeking behaviour. There appear to be no gender differences in help seeking for young people under the age of 18 years or for people within a much older age bracket. It is believed that up to the age of about 16 young men access health care to the same extent as young women as a consequence of their mothers organising and co-ordinating their appointments (White, 2001). In later life (75 years and above), the number of primary health care visits increase reaching the same levels as those of older women. The significant differences in gender related access appears to be within the 18-44 age bands (White and Cash, 2003; White and Banks, 2008). Women aged between 18-44 years are far more likely to access health care, and be prescribed medication when compared to males of a similar age.

Premature mortality is not only differentiated by sex but also by socioeconomic status (White and Banks, 2008). Men who are employed in manual work, unemployed or living in extreme deprivation appear to have high rates of attendance at primary care settings (White and Banks, 2008). However, high socio-economic status is consistently associated with better health among women and men in all societies (Mackenback and Bakker, 2003).

This section of the review is presented in three parts. The first part explores the explanations for gender differences in accessing help. The second part provides an in-depth analysis of the concept of masculinity and its relation to help seeking behaviours. The final section addresses contemporary developments in men's health care.

### **2.3.2 Explaining Gender Differences in Help Seeking Behaviour**

A number of explanations for these gender differences have been offered. For example, women in the 18-44 age groups are more likely to access their GP for non-illness related care such as cervical smears, contraceptive use and reproductive services (White et al, 2006). Structural explanations highlight that men are more likely to work full-time and have less opportunity for flexible working. They are therefore less easily able to access health care services which have traditionally operated within office hours (White et al, 2006; Moller-Leimkuhler, 2002). As women are more likely to work on a part-time basis due to family commitments, they are subsequently able to attend health care provision more frequently (White and Banks, 2008). Other explanations relate to women being more able to recognise symptoms, or even that they experience more symptoms than men (Green and Pope, 1999).

Personal beliefs are identified as a further explanation for these gender differences. How men and women manage their health and wellbeing is considered to be dependent upon their personal health beliefs which subsequently impact upon their help seeking behaviours (White et al, 2006). Women may be more likely to consult a GP as they are more willing to admit illness and seek help (White, 2006b). Green and Pope (1999) utilised data from a household interview survey carried out in 1970-1971 and linked this to 22 years of health service utilisation records. Their analysis

explored the effects of gender, self-reported health status, mental and physical symptom levels, health knowledge, illness behaviour and health concerns on the long-term use of health services. The results of their study identified that gender remained a significant predictor of higher health care utilisation. Attitudinal and behavioural measures rather than health knowledge were acknowledged as significant predictors of health care access. Their study concluded that it was not so much a lack of knowledge that prevented access to health care, but rather attitudes towards and perceptions of utilising health care services.

White (2001) undertook a scoping study to develop understanding of men's health. This study involved interviews with key individuals and organisations contributing to the men's health care. Four key areas emerged as major influences on men's health: men's general reluctance to access health services; their general lack of awareness about their health needs; their inability to express emotions and their lack of social networks. This report (White, 2001) suggested that men are concerned about their health but are ambivalent about accessing health care settings. Men's reluctance was related to a host of issues including their lack of comprehension about making appointments; opening times; unwillingness to wait for appointments; a belief that these services are for women and children and not for men; a lack of trust around confidentiality and a lack of vocabulary to discuss sensitive issues. The two main barriers for men to access health care provision were first that they considered it an 'ordeal'. The second barrier was related to feelings of shame or personal failure due to admissions of vulnerability and fear of what might be uncovered (White, 2001).

Men's general lack of awareness about their health needs has been associated with negative consequences. Whilst men may access and read information in relation to their health, this tends to occur after the problem and symptoms have emerged. As men have been found to delay seeking medical advice and support, this in turn has impacted upon the effectiveness or options for treatment (White, 2001). Furthermore, a man's refusal to seek help has detrimental implications not only for themselves but also their partners. Helplines for women's health problems receive calls from women suffering from stress and associated poor ill-health due to their partner's refusal to seek medical assistance (White and Banks, 2008). The frustration and anxiety caused by their non-attendance may lead to family tension and domestic abuse of their female partners (White and Banks, 2008).

Men's inability to express emotions or a general inability to deal with their emotions is viewed as a major factor contributing to rising mental health difficulties and rising suicide figures (White, 2001). Limited social networks may also restrict help seeking behaviours due to a lack of positive social influences. Men are often reliant on female partners, relatives or friends to encourage awareness of health issues, to help men interpret their symptoms as well as playing a key role in persuading men to access appropriate help and support (White and Johnson, 2000).

### **2.3.3 Masculinity as a Barrier to Help Seeking**

As gender differences in morbidity or mortality are not conceived to be biologically determined, attention has turned towards psychological, cultural and social factors that impact upon help seeking (White, 2006a; White, 2008). Studying men's conceptions of masculinity can illuminate their attitudes, beliefs and associated help seeking behaviours (White, 2006a).

White and Johnson (2000) undertook a grounded theory study to explore men's help seeking behaviour. This study involved participant observations of 25 men admitted with acute chest pain, and interviews were undertaken with ten of the sample following their discharge from hospital. The research found that there was often a significant delay between onset of pain and medical assistance being sought. Men

found other explanations for their pain, and help was often only sought after they had disclosed their concerns to their spouses. Men often denied what was happening to them, and withstood the pain due to fears of appearing a 'wimp' or a 'fraud'. These men tried to self-diagnose their symptoms and normalise the pain rather than lose face by relinquishing control over their health. Similarly, O'Brien et al (2005) explored men's experiences of help seeking and its relation to masculinity amongst a diverse group of men in Scotland. Men suggested they would delay or avoid treatment and serious symptoms might well be minimised in order to avoid potential challenges to their masculinity.

White and Johnson (2000) argue that the way in which males are socialised has led them to exclude health and healthy living as an aspect of the male archetype (White and Johnson, 2000). A pre-formed male ideal is to be strong, invulnerable and powerful. A man who is ill and who needs to admit a need for, or relies on others, for help and support thereby falls short of this image of manhood (White and Johnson, 2000). White and Johnson (2000) draw attention to what Connell (1995, cited in White and Johnson, 2000) has referred to as the 'patriarchal dividend' of hegemonic patriarchy. However, in reality, the supposed benefits of this dividend can operate as a powerful negative influence through its restriction of help seeking behaviours (White et al, 2006).

Traditional social norms of masculinity (such as 'big boys don't cry') are believed to inhibit emotional expressiveness (Moller-Leimkuhler, 2002; White, 2008). Illness and help seeking behaviours are considered to be feminine traits. In males, these traits signify weakness, and are associated with a lack of status, control and independence (Moller-Leimkuhler, 2002). These self-imposed barriers to men seeking help are also magnified in relation to psychological or psychiatric difficulties (White, 2008). For instance, the association between rigid gender roles, male norms and attitudes towards seeking professional psychological help was explored in a study by Berger et al (2005). One hundred and fifty-five adult male volunteers were asked to complete a battery of questionnaires. Men who scored higher on measures of gender role conflict and adhered to more traditional gender roles held more negative attitudes towards psychological help seeking. Older men had more positive attitudes towards psychological help seeking (Berger et al, 2005). Other research has revealed that men who are victims of domestic abuse are unlikely to seek help and support due to feelings of shame and guilt (Mankind Initiative, 2008). Robinson and Spillsbury (2008) undertook a systematic review of the literature on the perceptions and experiences of victims of domestic violence who had accessed health services and found that none of the studies related to male victims.

Gender biases in the detection and treatment of psychological and psychiatric complaints are also reported in the literature. Moller-Leimkuhler (2002) and Brownhill et al (2005) suggest that the current diagnosis of depression is based on female presentations of signs and symptoms; whereas male depression is often masked by masculine traits of anger, hostility and alexithymia (the inability to describe and/or cope with feelings) (Moller-Leimkuhler, 2002). As these behaviours are socially acceptable in males, the identification of symptoms and subsequent diagnosis of depression is under-treated and under-reported. Furthermore, the gender differences in presentation of this condition offer an explanation for the fact that men are only half as likely to be diagnosed with depression when paradoxically significantly more men commit suicide (Moller-Leimkuhler, 2002).

Common reasons given by men for not seeking help are that they would be wasting time, making a fuss over nothing and letting themselves down. O'Brien et al, (2005) found that depression was an area that presented particular challenges to masculinity. There was strong resistance to disclosure of emotional issues. Men appeared unwilling to use the term 'depression' and preferred the term 'stress'. Help seeking was only advocated when it would restore or preserve their masculinity such

as seeking treatment for sexual dysfunction or as a necessity to sustain their level of health and fitness for 'masculine' occupational roles (i.e. health checks for firemen).

A further study to explore men's experiences of depression was undertaken by Brownhill et al (2005). Seventy-seven men and 25 women took part in a series of focus groups. The findings suggested that some men who are 'depressed' engage in avoidant, numbing and escape behaviours. Prolonged periods of suppression and repression were found to lead to a 'big build' of emotional distress. A release of emotions was often triggered by a negative external event leading to aggression, violence and even suicide. These authors argue that whilst men are overrepresented in risk taking and antisocial behaviours (such as aggression and violent related deaths, deliberate self-harm and suicide, and drug and alcohol abuse), these behaviours may well represent 'depressive equivalents'.

In 2006, a *Young Men's Health* project was commissioned in Knowsley. One of the aims of this project was to review young men's attitudes, practices and access to services (Maclure et al, 2006). Focus groups undertaken with a total of 50 14-19 year old men suggested that young males were generally unwilling to disclose emotional or sensitive issues (such as depression, bullying, stress or relationships) although some participants acknowledged that they would talk to their parents, friend's parents or their girlfriend about such problems. These young people also felt that those who had suffered from a severe mental health problem were viewed with 'fear and aversion' (Maclure et al, 2006, p. 11). Similar issues were identified by the *Reaching Out* evaluation of two mental health intervention pilots (CSIP and NIMHE, 2006). The young men recruited to take part in the pilots stated that they would be unlikely to access statutory services due to the potentially stigmatising label of a mental health problem. These young people preferred alternative terms to 'mental health' such as 'stress management' or 'well being'.

Greenland et al's (2003) Welsh study examined gendered attitudes among young people towards help seeking at times of distress. The study identified that young women were considered more likely to disclose distress than young men. Furthermore, young men were found unlikely to present with overt emotional problems, rather they were described as acting out macho, aggressive roles. The pathways for young men accessing help therefore tended to be determined by problematic behaviours rather than by disclosures of emotional difficulties. Similarly, a reactive approach to accessing care was evident amongst perpetrators of domestic violence in Hester et al's (2006a) study. For a number of violent men, it was only following contact with the police or through a need to secure child contact arrangements that referrals for help with their abusive behaviour were made (Hester et al, 2006a).

Other barriers for men to access help have been identified. The *Reaching Out* study (CSIP and NIMHE, 2006) reported that young people with mental health needs did not trust statutory service provision and were concerned about confidentiality. The young men believed that General Practitioners (GPs) lacked empathy and would restrict their response to prescribing medication. With regard to domestic abuse, the 'silence' which surrounds victims' experiences (due to victims' sense of fear, shame and blame) is also evident within male perpetrators' accounts. Abusive men describe themselves as unwilling to disclose problems due to a lack of 'trust' and not feeling sufficiently safe to expose their vulnerabilities (Levitt et al, 2008). Hester et al (2006a) identified that when men accessed help on a self-referral basis; it was not often clear how direct they were about describing their problems. While some were reported to have been explicit, others reported 'anger' problems or 'feeling low' or 'down' rather than disclosing their violence. Male perpetrators are often uncertain about how to resolve conflict or de-escalate the violence (Winstok et al, 2002; Levitt et al, 2008). Indeed, a number of the studies explored within this review identified that male perpetrators recognised that they needed help to prevent and stop their

violent behaviours (Anderson and Umberson, 2001; Goodrum et al's, 2001; Levitt et al, 2008). However, due to limited social networks, perceptions of masculinity and lack of promotion of perpetrator services, men are often unaware of where and how to access help and support.

### **2.3.4 Developments in Men's Health Care**

Over the last few years there has been an increase in the provision of flexible and accessible community based health services for men (White, 2008). These have been developed on the premise that the removal of structural constraints will promote access. New initiatives have therefore offered non-conventional health clinics in settings selected to be accessible and appealing to men such as shops, clubs, football grounds and youth clubs.

Two UK projects designed to encourage men's access to health care have been evaluated (White, 2006b; White and Banks, 2008). The Bradford Health project has involved health provision in schools, youth centres, places of worship, work environments, social locations (such as community centres and pubs) as well as barber shops. The other project identified by this review is the Preston Men's Health Project (2002-2006) (White, 2006b; White and Banks, 2008). This project has involved community outreach services targeting homeless men, young men and boys, elderly men, gay and bisexual men, African-Caribbean and Asian men, and men with disabilities, and a nurse-led outreach project.

Evaluations of these services have revealed that men are concerned about their health and will access health services if they are accessible, if they have specific symptoms or when an appointment is made for them (White, 2006b). Anonymity and confidentiality of service provision is considered crucial and can encourage men to discuss a range of health issues (White, 2006b). Indeed, men are more likely to disclose personal conditions when in safe trusting, non-threatening environments (Brownhill et al, 2005). Greenland et al's (2003) research suggested that fears around confidentiality prevented young people disclosing sensitive issues. Young people were identified as more likely to ask for help from people whom they trusted, and when they knew that the consequences of help seeking would be positive.

Douglas et al (2008) reported on the evaluation of 18 Well Men Services (WMS) pilot programmes in Scotland. All pilots aimed to promote healthier lifestyles and attitudes amongst men, particularly disadvantaged, excluded population groups, such as those living within rural areas and homeless men. Various levels of engagement were offered across these pilots and services were delivered in fixed and mobile nurse-led clinics, as well as offered on an outreach and community basis. Men who utilised the services generally did so because they were curious about the service or were motivated to access information about their health. Partners and friends were also found to play a key role in encouraging men to access these services. Overall, men tended to prefer accessing services within mainstream health locations that offered more in-depth consultations and clinical tests as well as follow-up services and concerns were raised about a potential lack of privacy for services located in community or non-health related environments (Douglas et al, 2008). There were mixed responses concerning the gender of the health professional, with some considering it easier to discuss health issues with a female, whereas others expressed a preference for a male practitioner. While convenient, flexible delivery approaches were associated with a greater uptake, no one model was favoured by all men. These findings indicate the importance of designing services to be responsive to the local culture (Douglas et al, 2008). A similar emphasis on the significance of local culture and context and the need to incorporate such knowledge into service planning is found in studies of young people's gendered use of sexual health services (Stanley 2005; Craig and Stanley 2006) and mental health services

(CSIP and NIMHE, 2006). Such findings are clearly relevant for the development of a men's helpline service in Hull.

Evaluations of various initiatives have found that men will not necessarily take up services just because they are accessible. 'Well men clinics' have been introduced in different forms and settings. However, the majority have had very limited uptake and their use may be restricted to men from more affluent socio-economic groups with limited health complaints (White, 2001). Encouraging access involves more than flexible opening times; rather men's services need to focus on informal networks and to target support at a family and community level (White, 2006b). Indeed, the *Young Men's Health* project (Maclure et al, 2006) and the *Reaching Out* study (CSIP and NIMHE, 2005) highlighted that successful interventions for young men depends on understanding 'where they are coming from'. Accessible information and advice for family and friends was also considered important (CSIP and NIMHE, 2006), particularly as these sources often act as a key motivating factor for men to access healthcare services. The evaluation of the *Bradford Health* project found that personal and professional attributes of individual workers were highlighted as essential factors for the success of the programmes (White, 2006b). Professionals need to be non-judgmental, male focused and creative as well as willing to visit men and to use humour as a method of engagement. Effective partnership practice was also considered crucial in terms of sustainability of service provision, the extent of services offered as well as access to the target population (CSIP and NIMHE, 2006). A further necessary attribute highlighted was patience: some of the projects required a long period of time before they became accepted and utilised by local men (White, 2006b).

The contemporary stereotypical image of an abusive man as being a physically violent, out-of-control alcoholic has been identified as a barrier to recognition of men's violence within their own homes as well as a disincentive for men to seek out professional help (Bagshaw et al, 2000). Furthermore, as perpetrators were often unaware of where and how to access help, they advocated the use of adverts in newspapers and on the radio to highlight the impact of domestic violence, as well as direct them to appropriate services (Hester et al, 2006a). Promotion of what constitutes domestic violence as well as what services are available to men is therefore considered to be essential (Bagshaw et al, 2000, p. 63). Further issues relate to the timeliness of service provision. When men felt ready to engage in treatment, subsequent delays in access to treatment could be a potential concern (Hester et al, 2006a).

Male friendly approaches to healthcare are also detailed within White's (2001) scoping study. These include 'getting to know you' evenings with GPs and nurses, greater use of male practitioners and outreach services for deprived groups, including those not registered at clinics (such as ex-prisoners or those who have left the armed forces). Telephone helplines are a further approach being utilised to engage men (White, 2001). The use of helplines to provide healthcare advice originated in the US in an attempt to facilitate a reduction in healthcare costs (Bibi et al, 2005). The use of a telephone triage approach into health care services has subsequently been developed within a number of western countries (Bibi et al, 2005). It has been suggested however that those who are identified as high risk may not necessarily utilise this service (White, 2001). The 'NHS Direct' national health care advice telephone service was reported to have received 39 per cent of its calls from males between January to November, 2000 (White, 2001). Furthermore, a study of calls received into NHS Direct within a North-West city in the UK identified that younger people, older people and males used the service significantly less than other population groups (Bibi et al, 2005).

A number of telephone helpline services targeting men have been developed in the UK. The Respect phonenumber was launched in November 2004 initially as a pilot

project to provide information and advice to domestic violence perpetrators, their (ex) partners, friends and family and to frontline workers who had contact with perpetrators. The aims of the helpline are to encourage and motivate perpetrators to seek help to stop their violence, and to signpost them to local perpetrator programmes (where available). Whilst this helpline is confidential, if severe or immediate risks to known victims are disclosed, appropriate action is undertaken. A further helpline service is The Campaign Against Living Miserably (CALM) originally operated in Manchester, Merseyside and Cumbria as these areas had suicide rates of twice the national average. CALM was launched as a pilot by the Department of Health in 1997, and was government-funded until 2004. This service is still in operation and is now run under charitable status (<http://www.thecalmzone.net>) offering help, information and advice via a helpline and web service. The campaign message of 'being silent isn't being strong' attempts to counteract misconceptions of traditional masculinity to encourage young men to 'open up' and seek help to resolve their problems. As there have been no published evaluations of either of these campaigns (Respect or CALM), the efficacy of these services has not yet been established.

Another helpline service for men which has been evaluated is the *Breathing Space* project. This initiative is an anonymous telephone advice line and signposting service targeted towards men (16-40 years) who experience low mood and depression (Sheehy et al, 2006). *Breathing Space* was funded by the Scottish Executive as part of the National Programme for Improving Mental Health and Well-being. It was originally introduced in 2002 as a pilot programme, and in 2004 it was extended to serve the whole of Scotland. Evaluation of the service has been undertaken by surveys, focus groups and telephone interviews. Since December 2003, there has been an increase in the volume of calls to the helpline, with monthly calls ranging between 900 to over 2,000. Unfortunately, data on the age and gender of callers has not been routinely recorded in order to establish the number of calls received from the target population. Overall, the evaluations have suggested that general awareness of the campaign was low. However, those in younger age groups, males and those who had experience of a mental health problem had higher levels of awareness. These evaluations also highlighted general confusion over the actual nature of this service.

A further evaluation of a helpline intervention was undertaken with 49 men who had contacted a domestic violence telephone counselling service developed as part of the *Freedom from Fear* campaign (Donovan et al, 2006). Thirty-eight of the men had attended individual or group counselling sessions following the telephone contact. This research revealed that the vast majority of men who had accessed services reported positive changes in their attitudes and behaviours. These benefits included better communication with their partners, adoption of positive conflict resolution skills, and greater awareness and understanding of their own behaviours. Men were reported to feel more in control of their anger (85%) and 69 per cent reported being less physically aggressive. Forty-one out of the 49 men consulted reported that their life was better following contact with the helpline (Donovan et al, 2006).

Recommendations to encourage men to access health care include developing emotional literacy to encourage young men to recognise and respond to their emotions. Work that challenges sex role stereotypes has been found to be worthwhile if it extends the boundaries of what it 'means to be a man' (Maclure et al, 2006). Training for health professionals is also considered important in order to understand and recognise male issues (such as the gender based presentation of depression) (White, 2006a; Moller-Leimkuhler, 2002; CSIP and NIMHE, 2006). Young men have been identified as preferring flexible (Maclure et al, 2006), less formal services rather than structured services that require a referral (Greenland et al, 2003). Indeed, the *Reaching Out* study (CSIP and NIMHE, 2006) identified community based outreach services as a successful means of engaging young men.

'Male friendly' services are associated with favourable outcomes (White, 2008) and it is therefore vital that services are targeted at men, as opposed to approaching access to health services as gender neutral (White and Banks, 2004).

### 2.3.5 Conclusion to Review of Men's Help Seeking Behaviour

Epidemiological evidence suggests a gender bias in men's utilisation of health care services. Research has reported gender differences in the levels of symptoms, morbidity, mortality and medical care utilisation (Green and Pope, 1999; White and Johnson, 2000). Whilst a number of explanations have been offered to justify this bias, the socialisation and norms associated with masculinity emerge as a persistent and pervasive influence. The literature reviewed here suggests that men's propensity for not accessing health care services can be attributed to their perception that seeking health care contravenes the male archetype. Men therefore avoid seeking help when physical symptoms are present and the barriers to male help seeking are magnified when emotional or psychological difficulties are present. Men's inability to recognise and respond to their emotional health can create what Brownhill et al (2005) as a 'big build', culminating in negative and destructive behaviours and outcomes for themselves and others.

White and colleagues claim that the challenge that men face 'is not amenable to a quick fix' (White et al, 2006, p. 454). Rather it requires health promotion, awareness and education of boys and men's beliefs about their health from an early age. This could be achieved through formal education as well as through public health promotion campaigns (White et al, 2006). It is argued that there is a need to re-think service provision for men, rather than adhering to a 'one-model-for-all' approach (White et al, 2006). Service providers are encouraged to work with men to develop flexible, convenient 'male-friendly' provision that can be truly responsive to men's needs (White, 2001).

### 2.4 Summary Points from Chapter 2

- ∞ Key moderators of, and influences on men's abusive behaviour are age, ethnicity, educational background, traditional gender-role attitudes, attachment style, self-esteem, social isolation, acceptability of violence, observing violence during childhood, trait anger and poverty.
- ∞ Violence is considered to be intertwined with how men are socialised. It occurs when men fail to achieve their gendered expectations of masculinity. If men feel threatened or challenged, this can lead to emotions of anxiety, humiliation and shame. This 'crisis in masculinity' manifests itself as violence and anger in order to restore a sense of 'normalcy' for their archetypal perceptions of manhood.
- ∞ Abusive men do not necessarily characterise themselves as 'violent' and often fail to perceive the incidents between themselves and their partners as constituting 'real violence'. In addition, they tend to have a general lack of awareness of any immediate (physical or psychological) or long-term impact of their behaviour on their partners.
- ∞ Perpetrators often justify or minimise their violence and blame their partners for their abusive behaviours. Generally, men are more likely than women to allocate some responsibility for domestic violence to victims. The suggestion that men are wholly responsible for domestic violence can evoke a 'siege mentality' among men.
- ∞ Traditional social norms of masculinity inhibit men's capacity to seek help for physical and, in particular, psychological difficulties. Fear, associated with

disclosures of vulnerability, stigma and discrimination, creates barriers for men to seek help. Men are also often unaware of services for male perpetrators.

- ∞ Adult men make low use of primary health services and frequently avoid or delay contact with health services. Younger men often take a reactive pathway to help through socially problematic behaviours. Help seeking is more likely to be viewed as acceptable when it is conceptualised as restoring or preserving masculinity.
- ∞ Men often lack the personal resources or coping mechanisms to effectively deal with or express their emotions, and have difficulties in accessing support. Consequently, distress can be expressed as aggression directed towards themselves or others.
- ∞ Anonymity and assurances of confidentiality have been identified as key inducements for men to engage with supportive services. Friends and family can play a key role in encouraging men to take up services. Men's services should therefore engage with community networks and be responsive to local culture and needs.
- ∞ Whilst telephone helplines have been introduced as a means of encouraging men to access services for psychological or mental health problems, to date, UK evaluations of telephone helplines for men are limited. The available results suggest that these services are being utilised by the target population and that access to these services is associated with self-reported positive change.

## Chapter 3. Prevention of Domestic Violence and Social Marketing Campaigns

### 3.1 Introduction

This chapter covers those parts of the literature review that examined preventive interventions in the field of domestic violence. The first section considers preventive interventions with a focus on primary and secondary initiatives aimed at potential perpetrators and perpetrators of violence. The second section turns to focus on social marketing and explores the application of a social marketing approach to complex health and social issues such as domestic violence and sexual health. Focusing the review on a wider range of social marketing campaigns allows a number of campaigns addressing sensitive issues to be examined and examples of relevant campaigns are provided.

A variety of international instruments have been developed to provide a mandate for taking action to end violence against women (World Health Organisation, 2007). These include the United National Declaration on the Elimination of Violence against Women; Beijing Declaration and Platform for Action; United Nations General Assembly Resolution and UNIFEM (World Health Organisation, 2007).

From a UK perspective, the Home Office has introduced legislation, guidance and protocols to address domestic violence. The 1998 Crime and Disorder Act established Crime Reduction Partnerships (CRPs) which were developed to implement an integrated approach to tackling crime and disorder and the promotion of safer communities. CRPs involve partnerships between the police, local authorities, probation service, health authorities, the voluntary sector, and local residents and businesses. In 1999, the Home Office and the Women's Unit of the Cabinet Office published *Living Without Fear – an Integrated Approach to Tackling Violence against Women* and this was followed in 2003 by the *Safety and Justice* proposals as well as the *Domestic Violence Crime and Victims Bill*. The *Domestic Violence National Report* published by the Home Office in 2005 highlighted a number of the activities undertaken to prevent and combat domestic violence. These included a government funded 24 hour national helpline for victims and survivors developed by Women's Aid and the Respect helpline for domestic violence perpetrators. A public education campaign to raise public awareness generally of domestic violence was also implemented. This involved the *Domestic Violence - Break the Chain* campaign which utilised mass media advertising (radio advertisements, print advertisements and poster materials) of the campaign. A toolkit was launched in March 2005 entitled *Bullying and Domestic Violence* to provide guidance on the impact of domestic violence on children. A secondary school resource pack which included a teenage soap series 'Watch Over Me' was distributed to all secondary schools. Accredited perpetrator programmes were rolled out across the Probation Service and a national phoneline for Lesbian, Gay, Bisexual and Transgender communities was established. In February 2008, the Government published their first Violent Crime Action Plan, *Saving Lives. Reducing Harm. Protecting the Public: An Action Plan for Tackling Violence 2008-2011*, designed to enable local authorities to meet central Government priorities on serious violent crime over the next three years. The objectives in relation to domestic violence include development of victim-led services such as national roll out of Multi-Agency Risk Assessment Conferences (MARACs) and Independent Domestic Violence Advisers (IDVAs) and continued funding of various helplines for survivors. The introduction of a new legal sanction for perpetrators was also highlighted through the Violent Offenders Order (subject to Parliamentary approval). The plan also aimed to encourage and support schools to develop early intervention approaches with pupils (Home Office, 2008). Significant government initiatives are therefore underway with the aims of preventing, deterring and mitigating the experience of and impact of domestic violence for all concerned.

## 3.2 Preventive Interventions in Domestic Violence

### 3.2.1 Levels of Prevention

Prevention is considered to consist of three levels of response (World Health Organisation, 2007). The first level relates to primary prevention which comprises the deployment of comprehensive strategies to prevent violence before it actually occurs (Wolfe and Jaffe, 1999). This approach relies on identification of the underlying risk and protective factors, and targeting interventions to address these factors. Hester and Westmarland (2005) describe it as:-

*'a long-term strategy to prevent violence from occurring in the first place through changing attitudes, values and structures that sustain inequality and violence' (p. 2).*

Internationally, primary prevention has received very little attention, investment or commitment (World Health Organisation, 2007). Efforts have rather been focused on attempts to reduce or prevent violence after it has occurred, by introducing legal and judicial reforms or by improving victim services. The World Health Organisation (2007) has stressed a need to shift to a proactive focus of prevention rather than addressing domestic abuse from a reactive perspective.

Secondary prevention adopts a focus on 'at risk' population groups in order to decrease the prevalence of the problem behaviour after early detection has occurred. Secondary prevention aims to change behaviours and/or increase the skills of individuals and groups. Tertiary prevention relates to long-term responses after the problem behaviour has occurred and aim to prevent re-offending and repeat victimisation (Wolfe and Jaffe, 1999). Tertiary responses are the most common form of prevention and emphasise the identification and treatment of perpetrators and victims. The distinctions between prevention strategies are not absolute. For instance, the introduction of a punitive measure may contribute to prevention at a tertiary level by reducing re-victimisation, but it may also have a primary focus by deterring potential perpetrators from committing such acts.

As the Hull Domestic Violence and Social Marketing project is focused on 'at risk' groups and early prevention, this literature review has primarily addressed primary and secondary levels of prevention. Primary prevention strategies generally include early intervention/schools based programmes to raise students' knowledge, understanding and awareness of domestic violence, as well as to promote healthy relationship skills. A further method is the use of public health campaigns (such as public education, communication campaigns) designed to increase awareness, encourage people to take action, and offer information and support (Wolfe and Jaffe, 1999). These initiatives can be targeted at primary and secondary levels by focusing on at risk groups or by adopting a universal approach to wider population groups.

### 3.2.2 Early Intervention

Since the early 1990s, a variety of education based programmes has been developed to address and deter against the occurrence, experience of and effects of violence against women. These programmes are typically age dependent based on the developmental stages of the target audience (Wolfe and Jaffe, 1999).

#### a) *School Based Programmes*

As a significant amount of children's social learning takes place in school, educational establishments are considered to be an appropriate environment for delivering preventative education (Sudermann et al, 1996). School based programmes involve a range of activities such as school assembly presentations, drama presentations, classroom discussions and workshops, videos, peer education, professional theatre groups, speeches from professionals working within the domestic violence field or survivors of dating violence, as well as activities for social action (such as protests). Communities have also collaborated with schools in joint efforts to prevent future violence and some programmes have involved parents and other members of the wider community in order to affect broader change.

School based programmes tend to be designed towards the target audience. Therefore, whilst all projects may involve activities to raise awareness about the nature and impact of violence, the concept of violence in young people's relationships is introduced within programmes targeted towards adolescents and older young people. Collectively, these programmes include an awareness of the nature and context of violence, they examine and challenge attitudes and behaviours that promote or tolerate violence (such as gender stereotypes, discrimination, power and the abuse of power), as well as encourage the development of positive skills and healthy relationships through increasing self-esteem, help seeking behaviours, communication and successful conflict resolution skills.

#### i) Programmes Delivered in Primary and Secondary School Settings

The Minnesota Coalition for Battered Women was one of the first programmes which specifically documented its efforts to prevent domestic violence through school-based provision. This programme was originally developed for children and young people from grades 6 to 12 and was designed to raise awareness of the problems that can emerge in families as well as different forms of violence (Wolfe and Jaffe, 1999). During the first two years, 400 teachers and other school personnel from 210 schools in 146 districts were trained in the use of the curriculum, and this was subsequently delivered to approximately 20,000 students. Pre- and post-tests measures implemented with 560 junior high school students and 600 senior high school students revealed increased knowledge and understanding of familial violence and how to respond if it occurs. There was however little impact in relation to attitudes towards domestic violence across the differently aged groups of young people; particularly amongst young men.

Prevention work with adolescents is considered to be the key to any comprehensive strategy to prevent violence (Wolfe and Jaffe, 1999). Adolescence is conceptualised as a developmental stage when lifelong behaviours are formed, such as socially influenced gender roles (Ellis et al, 2006) and when conformity to parental opinion decreases and peer groups become increasingly influential (Wolfe and Jaffe, 1999; Ellis et al, 2006). Furthermore, mid-adolescence is when the majority of young people first venture into sexual relationships (Ellis et al, 2006). Primary prevention programmes that address domestic violence have been designed and implemented in North America since the mid 1980s, and in the UK more recently (Ellis et al, 2006). One of the programmes on the online resource for US school based violence prevention programmes ([www.ucalgary.ca/resolve/violenceprevention/English/reviewprog/youthdprogs.htm](http://www.ucalgary.ca/resolve/violenceprevention/English/reviewprog/youthdprogs.htm)) is the Nashville TeenPEACE project conducted by PEACE (Project to End Abuse through Counselling and Education). This is a school-based programme to promote non-violent, equality-based relationships consisting of an outreach educational programme for classrooms or larger groups and a counselling and educational group (12-sessions) delivered to children in grades 7 to 12. Evaluations of this programme were undertaken with students (n=63) as well as young offenders (n=53). The findings revealed significant changes from pre- to post-

test scores in knowledge as well as attitudes towards dating violence in addition to significant reductions in threatening and controlling behaviours among the young offenders and an increase in respectful behaviours. These effects were also found to have been maintained at three months post-intervention.

Wekerle and Wolfe (1999) report on evaluations from six dating violence prevention programmes. Four were undertaken in schools (Avery-Leaf et al, 1997; Hammond and Yung, 1991; Jaffe et al, 1992; Lavoie et al, 1995), one was community based (Wolfe et al, 1996) and one combined school and community activities (Foshee et al, 1996). Wekerle and Wolfe, (1999) identified that collectively these programmes reported desired changes in the reduction of negative attitudes towards dating aggression; they demonstrated an increased knowledge and understanding of the myths and stereotypes about intimate partner abuse as well as revealed positive behavioural intentions in hypothetical conflict situations.

One of the most extensively evaluated programmes is the US Safe Dates programme (Foshee et al, 1996, 2000, 2004). This programme involved a randomised control trial to test the effects of primary and secondary prevention of dating violence amongst adolescents. Compared with the control group, adolescents in the treatment group who received a programme of school and community activities experienced between 56 per cent to 92 per cent less victimisation and perpetration of moderate dating violence; however these effects were not identified for severe physical violence. Positive changes in attitudes towards gender stereotypes, conflict resolution skills and awareness of community services were found across the victim and perpetrator treatment groups. Some of the positive behaviour changes were not evident at the one year follow-up evaluation, although factors identified to mediate dating violence such as conflict management and awareness of dating violence services were maintained (Foshee et al, 2004).

In the UK, the Respect Education Initiative developed as part of the *Zero Tolerance* Campaign has produced materials for use in primary schools, secondary schools and informal youth settings. Teachers, youth workers, health promotion specialists and young people have all been engaged in the design and development of these comprehensive teaching resources (Reid Howie, 2002). The programme was piloted in schools in Scotland and England and the evaluations found that the majority of teachers and young people enjoyed the programme and believed they had learned more about respect, communication, equality, power, violence and abuse (Reid Howie, 2002). Seventy-eight per cent of the primary school pupils and almost half of the older participants also believed that they had changed as a result of their participation (Reid Howie, 2002). However, at the end of project, some young people still felt that discrimination and abuse of power was acceptable (Reid Howie, 2002).

Ellis's 2004 survey of school-based domestic violence programmes across the UK (Ellis et al, 2006) found wide variation across the programmes delivered and discovered that the sustainability of these programmes was dependent on funding, whether the interventions were embedded within the school-based curriculum and whether there was multi-agency support for the projects. Bell and Stanley's (2006) independent evaluation of the Healthy Relationships programme delivered to Year 8 students in Hull found that young people had an increased awareness and understanding of domestic violence up to one year post-intervention. Whilst the findings revealed that some people had developed a gendered understanding of domestic violence; for others uncertainty remained. Indeed, the results suggested that there was an increase in tolerance towards aggression in females (Ellis et al, 2006). Overall, however, there was evidence that more young people advocated equality, independence and positive healthy relationships post-intervention, and that these views were sustained at one year follow-up.

## ii) Programmes Delivered in University Settings (18 + years)

A number of peer educator programmes have been developed for college aged students in the US. Schwartz et al (2006) reported on an evaluation of the Student Speaker Bureau peer education programme which involved peer educators delivering a range of interventions to college students. Post-test scores (collected immediately following the intervention) identified that negative attitudes and beliefs had decreased following the programme. Students also highlighted the personal benefits of engagement, such as increased awareness about their own relationships.

A paper by Hong (2000) reports on an evaluation of the Men Against Violence peer education programme was delivered at a large university in Louisiana. The training of peer educators who subsequently operated as positive role models was considered to help create a community of males who generated shared norms of non-violence and communication. Students who were on disciplinary probation for violent or aggressive behaviours were mandated to attend an educational intervention through this programme. Those who had accessed the programme were described as demonstrating positive and meaningful changes in attitudes, beliefs and behaviours.

### **3.2.3 Difficulties in Interpretation and Issues of Good Practice in Preventive Programmes**

Methodological limitations of this research have been identified in that there have been few systematic evaluations of the same programme over time (World Health Organisation, 2007). A further limitation is the reliance on self-reports (Foshee et al, 2004). 'Response biases' may therefore have been incorporated in that participants completed the questionnaires based on what they considered was expected of them, rather than a reflection of their actual beliefs and behaviours. Due to the sensitive and potentially stigmatising nature of this research, socially desirable responses are an important consideration in the interpretation of the findings. Efforts to actually measure the impact on violent behaviour and incidence of violence are also extremely limited (World Health Organisation, 2007). A number of these studies did not assess whether the identified 'changes' in attitudes, knowledge or behaviours were maintained over time (Schwartz et al, 2004; MacGowan, 1997).

Researchers (Ellis et al, 2006; Sudermann et al, 1995) have identified the need for such programmes to maintain an awareness of gender and to address gender inequality and sex role stereotypes. However, there is evidence that too heavy an emphasis on men's responsibility for domestic violence may evoke a backlash amongst students and teachers. For instance, the staff who delivered the Respect training programme complained about an anti-male perspective in the materials which presented a negative picture of male violence (Reid Howie, 2002). Participants (both males and females) may perceive violence prevention programmes that focus exclusively on male perpetration as 'male bashing' (Sudermann et al, 1995; Wolfe et al, 1996; Hilton et al, 1998; Wolfe and Jaffe, 2003). Likewise, Jaffe et al's (1992) violence prevention programme delivered in schools produced a backlash effect in that negative attitudes were found to be magnified in a small number of males at the post-intervention stage.

Some of the programme evaluations identified equal effects for both males and females (Foshee et al, 2004). However, a more recurrent finding was that females were more knowledgeable at pre-test and demonstrated more positive improvements in post-intervention measures when compared to males (Jones, 1991; Jaffe et al, 1992; Sudermann and Jaffe, 1995; Lavoie et al, 1995; Hilton et al, 1998; Ellis et al, 2006). A number of studies have revealed that males still endorsed male-female violence (Jaffe et al, 1992; Hilton et al, 1998) and supported traditional gender roles (Jones, 1991) post-intervention. One explanation is that males experienced

defensiveness due to the nature of materials presented (such as portrayal of male violence) leading to enhanced negative responses (Jones, 1987). The potential for evoking a defensive attitude from men needs to be anticipated and managed by all educational programmes.

### **3.2.4 Public Education/Media Campaigns**

Whilst the term public education (sometimes described as a communication or awareness campaign) campaign is used inter-changeably with social marketing, there are key differences between these approaches. For example, social marketing campaigns, unlike public communication campaigns, seek to understand the 'behaviour' of the intended audience in order that persuasive messages can be developed; they incorporate a 'marketing mix' in the design and implementation of a campaign and the selected audience is involved in programme development rather than functioning only as the recipients of information. Effective social marketing also draws upon preliminary (formative) research to identify existing social norms and seeks to identify optimal messages and challenges to reach the target audience. In order to make the distinctions between these approaches clear, this section has focused on public education, communication campaigns, whilst the social marketing literature is explored in the second half of this chapter.

Public awareness campaigns are a common primary prevention strategy used in relation to domestic violence (Wolfe and Jaffe, 1999). These campaigns typically provide information and awareness: information on the nature and context of violence and awareness of community resources for victims and perpetrators (Wolfe and Jaffe, 1999; Wolfe and Jaffe, 2003). Messages are disseminated through mass media channels as well as community activities. Only a limited number of published evaluation reports were available for these campaigns, namely Klein et al (1997), Gadomski et al (2001) and Hubert (2003). However, an extensive and comprehensive review of communication components of social marketing and public education campaigns addressing men's violence against women has been undertaken by Donovan and Vlasis (2005). This review categorised the campaigns (albeit not exclusively) into four general areas, general or specific awareness campaigns; campaigns which encourage men to voluntarily access help; primary and secondary campaigns (targeting adolescents and youths) and social norm campaigns. A selection of campaigns using each of these themes are discussed below.

#### *a) General or Specific Awareness Campaigns*

Campaigns in this category have been designed to raise awareness of the nature and impact of domestic violence. A comprehensive US public education campaign on domestic violence developed by the Family Violence Prevention Fund was reported by Klein et al (1997). This campaign was designed and developed through pre-campaign research as well as advice from specialists. The aim of the campaign was to combat covert attitudes that condone intimate partner violence. The campaign slogan was 'There's no excuse' for domestic violence. Communication activities included posters, bumper stickers, television advertisements and information on local services was disseminated. Two telephone surveys were undertaken to evaluate the campaign in 1994 and 1996. The findings from this study identified improvements in both levels of concern about domestic violence and willingness to take action. Men's attitudes appeared to be most affected with an increase detected in the proportion of men surveyed who believed that domestic abuse was a serious issue. More people knew how to respond to domestic violence, and more people felt that they would report incidents of domestic violence to the police following the campaign.

In the UK, The Zero Tolerance Charitable Trust supports local agencies to run campaigns to challenge myths and stereotypes about violence against women. Prevention activities have involved mass media materials and resources across four themes: Prevalence; Excuses; Justice; and Respect. Posters were a key method of communication across all four phases of the campaign. Other communication channels used included t-shirts, badges, coasters, screen savers and convenience advertising (e.g. in pubs) to target young people. Roll-out of each phase of the campaign took place over a 3-9 month period within a specific area. Whilst *Respect* educational packs have been evaluated (as discussed above), there appear to be no specific evaluations associated with other themes within this public education communication campaign.

Gadomski et al (2001) report on a public health education campaign targeting domestic violence in a rural community in the US. Communication activities employed included radio advertisements, bulletin board posters, newspaper articles, print advertisements, t-shirts, public events, mailings to libraries, school and clergy and health facility modifications. The first year of the campaign involved training health care staff in relation to the identification, management and referral of domestic violence incidents. The aims of the campaign were to promote awareness of what constituted domestic violence, the effects of domestic violence on health as well as children, to challenge myths that 'it's the victim's fault' as well as to encourage public disapproval of this phenomenon. The evaluation identified significant increases in awareness of the campaign particularly among men, as well as in the amount of people who would intervene if they thought someone they knew was a victim of domestic violence. A further significant indicator of success was that the domestic violence agency hotline calls doubled following the campaign.

b) *Campaigns to Encourage Perpetrators to Voluntarily Access Help*

Donovan and Vlasis's (2005) review identified a small number of campaigns that targeted perpetrators or potential perpetrators of domestic violence. One of these is the *Freedom from Fear* campaign in Western Australia. Detailed insights into this campaign are presented in the social marketing section of this literature review (see 3.3).

A further public education campaign was the *Walk Away Cool Down* project delivered by the Queensland Police Service. The campaign targeted 'would be' perpetrators and encouraged them to choose a more positive alternative to violence by removing themselves from the situation, and allowing the dispute to settle. The secondary target audience was women, children and other family members affected by domestic violence. Communication materials included television and radio advertisements, posters, bumper stickers and community activities. Donovan and Vlasis (2005) critique this campaign and argue that the message of 'walking away' was not sufficient in itself to prevent conflict situations; they suggest that messages were inappropriate as men often use withdrawal tactics to exert control over their partner's behaviours. Surveys were undertaken at various stages of the campaign. From those who had heard of the campaign, 29 per cent of perpetrators used the 'walk away cool down' option during a domestic incident; 12.3 per cent had sought counselling. Only one per cent of men surveyed reported calling the helpline.

c) *Primary and Secondary Prevention Approaches: Campaigns Targeting Young People*

This category incorporated campaigns that targeted young people with the intention of preventing, or reducing violence in at risk groups. For instance, the *Coaching Boys into Men* campaign in America focuses on encouraging men (fathers, coaches, teachers, uncles, grandparents, etc) to take the initiative to talk to their sons or to boys about how to develop positive, healthy, non-violent relationships with women

([www.endabuse.org](http://www.endabuse.org)). This campaign has developed a web site, television and radio advertisements, promotional material and self-help books. Evaluation results did not reveal any difference in terms of whether men believed communicating these attitudes to boys would help to reduce domestic violence. However, this was attributed to very high pre-test scores. The number who identified that they had spoken to a boy about violence towards women increased from 29 per cent to 41 per cent across the campaign.

*The Kids Really Count: Expect Respect* campaign in New South Wales targeted young men and women aged 14-24 years. The campaign was based on survey material of 715 respondents. The aim of the campaign was to encourage young people in unhealthy relationships to talk to someone or to call a domestic violence helpline. The campaign was promoted through television commercials, a poster and community development projects. Additional funding led to a further television commercial which included lyrics from a pop group, as well as radio and print advertisements. Evaluation identified 60 per cent exposure to the campaign, and 80 per cent of respondents felt that the campaign had made them think about their own relationships.

#### d) *Social Norm Campaigns*

These campaigns are based on feminist theories of domestic violence and aim to challenge sex role stereotypes and traditional views of masculinity that facilitate and condone intimate partner violence (Donovan and Vlasis, 2005).

Flood (2002-2003) undertook a review of community education campaigns targeted at men. He describes these campaigns as attempting to promote alternative constructions of masculinity which foster non-violence, and as aiming to re-script images of manhood, suggesting that it is unmanly to be violent (as reflected in the *Real Men Don't Bash or Rape* poster campaign in 1993-1994 in New Zealand); or promote alternative values of manhood as constituting the self-control and courage to not engage in violent behaviours.

A campaign which aimed to challenge existing social norms was the *It's Against All the Rules* state-wide public education project in New South Wales (Hubert, 2003). The campaign used male celebrities and sporting heroes to depict 'ordinary' men who had concerns about violence against women. The overall message delivered by the sporting icons was that there is no relationship between masculinity and violence against women, and that violence against women (in all its forms) is unacceptable (Hubert, 2003, p. 16). This campaign therefore aimed to re-script and challenge hegemonic masculine behaviour of power, dominance and control, by emphasising that violence against intimate partners should never be tolerated. All campaign messages were subjected to formative research. Communication channels involved mass media advertising (posters, radio and information booklets), public relations activities and community-based programmes and events. The comprehensive evaluation found that participants considered the campaign to be meaningful and a majority were able to identify the message concerning the unacceptability of violence. However, a much smaller number of the participants apprehended the message 'you don't have to be violent to be a real man'. Flood (2002-2003) identified that the rationale for using men in campaigns which address men derives from the importance of peer acceptance. However, over 90 per cent of men reported no change in their views about whether violence against women was unacceptable. Furthermore, this campaign was not successful at encouraging men to talk about violence. Ninety per cent of men who had seen or heard about the project claimed that they would not discuss intimate partner violence with their peers (Hubert, 2003). The evaluation also identified a 'backlash' in that respondents were often vociferous in their claims that men were the 'invisible' or 'unacknowledged' victims of violence.

Flood (2002-2003) notes that, whilst sport was as an important vehicle to engage males, the campaign did not consider how sport is associated with, and can encourage masculine traits of competitiveness, aggression and dominance. Indeed, athletes have been found to be over-represented among perpetrators of violence (Flood, 2002-2003).

### **3.2.5 Key Findings from Public Education Campaigns**

Key characteristics of effective public communication campaigns are that they are evidence-based, they have clear objectives, are audience focused, use consumer research to develop messages and target appropriate communication channels and they incorporate and utilise evaluation mechanisms throughout the campaign (World Health Organisation, 2007). In a review of over 100 public education campaigns, Weiss and Tschirhart (1994) highlighted four key goals of successful campaigns: a) to capture the attention of the right audience, b) deliver credible messages that audiences understand, c) deliver a message that influences the audience and d) create social contexts that lead towards the desired outcomes.

The review by Donovan and Vlasis (2005) found that a large number of the public education campaigns into domestic violence do not incorporate any theoretical models or conceptual framework upon which to develop the behavioural objectives of the campaign. There was a lack of consumer research to test appropriateness of the campaign materials with the population, and campaign evaluations if undertaken at all, were often only embarked upon post-campaign (rather than pre- and post-measures being undertaken to determine the impact of the intervention). Donovan and Vlasis' (2005) review also revealed that the wealth of pre-campaign research generated through these campaigns has demonstrated that general public awareness and understanding of violence against women is high. Media campaigns therefore need to move beyond these issues to adopt a more targeted and preventative focus (Donovan and Vlasis, 2005).

Mass media campaigns have the capacity to reach large numbers of people, and can increase the general public's knowledge and awareness of the identified issues (World Health Organisation, 2007). Campaigns focusing on specific behavioural objectives have been successful on some occasions (Donovan and Vlasis, 2005). However, the link between public awareness campaigns and actual behaviour change (as opposed to self-report) is not well established (World Health Organisation, 2007). Furthermore, whilst some of the campaigns demonstrated changes in specific attitudes, others did not. These issues highlight the need for campaigns to target segments of the community, as well as incorporate appropriate measurement tools to assess attitudinal and behavioural changes.

### **3.2.6 Taking a Consolidated Approach**

Whilst this review did not specifically focus on tertiary levels of intervention, the literature accessed has made reference to 'good practice' guidelines in terms of how to successfully engage with perpetrators of domestic violence. Insights into the efficacy of perpetrator programmes are available through the work of authors such as Dobash et al (1999) however, these programmes tend to remain controversial due to a general lack of evidence of their effectiveness (Arias et al, 2002; Perilla, 2007). Completion rates for perpetrator programmes are generally low (Mullender and Burton, 2000). There is also concern that victims will be in greater danger should the intervention fail (Mullender and Burton, 2000). Arias et al (2002) argue that one of the reasons as to why these interventions are not the answer is that the majority of violent men do not engage in such provision.

It is emphasised that in order for interventions to be successful men must be involved in the solution (World Health Organisation, 2007; Flood, 2008). Historically, there

has been little collaboration between gendered service providers (Perilla, 2007). However, it is increasingly recognised that men should work in collaboration with women in order to successfully end violence in the home (World Health Organisation, 2007), particularly as many women do not want to end the relationship, rather they want the violence to end (Perilla, 2007). At the level of programme delivery this requires on-going communication between those delivering interventions and the partners of abusive men (Respect, 2008). However, this can be difficult to achieve in practice (see Bell and Stanley, 2006).

Attempts to engage men in initiatives or programmes to end domestic violence should seek to minimise the reactions of defensiveness and hostility evoked by perceptions of blame (Flood, 2002-2003; World Health Organisation, 2007). Dobash et al (2000) highlight that any intervention designed to reduce the incidence of domestic violence needs to address the fact that men do not necessarily perceive it as a problem; they do not believe it harms their partners, and that they consider that cessation of violence is all that needs to occur for the relationship to be repaired. Furthermore, as identified in Chapter 2, approaching men as abusers or potential abusers is not an effective strategy, as many men do not perceive themselves in such a way. Engaging with men therefore appears to require a balance between communicating that domestic violence is never justified (Perilla, 2007); whilst at the same-time appreciating that many of these men may feel a sense of injustice and oppression. Clear messages about personal responsibility, delivered in a blame-free manner should therefore be accentuated (Wolfe and Jaffe, 1999). Furthermore, an optimistic approach should be utilised in that men should be engaged by emphasising how they can play a positive role in the health and wellbeing of partners, families and communities (World Health Organisation, 2007; Flood, 2008).

Safe, non-judgemental environments which stimulate open discussions are believed to facilitate effective work with perpetrators (Flood, 2002-2003). Programmes should use a variety of methods, be sustained over a long period of time and be theory driven. They should challenge the discourses that support hegemonic values of masculinity and power, and encourage alternative, non-violent constructions of manhood (Flood, 2008). It is also recognised that programmes need to be socially and culturally appropriate and matched to the level of awareness and willingness of the men to take responsibility for their behaviours (World Health Organisation, 2007) as a 'one size fits all' approach is considered neither appropriate nor effective (Perilla, 2007). Single sex groups convened to address the influences on intimate partner violence (such as gender inequality, power and violence) are recommended as stimulating more open and effective dialogue (World Health Organisation, 2007). Furthermore, opportunities for modelling and practising new found skills are also identified as important (Donovan and Vlasis, 2005) for the 'maintenance' phase of behaviour change (Prochaska and DiClemente, 1984).

Domestic violence is the product of a complex interplay of social, cultural, institutional, individual and relationship factors (World Health Organisation, 2007; Flood, 2008). Intervention efforts therefore need to operate on an individual and a social level (Donovan and Vlasis, 2005; Leander, 2002). The individual level is where campaigns encourage individuals to take action, i.e. perpetrators are stimulated to cease their violent behaviour and/or to access help or support. However, public communication campaigns or even perpetrator intervention programs are not sufficient in themselves to eradicate domestic abuse. On a social level, social structures and cultural norms play a significant role in creating a society that condones and sustains violence (Leander, 2002; Flood, 2008). Communities need to take responsibility for the problem of violence and help to develop methods to eradicate this social problem (Arias et al, 2002; Perilla, 2007). Consolidated multiagency effort that engages public, private and third sector agencies to engage in ending violence against women is advocated (Dobash et al, 2000; Leander, 2002; World Health Organisation, 2007).

Mass media campaigns generally achieve a wider and more enduring impact by utilising other components, such as legislative or policy changes, development of partnership practices, service changes or improvements, community activities, peer education, school-based interventions, training programmes for professionals, helplines, and programmes for men and social action activities (Donovan and Vlasis, 2005).

### **3.2.7 Conclusion to Review of Preventive Interventions in Domestic Violence**

The evidence presented has suggested that prevention efforts need to address both the individual and social spheres. Furthermore, campaigns that address men need to engage with men as partners and agents for change (World Health Organisation, 2007). These campaigns need to prevent and protect against any potential backlash through increases in negative behaviours. Furthermore, they should target preventative strategies as opposed to general awareness-raising.

Interventions need to be based on social and cultural needs of the population group, as well as an individual's readiness to take action. They need to address inequitable social norms and traditional masculine views of power and control and should change knowledge, attitudes and behaviours and develop skills for positive and healthy non-violent relationships. Multi-modal interventions should be sustained over a period of time. Furthermore there is also a need to strengthen and mobilise communities through social action; to build the community capacity to take ownership of and respond to violence against women.

## **3.3 Social Marketing Initiatives**

### **3.3.1 Introduction to Social Marketing**

As discussed in the previous section, terms such as public awareness, public education and social marketing campaigns may be used interchangeably (Donovan and Vlasis, 2005). However, public media or education campaigns may not necessarily adopt the essential features of a social marketing approach (Andreason, 1995). Social marketing, unlike other approaches, emphasises formative research and theories of behavioural change to inform the design and implementation of the campaign (Andreason, 1995). This section of the review takes an explicit focus on campaigns which have adopted a social marketing approach.

An early search of the literature suggested that only a limited number of social marketing campaigns addressing domestic violence had been published (Donovan and Vlasis, 2005; Mbilinyi et al, 2008). A decision was therefore made to review social marketing campaigns in the area of sexual health as well as those addressing violence. This offered the opportunity to explore more relevant examples while retaining a focus on campaigns which have targeted socially sensitive issues. This section of the review starts by providing a description of social marketing, together with an overview of the application of this model within the UK public health agenda. In the second section, the key features of social marketing are detailed, illuminated by case study examples from the literature. The conclusion to this section outlines the pitfalls and opportunities of the model identified by this review.

### **3.3.2 Background to Social Marketing**

*'Social marketing is the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary behaviour of target audiences in order to improve their personal welfare and that of their society'* (Andreason, 1995, p.7)

The last few years have witnessed a growth in interest, research and practice in social marketing by policy makers, practitioners, and health professionals (Gordon et al, 2006). Whilst the approach has its roots within the commercial sector, it is frequently utilised to influence health and social behaviours (McKenzie-Mohr, 2000; Donovan et al, 1999). Through a strategically applied mass communications campaign, the end goal of social marketing is to improve individual wellbeing and the social welfare. The focus on the consumer rather than the market is the key difference between social marketing and other marketing campaigns (Gordon et al, 2006). Its goal is to reduce or replace negative behaviours by promoting and encouraging positive alternatives. A crucial component of social marketing is for the target audience to take a primary role in the process and design of the communication messages (Andreason, 1995).

Social marketing is not considered to be a theory; rather it is a framework that draws upon a wide range of other disciplines such as psychology, sociology, anthropology and communications theory (Gordon et al, 2006) in order to understand how to influence and change people's behaviour:

*'It is a systematic process that uses a range of marketing concepts and techniques to address short-, medium- and long-term issues with clearly identified and targeted behavioural goals'* (Department of Health, 2008a, p. 8.)

As a marketing ideology, social marketing involves consumers being positioned at the heart of the campaign, and has clearly defined targets for specific behavioural goals (Department of Health, 2008b). It requires audience segmentation in order to ensure that messages are targeted to defined population groups. It incorporates close negotiation and partnership practice with key stakeholders and intermediaries who will be involved in the delivery of the 'product'. Furthermore, it addresses the four ps of social marketing, referred to as the 'marketing mix' (Andreason, 1995). The four ps relate to 'place' (service and distribution locations; settings), 'price' (cost – benefit analysis of adopting the desired behaviour), 'promotion' (advertising, communication channels), and 'product' (the actual behaviour to be promoted).

One of the key principles of this approach is that it focuses on voluntary behaviour changes, rather than coercion or enforcement (Donovan and Vlasis, 2005). The advantage of a voluntary approach is that people are much more likely to adopt the necessary changes (Andreason, 1995; Donovan et al, 1999; Department of Health, 2008b).

### 3.3.3 UK Developments in Social Marketing

In the UK, there have been significant developments in the use of a social marketing approach to improve public health. In 2004, The *Choosing Health* White Paper<sup>3</sup> identified that commercial, media and third sector organisations had more success in imparting information than government or public services:

*'The White Paper underlined the need to give people a stronger voice so that they become the major drivers of service improvement'* (Department of Health, 2008a, p. 5)

In 2006, in response to the *Choosing Health* paper, an independent report was commissioned jointly by the National Consumer Council and the Department of Health entitled *It's Our Health*<sup>4</sup>. This report reviewed the potential of social marketing

<sup>3</sup> <http://www.dh.gov.uk/en/PublicHealth/ChoosingHealth/index.htm>

<sup>4</sup> <http://www.nsms.org.uk/public/default.aspx?PageID=16>

to help promote health in the UK. This report highlighted growing evidence of the effectiveness of social marketing in enhancing health outcomes.

The National Social Marketing Centre (NSMC) operates as a strategic partnership between the Department of Health and the National Consumer Council, and is funded through a 3 year contract which runs from April, 2007 to March, 2010. This partnership was created to assist government to deliver the national improvement social marketing strategy through building social marketing capacity and skills (Department of Health, 2008a). The aims of the NSMC are: to support local and national health improvement health programmes; to develop and deliver training for staff in Primary Care Trusts, Strategic Health Authorities, local authorities and third sector organisations; to work with professional marketing and training sectors and to ensure social marketing is integrated into educational curriculum. A national website<sup>5</sup> has been developed which details case studies of recent social marketing campaigns within the public health arena.

The recommendations of the publication *Its Our Health* led to the development of a social marketing strategic framework (*Ambitions for Health*, Department of Health, 2008a). This framework outlines how Government plans to work with key stakeholders to embed social marketing within health improvement agendas as well as to identify and develop practical tools to enhance social marketing competencies and capacities. This document represents a systematic approach to applying social marketing principles to health improvement outcomes (Department of Health, 2008a).

### 3.3.4 Key Features of a Social Marketing Intervention

Andreason (1995) refers to six essential benchmarks of a genuine social marketing intervention. These key features are described below and case examples from the literature are provided to illustrate how these 'benchmarks' can be implemented within practice.

#### 1. Behaviour Change

A social marketing approach seeks to change behaviour as opposed to attitudes (Andreason, 1995). Social marketers use theory to identify behavioural determinants that can be modified. This approach thereby attempts to understand existing behaviour as well as the key influences on them in order to enable the development of clear behavioural goals.

A key trend within the social marketing approach is the recognition that messages on health behaviour vary along a continuum from prevention to promotion and maintenance.

Andreason (1995) highlighted commonalities across theories of behavioural change:

*'A core element in all of these models is the proposition that individuals act on the basis of beliefs – beliefs about positive consequences of the behaviour, about negative consequences of behaviour, what others expect and ability to carry out the action'* (Andreason, 1995, p. 151)

The 'transtheoretical mode' developed by Prochaska and DiClemenete (1984) has been highly influential on social marketing's conception of behavioural change. This model describes how people move through four stages – pre-contemplation, contemplation, preparation and action - as they decide whether or not they will adopt a particular behaviour. Andreason (1995) suggested that awareness and interest in the new behaviours should be targeted towards those within the pre-contemplation

---

<sup>5</sup> <http://www.nsms.org.uk>

stage. Those within the contemplation stage need to come to believe that that the suggested behaviours are acceptable to people like them. In order to allow people to contemplate a new behaviour, they need to be aware that their old behaviour is undesirable, and the new behaviour is considered as the preferable option. People at this stage of change require 'persuasion' to convince them that the new behaviours are personally desirable (Andreason, 1995). Box 1 provides an example of implementing a behavioural model within a social marketing approach.

#### Box 1

**The *Freedom from Fear* campaign from Western Australia is a 10 year programme aimed at reducing male violence against their female partners. Consistent with Andreason's social marketing approach, this campaign aims to reduce violence through voluntary changes (Donovan et al, 1999, p. 130). The primary target audience identified for the campaign and corroborated through the formative research undertaken was male perpetrators and potential perpetrators of domestic violence. These groups fell within Prochaska and DiClemenete's (1984) 'contemplation' ready for action, or 'action' stages. The campaign aimed to target males who were engaged in, or at risk of domestic violence who accepted some responsibility for their behaviours, and who therefore would be more likely to be 'reachable' through accessible communication strategies. Secondary (all other 18-40 year old males) and third-level (individuals who may encourage the primary target audience to seek help) target groups were also identified for the campaign which took the form of a mass media advertising campaign supported by a men's domestic violence helpline. These helplines are staffed by trained professionals who offer counselling support. A further aim of their role is to encourage perpetrators of violence to access perpetrator programmes. Communication and behavioural objectives for the campaign were identified for all identified target audiences. The primary communication objectives for the campaign were to promote the understanding that violence is the responsibility of the perpetrator and not the victim, and that violence under any circumstance is not justified. Communication objectives for primary and secondary target audiences were to raise awareness that non-punitive, anonymous support was available to them, as well as promote and stimulate behavioural changes in terms of the primary audience seeking help. Further behavioural objectives related to the primary target audience making contact with the helpline, or other avenues of support. The final behavioural goal was a reduction in the incidence of physical and non-physical abuse amongst perpetrators, and prevention of domestic violence for potential perpetrators (Donovan et al, 1999).**

## 2. Consumer Research

One of the principle features of a social marketing campaign is that the consumer is at the crux of its design. Social marketing requires deep insight and understanding about the potential consumer which includes their knowledge, attitudes and beliefs as well as the social context in which they live. Indeed, Andreason highlights that social marketing can achieve 'maximum success' when it starts with the customer's needs and desires (Andreason, 1995). In order to understand the target audience, social marketers classically undertake primary research prior to the campaign being developed, which is referred to as formative research (Andreason, 1995). Formative research tends to be undertaken through focus groups, observational studies and survey research (McKenzie-Mohr, 2000). There appears to be two key stages to undertaking formative research, the first is pre-campaign research, and the second is the pre-testing of campaign materials.

Case study examples of pre-campaign research are presented in Box 2.

## Box 2

Vega and Roland (2005) report on the social marketing techniques employed within eight US syphilis awareness campaigns. The main goal of the campaigns was to raise awareness of syphilis and increase screening by men who have sex with other men. Pre-campaign research was undertaken using focus groups, knowledge/needs surveys, and community mapping techniques, observational studies and assessments of venues frequented by the target population. The results of this research identified that, whilst men were aware of HIV and were proactive about regular HIV healthcare, the opposite was found with regard to syphilis. This disease was not considered to be a risk within the target population group, and there was a general lack of knowledge about this condition. Furthermore, whilst similar themes were identified across the various states engaged in this campaign, the population and regional issues differed. This information was subsequently utilised within the design of the state-specific communication materials.

The formative research undertaken in the *Freedom from Fear* campaign is well documented (Donovan et al, 1999; Donovan et al, 2000) and provides a clear rationale for the development of the campaign. The pre-campaign research comprised focus groups held with 120 members of the general population and 20 perpetrators of domestic violence. The themes that emerged included the insights that the first act of violence is critical (for ongoing violence in the relationship) and, whilst men expressed guilt or shame about their behaviours, they were often unaware of non-punitive help that was available to them. The pre-campaign research also identified that men were more likely to believe in the co-responsibility of violence and to consider that allocating 100 per cent of the blame with men was grossly unjustified. Various themes were tested in the focus groups (such as the threat of criminal sanctions, social disapproval and the effects of violence on partner and children). The key motivating theme to change behaviour was the 'consequences of the perpetrator's behaviour on children' (regardless of whether the men had children or not) (Donovan et al, 1999, p. 136). Based on these findings, the aims adopted by this campaign were to avoid an accusatory or blaming tone to prevent men adopting a 'siege mentality' (Donovan et al, 1999), and to arouse feelings of guilt and remorse through emphasising the potential impact of domestic violence on children. These themes, together with the concept that 'help is available', were used to brief an advertising company that developed advertising/communication materials. As the perpetrators in the focus groups had identified these as key themes which could motivate men to change, these messages were considered to have the potential of changing members of the target group from pre-contemplators to contemplators of change.

A further essential feature of consumer involvement is that the customers are engaged in the design of and decision-making about the communication materials and campaign messages. Andreason (1995) stresses the need for these messages to be pre-tested with regard to comprehensibility, acceptability, attractiveness and relevance. The campaigns described in Box 3 offer examples of pre-testing.

### Box 3

The *Chlamydia Outreach Advice Screening Treatment (COAST)* social marketing campaign ([www.nsms.org.uk](http://www.nsms.org.uk)) was developed in response to the UK government's plan to ensure 50 per cent of all 15-25 year olds are screened for Chlamydia by 2010. Focus groups were held with young people to establish the most effective methods of delivering this message and of encouraging young people to access the service (identifying preferences for nurse-led services and results to be texted to young mobile). Through these groups, the COAST logo was developed. Sample logos and images to be used within the campaign were developed by a graphic designer, and young people were asked to vote on their preferred options. A negative result for chlamydia was conveyed by the message "the COAST is clear".

The paper by Mbilinyi et al (2008) reports on the social marketing campaign, *Am I Abusive?* This campaign aimed to recruit non-adjudicated and untreated abusive men who were abusing alcohol or drugs to utilise a telephone delivered pre-intervention programme. A further aim of the campaign was for the target population to voluntarily access a treatment programme for their abusive behaviours. The initial planning of the project involved an extensive search for previous or existing materials that focused on abusive men seeking help. Nine men who had successfully completed a domestic violence programme were also engaged in two focus groups. Focus group discussions explored what messages could be used, what would be the appropriate channels of communication, men's attitudes, appropriate help seeking and action change messages. During later focus group sessions, participants reviewed and evaluated the draft advertising products produced by a local marketing firm.

The process through which pre-testing and the use of formative research created the communication messages was clearly described in some of the literature reviewed. Box 4 includes an example of this process.

### Box 4

In the *Open Your Eyes* campaign, a billboard was created with the message 'Mommy, wake up'. During pre-testing, participants highlighted how this could potentially stigmatise victims by suggesting that they did not protect their children. This was resolved by including the statistic "47% of women killed in Montana last year were murdered by their husbands or boyfriends". These amendments were also consistent with the pre-campaign research which had suggested that the prospect of a jail sentence could be a possible deterrent for abusers (Keller and Otjen, 2007, p. 239). Amendments were also made to one of the advertisements. Through feedback from the focus groups, a picture of beer was replaced with a picture of milk. This was due to the participants' belief that the depiction of alcohol may mistakenly be associated with the cause of domestic violence. All communication and marketing activities for this project included a Domestic and Sexual Violence Services helpline number.

A number of articles reviewed highlighted problems in the formative research stages of the campaigns. For instance, Lombardo and Leger (2007) identified that half of the respondents recruited for the *Think Again* campaign had not had unprotected sex with a partner whose HIV status had not been known within the last year. A syphilis social marketing campaign used patients who were already seeking treatment for sexually transmitted diseases in the pre-testing of materials (Darrow and Biersteker, 2008). The danger of not researching consumers' needs adequately is that the

messages of the campaign may not reflect the key barriers and difficulties faced by the target population which in turn may jeopardise any potential impact of the campaign.

### 3. Audience Segmentation

A social marketer's success is achieved through meeting people's needs (Stead et al, 2007). However, the utility of a 'one size fits all' solution to behaviour change has been challenged within the literature (Andreason, 1995; Department of Health, 2008a). Some people may be more willing and responsive to change messages, they may experience different problems and some groups may be harder to access (Andreason, 1995). The need for audience segmentation in social marketing campaigns is therefore considered essential.

Audience segmentation involves dividing the population into reasonably homogenous subsets which each have their own unique needs, desires and interests (Boehm and Itzhaky, 2004). Audience segmentation is usually based on socio-demographic, cultural, and behavioural characteristics that may be associated with the intended behaviour change. Social marketing campaigns are then subsequently targeted at those specific segments of society rather than taking a whole population based approach (Stead et al, 2007)

### 4. 'Marketing Mix'

The 'marketing mix' relates to range of different interventions or methods (referred to as the four ps) to achieve a particular behavioural goal (Andreason, 1995). Andreason (1995) stressed that the 'marketing mix' needed to be in place before the behaviour change could occur. The four ps are described and discussed as follows:-

i) Product: The 'sell' in social marketing is an idea, behaviour or service, rather than a tangible product (Andreason, 1995). The product is designed to bring the greatest benefits to potential consumers as well as to meet the needs of the target audience. The 'core' product is the actual benefit to the consumer, whilst an 'actual' product is what the campaign promotes to bring about the benefits of a specific behaviour. For example, in the HIV campaign addressed by Lombardo and Leger (2007) the 'core product' was the avoidance of HIV infection, whilst the 'actual product' was the changes to gay men's assumptions in sexual decision making. In the *Freedom from Fear* campaign, the core product related to the ending or prevention of domestic violence. The actual product was a national men's domestic helpline, government subsidised counselling programmes, self-help booklets and the development of a comprehensive and informative website ([www.freedomfromfear.wa.gov.au](http://www.freedomfromfear.wa.gov.au)).

ii) Promotion: Promotion is concerned with the effective delivery of the key persuasive messages designed to change behaviour (Donovan and Vlasis, 2005). Communication channels should be based on the target audience's needs and messages should be unusual and eye-catching in order to retain the customer's attention (Andreason, 1995).

Promotion includes mass media advertising through television and/or radio advertisements. Channels and stations are often chosen to fit the consumer's needs and lifestyle, such as the time at which advertisements are run and by selecting stations/programmes more popular with the primary audience. Preventing any adverse responses should also inform these decisions. For instance, the advertisements for The *Freedom from Fear* campaign have been run at adult viewing times in order to prevent any emotional responses occurring in children. Other promotion activities include public advertising which can use posters and notices, meetings with key stakeholders as well as special events such as launches. Like the

commercial sector, public health social marketing approaches adopt 'branding' of the communication materials to achieve consistency in the overall design of the campaign and the overarching campaign message being delivered. Empirical research has suggested that levels of exposure to campaign messages are associated with improved health behaviour outcomes (Kennedy et al, 2000; SMASH, 2000; Konradi and DeBruin, 2003).

Some campaigns, such as those described in Box 5 , have utilised an extensive range of far reaching promotional materials.

#### Box 5

**The *Healthy Penis* campaign to increase syphilis testing amongst gay and bisexual men in San Francisco (Montoya et al, 2005) included posters, palm cards, t-shirts, advertising in gay publications, banner advertisements on the most popular internet sites for meeting sexual partners, and public outreach campaigns which provided education and advice.**

**Quinn et al (2007) report on the formative research findings from a social marketing campaign to reduce violence among middle school young people in Florida. The key themes to emerge from the pre-campaign research were that young people considered that violence was necessary to defend themselves from peers or to protect family members. The majority of young people who did engage in violence did not consider themselves to be violent. A multi-faceted media campaign was launched entitled *Raise your standards, not your fists; Your life, Your choice*. This campaign incorporated a press conference, followed by 50 billboards countrywide for one year. The campaign was promoted through the TV and radio public service announcements, posters and other promotional material (pens, t-shirts, mouse pads, stress balls).**

Some campaigns, such as that described in Box 6, have included educational as well as communication components in the delivery of training and workshop events.

#### Box 6

**Kennedy et al (2000) evaluated a multimodal social marketing intervention entitled *You've got dreams – Don't lose them*, to reduce sexual transmission of HIV amongst adolescents in California. Promotional activities included 2000 30-second radio announcements aired on four of the most popular radio stations for local adolescents. The campaign was also supported by a telephone helpline. Posters and promotional materials were displayed in schools, retail outlets and communities centres. Branded hats, mats, mugs, dog-tags, t-shirts, temporary tattoos and condom packets were also distributed at workshop and community events. Skill building workshops were another component of the campaign. These involved small groups of adolescents (894 took part in total) taking part in a range of activities for a total period of 6/7 hours. These workshops included lectures, discussions and role playing activities. Peer outreach was also incorporated in that young people were asked to pledge to a behavioural contract to speak to three friends about the messages of the campaign. Young people were also employed as facilitators within the workshop sessions.**

A key tool and benefit of a social marketing campaign is the development of multidisciplinary and interagency partnership practices (Department of Health, 2008b). Together with advertising and marketing companies, research teams often engage with a number of community, public and third-sector groups in the planning,

design and implementation stages of the campaign. Box 7 includes examples of campaigns taking this approach.

#### Box 7

The domestic violence campaign described by Mbilinyi et al (2008) engaged a number of human services professionals and domestic violence professionals. Likewise, the syphilis awareness campaigns (Vega and Roland, 2005) developed in eight US states incorporated interviews with health and education professionals, as well as Sexually Transmitted Diseases (STD) programme managers. Pre-testing of campaign material was also undertaken with focus groups drawn from the primary target group as well as with clinic staff and volunteers, management of bathhouses and sex clubs and members of community planning groups (Vega and Roland, 2005).

The *Freedom from Fear* campaign has involved extensive mass media promotion of the campaign as well as numerous public relations activities. These activities have included a publicity launch and consultation with a number of stakeholder groups, such as magistrates and court personnel, counselling professionals, police and other government departments. This campaign has also involved working closely with women's services. It was recognised that directing resources towards male perpetrators could be negatively received by victim-led, women based services (Donovan et al, 1999). Therefore, these services were engaged in the project and all campaign materials were approved by these groups prior to their final production. Further activities in the campaign have included strategic press releases, displays at public venues, briefing sessions, articles in stakeholder newsletters and journals. A comprehensive suite of publications was also developed for the primary target group, victims, professionals and employers.

iii) Price: Price relates to a cost-analysis (refer to discussion on 'exchange' detailed below). It is a process through which the benefits of changing behaviours and the costs of doing so are assessed. Price does not necessarily refer to a financial transaction (Donovan and Vlasis, 2005), but rather to the psychosocial costs of behavioural change (such as time, fear anxiety and embarrassment, Lamptey and Price, (1998). Box 8 provides contrasting examples of price.

#### Box 8

Campaigns promoting positive sexual health (through the prevention of diseases such as HIV and syphilis) have acknowledged that the cost of condoms may be a potential deterrent for their use. A state-wide social marketing campaign in Louisiana (Cohen et al, 1999) involved the free availability of condoms. Between 1994 and 1996, more than 33 million condoms were distributed as part of this campaign.

The San Francisco *Healthy Penis* campaign (Montoya et al, 2005) made syphilis testing more accessible to reduce financial and personal costs of commuting to and accessing formal testing centres. Alternative testing sites were developed to include free testing at HIV clinics, drug treatment programmes, a newly established gay man's health clinic, as well as online testing programmes.

iv) Place: Place relates to the accessibility of help and support. As the example in Box 9 demonstrates, the 'product' is promoted in places where consumers are likely to access it. Place also entails ensuring that the necessary resources are available for behaviour change to be achieved.

#### Box 9

The *Freedom from Fear* campaign offered a nationwide helpline and, whilst the provision of perpetrator programmes was limited in rural and remote geographical locations, available programmes were scheduled within non-working hours to encourage men to access these services. The COAST chlamydia campaign addressed the stigma of attending STD clinics by developing free screening at some 86 community locations. These venues included youth centres, voluntary agencies, sports clubs, colleges and cafes ([www.nsms.org.uk/public/CSView.aspx?casestudy=60](http://www.nsms.org.uk/public/CSView.aspx?casestudy=60)).

#### 5. *Competition*

Competition entails considering the appeal of competing behaviours (such as their negative current behaviour) and using strategies to remove or minimise the competition. Competition matters as people usually have the option of another alternative. Competition therefore requires an understanding of all the issues that compete for people's attention and affect willingness to change (such as pleasure, habits or addiction), as well as the influence of other people (family, organisations, etc) (Department of Health, 2008b). The goal of social marketers is therefore to get across the communication messages that they want to deliver, bearing in mind those options that the consumer perceives as key alternatives (Andreason, 1995).

In relation to domestic violence, men may consider these behaviours necessary to maintain power and control over their relationships (as noted in Chapter 2). Social marketers therefore need to address this 'competition' by enabling consumers to recognise that violence is not the only means through which their relationships can be sustained. Flood's (2002-2003) review of prevention campaigns addressing domestic violence, identifies a tension between men's lived realities and the objective of transforming gendered power relationships. As the example in Box 10 suggests, sport offers an arena where competing models of masculinity can be explored.

#### Box 10

The television advertisements for the *Freedom from Fear* campaign were run during sporting programmes. Sport is considered to be an important vehicle for educating males into key values associated with dominant masculinity such as competitiveness aggression and dominance. The introduction of these counter-intuitive messages conveying that 'masculine' behaviours can introduce fear and harm represented a mechanism for addressing competition.

#### 6. *Exchange*

The sixth essential benchmark of social marketing is the personal consideration of the costs-benefits of change. What are the 'costs' for people to voluntarily change their behaviours, and how will the 'benefits' of the new behaviour outweigh the costs of seeking help? The benefits of change may be intangible such as personal satisfaction or wellbeing or tangible such as rewards for participation. It is generally appreciated that people only decide to change when they realise that the reward is worth the cost or effort of making the change. 'What's in it for me?' is identified as a key driver in determining appropriate incentives for the various target groups in social marketing campaigns' (Donovan and Vlasis, 2005, p. 5).

Whilst a number of the campaigns assessed do not explicitly make reference to the concept of 'exchange', the example in Box 11 shows how these messages can be

elicited through the formative research and subsequent development, pre-testing and promotion of the campaign.

#### Box 11

The formative research undertaken for the *Freedom from Fear* campaign identified that perpetrators and potential perpetrators were unaware of how to access help and feared possible criminal sanctions. The campaign not only promoted the availability of help and support (through the helpline) but emphasised how the costs of accessing support could be reduced through accessing a confidential and anonymous support service. Donovan et al (1999) also highlight that this campaign aimed to encourage help seeking behaviours through emphasising the benefits of ending or preventing violence (such as maintaining their relationships, and minimising the impact of domestic violence on children) against the costs of continuing to display aggressive behaviours.

### 3.3.5 Evaluations of Social Marketing Campaigns

It is vital that social marketing campaigns assess their effectiveness. Baseline data and subsequent evaluations need to be built in from the offset in order to measure the behavioural objectives identified. Studies which have only measured behavioural outcomes at the post-intervention stage or after the campaign had been launched are seen to have significant limitations (Wilkins and Mak, 2007; Darrow and Biersteker, 2008).

Andreason (1995) suggested that evaluations should be part of an ever-evolving facet of social marketing. Evaluation data should be utilised on an ongoing basis to make sure the campaign is effective, and to make appropriate changes if the goals are not being attained. Box 12 provides an example of the use of evaluation data to develop and refine appropriate marketing strategies.

#### Box 12

Original communication channels for the campaign *Am I Abusive* included news stories, radio advertisements, a website and brochures and flyers were distributed by local service providers and businesses (such as through clinics, bars, coffee shops and police precincts). Staff presentations were also delivered to human service professionals. Early evaluation data (Mbilinyi et al, 2008) revealed that only a 'sluggish' (p. 348) rate of calls had been received within the first 22 weeks of the project (82 calls and 24 enrolled participants). Project staff 'brainstormed' alternative approaches. The evaluation highlighted the fact that limited funding had prevented the targeting of subpopulations of abusive men. Additional funding enabled the creation of a poster campaign aimed towards gay men as well as the development of bilingual publications. The display advertisements were changed and financial incentives were advertised within the materials. The length of radio coverage was increased and radio advertisements were developed to reflect current seasons or events. For example, targeted advertisements were designed to coincide with sporting events and celebration such as Valentine's Day. Display advertisements were also run in different/cultural newspapers or magazines. Furthermore, as it was revealed that men were encouraged to call the helpline through anonymous (newspaper clipping sent to them) or personal contacts (such as friends or families), marketing of the service was also made through women's domestic violence services. Following these revisions, significant increases in the rate of screened calls (8 calls a week versus 4 calls per week) and enrolled participants (3 enrolled participants versus 1 enrolled participant) were made.

Evaluations of social marketing campaigns suggest that this approach can be effective in raising awareness, understanding and motivating people to change their behaviour (Berne and Huberman, 2000). Only one of the campaigns assessed in this review did not produce favourable outcomes (Darrow and Biersteker, 2008). However, the lack of success was attributed to unrepresentative formative research, as well as the evaluation only being initiated three months into the campaign (Darrow and Biersteker, 2008).

A range of methods are adopted to collect evaluation data. Evaluation methods include focus groups (Wilkins and Mak, 2007); surveys (Montoya et al, 2005; Darrow and Biersteker, 2008); telephone surveys (Donovan et al, 1999; Kennedy et al, 2000) and questionnaires (Konradi and DeBruin, 2003). Evaluations tend to measure cognitive outcomes such as awareness and knowledge, and behaviour outcomes through measuring changes in actual or potential behaviours.

*Freedom from Fear* appears to be the first social marketing campaign to encourage perpetrators and potential perpetrators to voluntarily enter into treatment (Donovan et al, 1999; Gibbons and Patterson, 2000). Previous media and public education campaigns into domestic violence (such as the *Zero Tolerance* campaigns) have adopted a more punitive approach by promoting awareness of the criminal implications of these behaviours (Donovan et al, 1999; Leonie and Paterson, 2000). Andreason (1995) has highlighted that whilst 'fear appeals' may be effective, potential 'backfire' is a possibility (p. 219). The *Freedom from Fear* team acknowledged that incarceration could operate as a necessary response to domestic violence; however, this did not prevent women's fear of the man re-appearing. Furthermore, it was recognised that many women do not want the end the relationship; rather they want the violence to end (Donovan et al, 1999). The voluntary (non-punitive) approach adopted for this campaign was therefore considered to be beneficial for promoting access to help and support, as well as reducing the fear experienced by victims and children (Gibbons and Patterson, 2000).

Baseline data (n=359) were collected for the *Freedom from Fear* campaign and three waves of telephone surveys have been reported; four weeks (Wave 1, n=400); seven months (Wave 2, n=385) and 15 months (Wave 3, n=400) since the campaign launch in 1998. The findings from the evaluations have highlighted significant increases in awareness in the course of the campaign (from 28% at Wave 1 to 90 per cent at Wave 3) and increased understanding that domestic violence affects the whole family. After the Wave 1 evaluation was undertaken, a new commercial *Break the Cycle* was introduced to promote the message that 'help is available'; 86-87 per cent of the respondents' (at Waves 2 and 3) considered these messages to be very effective. Furthermore, at the last evaluation point (Wave 3), 23 per cent of respondents believed that the campaign had helped them change their views on domestic violence (Gibbons and Patterson, 2000). Two years after the campaign was launched, over 6,000 calls had been made to the helpline, 64 per cent of which were from members of the primary target group. Of those men seeking help, 2,543 defined themselves as being 'at risk' of perpetrating domestic violence. Furthermore, approximately half these men accepted a voluntary referral into the men's behaviour counselling programme (n=1,352) (Gibbons and Patterson, 2000).

### **3.3.6 Conclusion to Review of Social Marketing**

A number of potential pitfalls and difficulties in the implementation of social marketing approaches have been reported. For instance, campaigns have been criticised for their lack of attention to theoretical behavioural change models (Lombardo and Leger, 2007) as well as for undertaking limited or unrepresentative pre-campaign research (Wilkins and Mak, 2007; Darrow and Biersteker, 2008). Gordon et al (2006) in their review of social marketing interventions designed to improve diet, physical

activity and substance misuse, highlighted problems with the design, lack of conceptual understanding and implementation of these approaches (p. 118). Evaluation studies are often infrequent (McKenzie-Mohr, 2000; Donovan and Vlais, 2005; Gordon et al, 2006); furthermore it is argued that, due to evaluation design, it is not always possible to elucidate what improvements are attributable to the campaign or to other secular trends (Gordon et al, 2006). There is also often an over-reliance on self-report rather than 'objective' measures of success (McKenzie-Mohr, 2000), such as 'actual' reductions in violent behaviours.

A number of the campaigns faced objections from the commercial and public sectors which refused to display their advertisement materials. This was attributed to the material being considered 'explicit' and 'offensive' (Vega and Roland, 2005; Mbilinyi et al, 2008). Difficulties were also highlighted in relation to financial constraints. For instance, limited funding in one of the syphilis awareness campaigns meant that posters advertised websites that had not been 'branded' with the campaign design (Vega and Roland, 2005). Stead et al (2007) also identified that, whilst interventions targeting smoking and substance misuse reported significant effects in the short-term, these effects could dissipate over time. They stressed the need for funding to be measured in decades, not years so that generational changes can be sustained (Stead et al, 2007, p. 191).

Notwithstanding these potential problems, the literature has identified key factors that facilitate successful social marketing campaigns. For instance, multi-modal intervention campaigns are considered to be more effective than single prevention activities (Kennedy et al, 2000; Keller and Brown, 2002; Department of Health, 2008b). A comprehensive understanding of the community is also considered to be essential for successful social marketing campaigns (Vega and Roland 2005; Gibbons and Patterson, 2000).

Communication messages need to be designed using the formative research together with the audience segmentation strategies employed. What works for one campaign may not necessarily be effective for another. The partnerships forged with key stakeholders (from community, public and commercial sectors) are considered to be invaluable in the planning, design and implementation of social marketing campaigns (Vega and Roland; Gibbons and Patterson, 2000; Department of Health, 2008b). The mass communication strategies employed are also judged to have ensured the accessibility and promotion of the campaign messages (Gibbons and Patterson, 2000; Vega and Roland, 2005). The link to local and accessible health services, or a hotline number are also considered to be key factors for success (Keller and Brown, 2002).

Finally, an important message is that social marketing needs to be viewed as an oscillating and fluid process. Campaign messages and approaches need to be continually reviewed to ensure continuing success. The stages of planning, selecting channels and materials, developing materials and pre-testing, implementation, evaluation and refining the campaign needs to cover the lifespan of the project, rather than just the initiation stages (Andreason, 1995).

Overall, social marketing is considered to be a powerful and effective strategic framework. Campaigns have identified positive results in improving health related behaviours (Department of Health, 2008b) across a wide range of population groups (Gordon et al, 2006). Through the engagement of the 'consumer', social marketing appears to have acquired the potential to enhance health behaviour changes at all levels (Department of Health, 2008b).

### 3.4 Summary Points from Chapter 3

- ∞ A range of preventive interventions addressing abusive behaviour have been delivered in educational settings which offer the opportunity to target messages on young people in the general population. To date, the evaluations of such programmes suggest that they may be more effective in raising awareness of domestic violence than in changing attitudes or behaviour. There is limited evidence for the long-term impact of such programmes.
- ∞ Public communication messages should focus on prevention rather than simply raising general awareness. Campaign messages should include information about what constitutes (physical and psychological) abusive behaviour and promote perpetrator services.
- ∞ Messages perceived by men as having an anti-male bias can provoke a backlash response. Public communication messages targeted on men should avoid framing men as abusers and should aim to minimize defensive reactions. This might be achieved by promoting the positive roles that men can play in the family. Modelling positive behaviours can also be a means to encouraging men to take action and seek help.
- ∞ Sporting activities and personalities have been used in public education campaigns with some success to engage men's attention and interest. However, an association with sport can evoke masculine traits of competitiveness, aggression and dominance.
- ∞ Social Marketing is distinguished by its use of consumer involvement in formative and pre-testing research which contributes to the content, design and production of messages as well as in campaign evaluation. Baseline measure are an essential element of effective evaluation.
- ∞ The design of public education and social marketing campaigns that aim to engage men should reflect the individual, cultural and social needs of the target population. Audience segmentation which acknowledges the diversity of target populations is considered essential to successful social marketing campaigns.
- ∞ Public communication initiatives and intervention programmes alone are not sufficient to prevent domestic violence. These campaigns need to be embedded within a wider community-focused approach that targets the attitudes and values that underpin and sustain domestic violence. This requires a multi-agency strategy that engages with public, private and third sector agencies to change local culture and attitudes.

## Chapter 4: Stakeholders' Perspectives

### 4.1 The Stakeholders

The ten stakeholders interviewed were selected to represent the key agencies working in the field of domestic violence in the city. They included social workers, nurses, doctors, probation officers and police officers. Seven were female and three were male. They worked for a range of organisations including the NHS, the local authority and a number of voluntary organisations. Most of those interviewed had 15 or more years of professional experience in Hull; the number of years spent working in the city ranged from 14 to 31 years. This group of stakeholders could therefore be expected to have a well developed local knowledge and although some had experience of working elsewhere, most of their professional experience had been accumulated in Hull. One of the stakeholders commented that the lack of mobility within the local workforce could be restrictive:

...a lot of staff do their training here, they work here and they retire here and they have never been anywhere else...it can be a little bit frustrating because they don't see things, they don't appreciate that there are different ways of doing things and they only ever just see it one way. S2

### 4.2 The Role of the Local Culture

All stakeholders felt that Hull had a strong and distinctive identity and culture, related to its geographic position, its lack of cultural and ethnic diversity (which was identified as only shifting quite recently), and the legacy of Hull's fishing industry:

I think that Hull has traditionally been quite an isolated city because of geographically our position if you like, our isolation and our lack of much ethnicity or cultural difference in Hull. S1

....very kind of traditional trades, your fishing industry, all of that, that kind of culture, men went out to work, women stayed at home, all those stereotyping and things. S6

High levels of social problems in the city were identified as contributing to high levels of domestic violence:

All other things being equal or likely to increase domestic violence, like drug and alcohol use, like poor wage earning, like low self esteem, all those things are likely to be prevalent in a larger proportion of the Hull male population than say other cities of the same size. S8

Negative perceptions and images of the city were also thought to exacerbate social problems including domestic violence:

It's always had a really massive personality problem with the fact that nobody likes living here, it's always bottom of all the league tables, it's absolutely lambasted from pillar to post as being the worst city to live in and highest crime, highest violence and sometimes I think, if you say, it's like with a kid, if you say they can't paint enough, they'll just believe it and they won't paint, you know, because they'll think they're rubbish. S4

A lack of movement in and out of the city meant that abusive behaviour could continue unchallenged from one generation to the next:

Hull being very geographically isolated, people have learned behaviour from their parents or grandparents. S2

The fishing industry was described as having contributed to the development of a community where money was sporadically available which led to problems with debt and credit. Rigid gender roles and attitudes were another legacy of the fishing industry and were seen to be slow to change in Hull:

The whole issue of role stereotyping and gender expectation is very strong in this city. S6

Most of the stakeholders considered that these unique aspects of the city's culture contributed to a tolerance of domestic violence in Hull:

My view would be there are things specific to Hull, it might be true of other areas but it's specific to Hull ...the threshold of acceptance being actually very high, so kind of, there is an acceptance that domestic violence exists and is not necessarily considered a bad thing.... having said that I think huge inroads have been made into that whole attitude and belief, particularly in the last five years. S8

Two stakeholders cautioned against using features of the local culture to explain away domestic violence in Hull. One felt that while certain features of the local culture needed to be understood in order for the social marketing campaign to be effective, some might say that there was little that could be done about domestic violence in Hull, because it was embedded in the culture.

### **4.3 Stakeholders' Perceptions of the Social Marketing Campaign**

Almost all the stakeholders were positive about the campaign, some calling it innovative and describing it as an element of the Power and Control Wheel model (Pence and Paymar, 1993) that was missing from the current service configuration in Hull:

I think it's a really brave, really innovative initiative and when I talk about it to other professionals, they're very excited and very very welcoming and very supportive of it. S1

Increasing awareness of domestic violence generally in the city was felt to be a positive step and stakeholders suggested that there were already men in the city who would be prepared to seek help for their abusive behaviour and who would use a service if it was available. The initiative was also seen as benefiting women:

...we do have many women presenting to us that are not at a stage where they're ready to leave, they love their partner and all they want is for the violence to stop and they do come to us and say that the partner is willing to go for help but obviously until this new initiative there wasn't anything for them. S10

It was suggested that it would be useful to link the social marketing campaign to other local initiatives:

...it could quite easily be linked into the bullying campaigns and it should be part of the school curriculum from day one about building positive and healthy relationships. S7

Many of the stakeholders noted that currently there were few services in Hull for abusive men. It was acknowledged that Women's Aid and Bransholme Domestic Violence Forum were running programmes in Hull schools and the IDAP programme delivered by the probation service was identified as a programme specifically addressing men's violence; however, it was noted that the IDAP programme was only for convicted perpetrators and that some offenders were not ready for it immediately. Stakeholders commented that there were no domestic violence programmes in the Hull prisons and that abusive men were frequently referred to anger management programmes in the absence of other provision. In the absence of local voluntary programmes for perpetrators, individuals were also being directed to services in other cities:

We've got nothing for anybody that rings up and says: 'I need some help.' And we say to them, 'Well, get yourself to West Yorkshire on a Thursday night because that's the nearest place that runs it.' S4

However, the stakeholders were not uncritical in their views of the initiative. In particular, there were concerns expressed about whether the planned service for perpetrators would be able to respond adequately to men seeking help:

....make sure that the services are there after all the social marketing has been done. S7

One stakeholder felt that an answerphone message on the helpline for 12 of every 24 hours would not constitute an acceptable response and another suggested that the proposed service might be overwhelmed by referrals from professionals. There were also concerns about whether the service would be adequately staffed:

Four managers and no staff and that seems to me to be rather top heavy .... in terms of resourcing the actual programme. S1

#### **4.4 Developing Messages for Men**

In considering which messages the campaign should deliver, the most common theme identified in the stakeholder interviews was the need to utilise positive messages:

I think that it's got to be done in a very positive way but something that catches their attention as well. S7

You've first got to sell them a really positive message of how people should behave before you can tell them what they shouldn't do. S9

Similarly, some of the messages devised by the stakeholders emphasised positive behaviour in their content:

....if we line a hundred thousand people up with their hands up saying no to domestic violence, then it's getting the message that it is unacceptable. S4

You could have a poster of something or somebody looking quite sort of macho, looking quite cool, maybe drinking a can of beer and have some kind of slogan that said you know, that what makes them kind of a real man is how they are when they get home .... that sort of slant. S9

The theme of encouraging men to take responsibility was echoed by a number of the stakeholders:

Taking responsibility, learn, taking responsibility for their behaviour and I guess that women and children are all, they know that they are the prime consideration. S1

Several of the stakeholders felt that the campaign would need to strike a balance in order to engage abusive men's attention without alienating them:

....domestic violence is such a complex issue, and if you're in people's faces just back off, that's the crux of it and you have to go through the back door to get them where they want to be and it has to be subtle, if it's not subtle it's in your face, just, but then if it's, you know, advertising, if it's too subtle, it's going to miss the, that and so it's about what hits that nerve, children usually hit that nerve and, and but there has, can't be too raw, if it's too raw then they'll say 'oh that's not me, you know, and I'm not that, not that bad', back in your shell, right. S5

Whilst a few stakeholders advocated using dramatic messages that would have a strong impact, the risk of a hard-hitting campaign evoking feelings of persecution and resistance in men was also highlighted:

....one of the key fundamental strains in their behaviour and personality is the feeling of persecution, that the world is against them when they've done nothing wrong... S6

## **4.5 Motivating Messages**

Stakeholders were asked to comment on a range of messages developed from those tested by the *Freedom from Fear* Campaign.

### **4.5.1 A Focus on Children**

Almost all stakeholders interviewed were positive about using the harmful effects of domestic violence on children as a motivating message and felt that such a message would have a high impact:

Children and anecdotally what I've heard from the project in Cardiff is that men respond much ....more to the thought that they've impacted on the child than they have on their partner. S1

It was pointed out that both violent men and their partners may be unaware of or will deny the impact of domestic violence on children.

However, some concerns were raised about using harm to children as the motivating factor in the campaign. A number of stakeholders made the point that many abusive men may not have children and could therefore view the campaign as irrelevant for them. A focus on the wider family was suggested as a way of circumventing this issue:

For me, it's about impact on family because every perpetrator has a family, they might not be in touch with them or see them, but they've got one somewhere, they've had or had around them a family structure. S6

One stakeholder felt that such a campaign message could alert perpetrators to the possibility of social work involvement with their family if they reported domestic violence and so reduce willingness to seek help:

Well it could make people defensive because they don't, if they are aware of kind of the risks of losing their children, the risk of Social Services getting involved then, then they might really not want you to know about it. S3

Another stakeholder felt that focusing on children could have negative effects for victims of domestic violence. This stakeholder suggested that such a campaign would simply inform abusive males that harm to children constituted another abusive tactic:

If we use an education campaign then that in a sense what we're doing is actually saying to perpetrators that are not using that as a control strategy, here's another way to do that. S7

#### **4.5.2 A Focus on Partners**

The majority of stakeholders had mixed views about a campaign that would focus on using the abusive male's partner as a motivating factor. The fear of losing one's partner was seen as effective in motivating help seeking:

I think that's probably a really, really good message, I mean that's often something that brings people into treatment is that, is part preparation, you know, it's me or the drink kind of thing. S3

Another stakeholder pointed out that such a message tapped into men's deep fears and sense of vulnerability:

The fear of losing my partner .... is a much better one. I mean there's a lot of use of the word 'fear' here, you know, are real men supposed to be frightened of anything? S6

Some stakeholders considered that a picture of an abused woman would have less of an impact than images of frightened children:

when you're talking to those ones that want to change and want to change their behaviour, basics like showing a male abuser who abuses his partner a picture of a woman with a black eye, apparently it's a damn sight less effective than showing him a picture of two kids cowering because daddy's beating mummy up ....do we go for this is the effects of what you do or do we go for this is what life should be like? S4

#### **4.5.3 Legal Consequences**

Using the threat of the legal consequences of abusive behaviour as a motivating factor was not considered an effective approach by the stakeholders. This was in part because the law was not seen to command undivided respect:

Fear of the law and prosecution, I'm not sure that that, the end of that sentence goes with the beginning of it, for many of citizens of Hull. I don't think there is a great fear of the law and I think there's even less fear of prosecution. S6

Threats of legal intervention, fine in a way, but you get a lot of miscarriages of justice, you get the wrong people targeted and people start to see that and it takes away credibility from it. S9

There were also concerns expressed that emphasising the remit of the law in relation to domestic violence might drive it further underground:

I think the threats of legal intervention is ideally what I would like to say but then I would worry that that may put people off from reporting it as well, because many women do say, well if he loses his job... S7

#### **4.5.4 Violence as Socially Unacceptable**

Stakeholders were divided about the value of a message that men's violence to women was socially unacceptable. Whilst some thought such a message could be effective, others argued such a message wasn't as yet supported by widespread perceptions that male violence was condemned:

I would like to think this is socially unacceptable having a big impact but I don't think that society is quite ready for that yet ... there's still a lot of bravado out there, there's a lot of, the mentality of a lot of people of society still is laddy, laddy, girly, girly. S4

It was thought that high levels of tolerance of domestic violence locally might act to undermine such a message:

I think that there are some areas, particularly unique to Hull, where this is learned behaviour – that's what happens – and I'm not sure if the socially unacceptable bit would work as well. S2

Stakeholders anticipated that, as with social attitudes towards smoking, society would eventually become more intolerant of abusive behaviour.

#### **4.6 Targeting Specific Groups**

Stakeholders were keen that the campaign should target men from all social classes:

It's going to be quite easy otherwise ...for people to say, 'oh, but that's them and not me'... So, if you're slanting it towards the working class, it might be easily dismissed by professionals.' S3

It was suggested that middle class men could be reached through organisations like Rotary clubs whilst the wider general population could be accessed through maternity services.

It was also seen as important to capture the interest of younger men who might respond to material displayed in city centre pubs and clubs. Older men could perhaps be reached through the pre-retirement training run in some workplaces.

Targeting Black and Minority Ethnic (BME) men in the city was seen as a priority but complex to achieve in practice. It was agreed that posters and leaflet would need to be available in different languages for the Polish and Asian communities – forced marriage was mentioned as being increasingly identified as a local issue. However, the dangers of stereotyping were acknowledged:

...you don't want to start stereotyping those groups do you? And there's different barriers, for example, Asian women or black Afro-Caribbean women...their values and beliefs are very different... S7

#### **4.7 Location and Methods for the Campaign**

The stakeholders identified a range of advertising locations and methods which could be utilised by the campaign. Local radio was seen as a popular medium with a 'trendy' image and a wide reach:

...even when men are working, they have the radio on. S10

Buses and bus shelters were also identified as good locations which would offer campaign material high visibility. Stakeholders suggested that material would need to be displayed in places where people could see it on a repeated and routine basis.

because bear in mind someone's not going to stop and write down the number. It has to be somewhere they can go back to and try and memorise it. S6

Several stakeholders mentioned focusing advertising material on 'hotspot' areas such as local estates. As noted above, pubs and clubs were identified as places where young men could be accessed; however, concerns were expressed that settings where alcohol was consumed were not appropriate locations for messages about changing abusive behaviour:

Another one that I have heard mentioned ...is pubs, clubs and things like that. I have reservations about that because on what basis is someone reading it? After ten pints of beer? Is that the best time to make an informed choice? S6

Print media, such as the local newspaper and the local authority's news publication, *Hull in Print*, were also mentioned. Flyers at sporting events or material in men's magazines were identified as a means of associating the campaign with masculine images. Small cards which men could pick up and easily slip into their pockets for later were suggested by one stakeholder:

cards, I like cards because they're so small and that's why it can't be too wordy. S6

However, it was pointed out that there was a danger of campaign messages being lost in the flood of leaflets distributed both in public places and door-to-door:

I'd forget the leaflets, if they're coming through your door, I mean most of them just sort of end up in the recycling bin. S3

Television advertising was not considered a viable option by many, as not only was it expensive, but the city did not have its own TV station.

#### **4.8 Summary of Stakeholders' Perspectives**

The stakeholders' perspectives offered the social marketing campaign expertise in domestic violence and valuable knowledge of local culture, attitudes and behaviour. The views reported here are diverse and varied and in part this reflects the differing professional backgrounds of those interviewed. However, it also mirrors the complexity of the task to be addressed by the campaign. As one stakeholder noted:

Domestic violence is a complex issue – to try and change behaviour is very difficult because it is engrained in the psyche. S5

A number of stakeholders emphasised that achieving change in men's abusive behaviour was likely to be a lengthy process and that it involved changing wider social attitudes as well as individual behaviour and service provision. It was also emphasised that changing behaviour that was hidden and not perceived as open to public scrutiny was no small task:

I still think that there's that element of what people get up to in their own homes is their business and nobody else's and, until we've moved on from that, we're never going to start challenging perpetrators....S7

Many of the suggestions and ideas proposed by some stakeholders were balanced by caveats or alternative views put forward by other interviewees. However, this was helpful in illuminating the risks and pitfalls of particular approaches and messages that the campaign might adopt. It was essential that these risks and strategies for managing them be identified in the design phase of the campaign. For example, harm to children emerged as a key campaign message from this phase of the study but participants' views also evidenced the need for a strategy to engage with men who are not fathers and to avoid triggering the idea that seeking help for domestic violence might bring fathers and their children to the attention of statutory agencies.

#### **4.8.1 Stakeholders' Perspectives: Summary Points**

- ∞ Stakeholders described Hull as a city with high levels of social and cultural continuity where attitudes towards male violence and traditional gender roles have been slow to change.
- ∞ A social marketing campaign for abusive men was welcomed by stakeholders who saw it as filling a gap within existing services in the city. They emphasised the importance of the public education campaign being underpinned by the development of relevant services.
- ∞ Stakeholders recommended that the campaign should deliver positive messages that engaged rather than alienated men. Whilst they wanted the campaign to emphasise men's responsibility for violence, they recognised the risks of putting a male audience on the defensive and evoking a backlash response to the campaign.
- ∞ The harmful effect of domestic violence on children was identified as a strong motivating message but stakeholders noted that this message might not be effective for all men: some might find it threatening and not all abusive men were fathers. Similarly, fear of losing one's partner was identified as motivating help seeking but this was also seen as a message that could provoke feelings of vulnerability and might result in men rejecting the campaign message.
- ∞ Stakeholders advised that a wide range of men should be targeted by the campaign. They were keen for the campaign to address men from BME groups but recognised the dangers of stereotyping that such an approach might involve.
- ∞ Stakeholders identified a range of media and settings in the city that could be utilised by the campaign. Local radio and bus services were singled out as offering opportunities to deliver campaign messages to a wide audience on a regular and repeated basis.

## Chapter 5: Focus Group Findings: the Participants, their Understandings of Domestic Violence and Motivating Messages

### 5.1 The Focus Groups and their Members

#### 5.1.1 Focus Group Membership

Men were recruited to the focus groups from a range of organisations and contacts across the city. The recruitment strategy is described in more detail in the Methodology section of this report (see the Appendix) but the aim was to capture diversity in the general male population of Hull while ensuring that the study included the views of men who were either known to be perpetrators of domestic violence or who could be described as at risk of being perpetrators of domestic violence. Men were therefore accessed through a range of community groups with particular attention being given to recruiting groups of younger men, older men, and Black and minority ethnic (BME) men. The views of known perpetrators of domestic violence were included in the research through a group held with men attending a programme for perpetrators and, since there is an identified association between alcohol misuse and men's violence (Leonard 2001; Schumacher et al 2003; Galvani 2006), men at high risk of being or becoming perpetrators of domestic violence were accessed through two groups held with users of substance misuse services.

A total of 84 men were interviewed in 15 focus groups interviews held in Hull between July and September 2008. Group participants ranged in age from 17 to 72. As Table 5.1 shows, nearly three-quarters of participants were aged between 20 and 49 which corresponds to the age range where men are most likely to be involved in abusive behaviour.

**Table 5.1 – Ages of the Focus Group Participants**

Age	Frequency	Percent
Under 20	3	3.6%
20-29	21	25.0%
30-39	21	25.0%
40-49	19	22.6%
50-59	6	7.1%
60-69	11	13.1%
70+	3	3.6%
<b>Total</b>	<b>84</b>	<b>100%</b>

As Table 5.2 shows, the majority of men participating in the focus groups were White British and this mirrors the ethnicity of the local population. However, convening a focus group through a BME organisation in the city ensured that the views and attitudes of BME men were included in the research.

**Table 5.2 - Focus Group Members by Ethnic Group**

<b>Ethnic Group</b>	<b>No.</b>	<b>%</b>	<b>% in Hull general population</b>	<b>Trend Estimates of Hull current population*</b>
Asian	3	3.6%	0.8%	2.0%
Black	2	2.4%	0.4%	1.1%
White	79	94.0%	97.7%	94.4%
<b>Total</b>	<b>84</b>	<b>100%</b>	<b>98.9%<sup>6</sup></b>	<b>97.5%</b>

\* Source: Office for National Statistics (2006) Resident Population Estimates by Ethnic Group, All Persons

For the purposes of analysis, the 15 groups were divided into eight categories shown in Table 5.3. The category with the largest number of participants included eight groups of men recruited from the general public. This category includes groups accessed from such sources as workplaces, a local church and a sports club. Other groups included men using specific services; these groups allowed for particular segments of the male population to be identified and included in the research.

**Table 5.3 – Focus Groups by Category**

<b>Group Type</b>	<b>Number</b>	<b>Percentage</b>
General Public Groups	43	51%
Substance Misuse Groups	14	17%
Young People's Group	9	11%
BME Group	6	7%
Older People's Group	6	7%
Family Support Service Users' Group	3	3.5%
Perpetrators Group	3	3.5%
<b>Total</b>	<b>84</b>	<b>100%</b>

### **5.1.2 Focus Group Participants' Experience of Domestic Violence**

Whilst only one group was convened with the explicit purpose of recruiting perpetrators of domestic violence, Table 5.4 shows that, when invited to disclose previous experience of domestic abuse on an anonymous tick-box form, a total of 32 participants (38.6%) disclosed experience of domestic violence as children, victims and/or perpetrators. Twenty per cent of the men (n=17) had experienced domestic violence as a child, while 22 per cent (n=18) disclosed experience of domestic violence as a victim. A total of 12 men (14.5%) reported that they had been perpetrators of domestic violence. As Table 5.5 illustrates, three of these men were in the group specifically recruited with the purpose of including perpetrators in the research, however the remaining nine perpetrators were spread across the groups. Four of the men who described themselves as perpetrators were in the large category of general public groups, two were in the young people's group, three were members of the substance misuse groups. This prevalence highlights the fact that, whilst numbers of perpetrators are likely to be highest amongst users of substance misuse services and other services aimed at socially excluded men (such as the young people's service through which the young people's group was recruited), the general population also contains perpetrators. Under certain circumstances, which include a guarantee of anonymity, such men are willing to admit to a history of abusive behaviour.

<sup>6</sup> Ethnicity categories not included are Mixed (0.7%) and Chinese or Other (0.5%)

**Table 5.4 - Focus Group Participants' Experience of Domestic Violence**

Previous Experience of Domestic Violence	Yes		No	
	Count	Percentage	Count	Percentage
Previous Experience of Domestic Violence as Child	17	20%	67	80%
Previous Experience of Domestic Violence as Victim	18	21%	66	79%
Previous Experience of Domestic Violence as Perpetrator	12	14%	72	86%
Any Previous Experience of Domestic Violence	32	38%	52	62%

**Table 5.5 – Focus Group Participants' Experience of Domestic Violence by Group Type**

Focus Group Type	Personal Experience of Domestic Violence		Disclosed Perpetrator of Domestic Violence	
	Frequency	Percentage of that Group Total	Frequency	Percentage of that Group Total
Family Support Service Users Group	2	67%	0	0%
Perpetrators Group	3	100%	3	100%
Young People's Group	7	78%	2	22%
Substance Misuse Groups	8	57%	3	21%
General Public Groups	12	28%	4	9%
<b>Total</b>	<b>32</b>		<b>12</b>	

### 5.1.3 Key Characteristics of the Focus Groups

#### *General Public Groups*

Eight of the groups (n=43) were made up of members of the general public, accessed through a variety of organisations. Some groups were recruited through universities or workplaces (different groups included manual, skilled and professional workers), whilst others were recruited from community organisations such as a sports club, a local church, an arts group and a children's play group.

#### *Black and Minority Ethnic (BME) Group*

A group of six men was recruited from a local organisation representing BME groups in Hull. Two of the men in this group were Black Africans; three were Asian and one man was White Irish. African and Asian communities have only recently grown to significant numbers in Hull and this focus group facilitated the inclusion of members of these groups in the research. Members of this group placed more emphasis on their status in the community and expressed higher levels of concern about potential intervention by statutory services and the law in domestic violence than most of the other groups. BME groups are known to be over-represented in the criminal justice system at all levels (Home Office 2002) and such views may stem from group members' sense of their own vulnerability in relation to rights under the law and citizenship. If the social marketing campaign is to target men in these communities, these perceptions need to be taken into account.

### *Older People's Group*

Six older men, all of whom were over the age of 63 and retired from their primary occupation, were recruited to a focus group through a voluntary organisation offering services to older people. These men described their experiences of growing up and contrasted these with those of their adult children and grandchildren. They considered that the 'younger generation' lacked respect for authority since they were being raised by 'soft' parents who had few means to discipline children because they could be taken to court for 'hitting' their child. Consequently, men in this group did not perceive that social disapprobation or a fear of legal consequences would have much impact on the behaviour of abusive men.

### *Young Peoples Group*

A group of nine young men, the majority of whom were aged between 17 and 24 was convened through a voluntary organisation offering support and services to socially excluded young people. A number of men in this group openly disclosed experiences of witnessing domestic violence as children and described the anger and distress they felt on seeing their mothers abused. Some recounted how, when they were old enough, they took control of the situation to end the abuse. However, this group was the most vocal in suggesting that women played a part in provoking abuse. These ideas seemed to derive from their own experience of intimate relationships rather than their observations of violence when they were growing up. In general, men in this group rated all the motivating factors highly, with the exception of being worried about what others might say. They also appeared to be consistently wary of seeking help from anyone they might know (such as a GP, friends, relatives, co-workers), but were considerably more willing to seek help anonymously from a helpline. This sensitivity to the views of others might be seen as particularly characteristic of younger men for whom the peer group is of key importance.

### *Family Support Service Users Group*

One group consisting of three men was convened through a family support service. These men were familiar with statutory social care services having accessed them either currently or in the past. When discussing the causes of domestic violence, this group focused on communication as a key factor. They felt that men didn't know how to communicate with their partners or how to express their true feelings and could sometimes just 'snap'. This emphasis on communication may reflect the discourse of the group they attended. Similarly, all these men rated effects on children as a high motivating factor, perhaps as a consequence of their engagement with a family support service.

### *Substance Misuse Groups*

Two groups of men, fourteen in total, were accessed through local substance misuse services. Men participating in these groups had considerable experience of using health and social care services and can also be characterised as a group of men who had been able to acknowledge and seek help for a highly stigmatised problem (Hunt and Derricott, 2001; Tsogia et al, 2001). When discussing accessing services for domestic violence, these groups of men were more likely than most of the other groups to suggest that they would go to their GP and it was evident that some of these men had been referred to their current programme by their GP; these men spoke highly of their GPs' knowledge and professionalism. Men in these groups also seemed to be more concerned than those in some of the other groups about how others might judge them and were wary of approaching friends, relatives or co-workers for support or help with domestic violence. While these men had overcome the stigma and shame associated with substance misuse sufficiently to seek out and

utilise services, they remained acutely conscious of the barriers to disclosure of behaviour that is socially censured.

### *Perpetrators Group*

A group of three men was accessed through a local perpetrators' programme. These men had all been convicted of an offence related to an incident of domestic violence (at least one had spent time in prison) and had been directed by the courts to attend a programme for perpetrators delivered by the probation service. Members of this group had a high level of insight into men's abusive behaviour which had clearly been acquired through their interactions with the criminal justice system and their participation in the perpetrators' programme. While these insights were useful, it should be acknowledged that men in this group were not representative of the target group for the social marketing campaign as their abusive behaviour had been publicly acknowledged and they were already engaged with perpetrator services.

## **5.2 Definitions and Understandings of Domestic Violence**

### **5.2.1 Defining Domestic Violence**

At the outset of the focus group interviews, the group members were asked for their immediate responses to the term 'domestic violence'. Physical violence appeared to be the first response evoked for men in all groups. Some groups went on to mention sexual violence. In eleven of the 15 groups, the men identified some form of psychological abuse when discussing their definition of domestic violence. This readiness to acknowledge the psychological dimensions of domestic violence might be attributed to domestic violence campaigns that have been run in the past (see Section 2.2.7 of the literature review).

The men in the perpetrators group felt that, prior to participating in the perpetrator programme, they would not necessarily have classed psychological abuse as domestic violence. They described how their understanding of domestic violence had developed as a consequence of the programme. The perpetrators group also described difficulties in identifying their own behaviour as abusive, they considered such difficulties to be a consequence of the way they had previously minimised their own violence. One man described watching a popular TV show where domestic violence was portrayed, yet not realising that what was happening in his own home constituted domestic violence.

Focus group participants (with the exception of those in the perpetrators group who, it was considered, would be familiar with the definition as a consequence of participation in their treatment programme) were asked for their response to this definition of domestic violence which was based on the Department of Health's (2005b) definition:

Domestic violence is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners, regardless of gender or sexuality.

Many focus group participants were surprised that the definition was limited to those in intimate relationships, and that it did not include children and adult siblings. This suggests that popular understanding of the term domestic violence does not necessarily encompass a focus on intimate relationships.

However, the definition was also criticised as too inclusive. The phrases 'any incident' and 'threatening behaviour' attracted particularly negative comments. Several men suggested that a definition that included these phrases could be applied to them whenever they had a particularly heated argument with their partner. While

understanding that even just one incident of domestic violence was unacceptable, they argued that the definition provided did not capture the difference between an argument within a relationship and domestic violence:

....there's also a thing of context isn't there? Like people do have arguments and they do end up throwing crockery at each other. If for instance you miss your wife's birthday, you have a massive blazing barney about it but then the next day it's kind of forgotten.... I mean if somebody gets hurt through that, that's kind of, that's obviously unacceptable but that's an argument that's kind of, you know, it's not necessarily about controlling behaviour or anything like that, it's just two people who are really, really pissed off at each other and I think that is kind of separate from domestic violence or domestic abuse because it's just, you know, people do get cross with each other.

(General Public Focus Group 3)

The inclusion of financial abuse in the definition provided also elicited some expressions of surprise from focus group participants. Whilst a number of men acknowledged that finances could be used to control partners, they were concerned that the definition of financial abuse was too imprecise and left the door open to interpreting typical interactions with partners over finances as domestic violence. There were also concerns expressed that financial and emotional abuse didn't sit comfortably under the generic heading of 'domestic violence' since 'violence' was interpreted generally as meaning physical violence. These comments provide some useful indications of the extent to which men are prepared to accept definitions of domestic violence that extend beyond physical violence and identify those aspects of a broader definition which are likely to provoke resistance.

### 5.2.2 Who Perpetrates Domestic Violence?

In identifying who might be involved in domestic violence, the groups suggested that it usually involved heterosexual partners who were in some sort of relationship. In two groups (a general public group and the family support service users group) men mentioned that they would see domestic violence as occurring in homosexual relationships as well as in heterosexual relationships. In line with the comments discussed above about the definition excluding children and siblings, three of the focus group discussions suggested that domestic violence could entail young people being violent towards their parents or siblings (if living at home). One of the general public groups considered that domestic violence only happens in poorer families as a consequence of the pressures those families experience.

A frequently mentioned theme which was expressed in all but four groups was the view that 'women can be perpetrators too'. Men felt that in general, domestic violence committed by women against men was underreported because men were embarrassed to admit that their female partner was abusing them:

it works both ways as well, the wife could be beating the husband up, it does work both ways,

(General Public Focus Group 4)

- I think domestic violence cuts both ways, it means that a man can be abusing a woman and a woman can be abusing a man.

- A woman can be abusing a man.

- Yeah.

- It only works both ways, it's just not all men bashing women up, it's ...

- The trouble is where men don't feel ... they feel degraded to a point that they don't publicise it, they don't tell other people and I know that through first hand.

(Older People's Focus Group)

Whilst focus group members acknowledged that most physical domestic violence was probably committed by men, some men suggested that women were more likely to be psychologically abusive. A resistance to men being characterised as responsible for all domestic violence was clearly discernible amongst focus group participants.

### 5.2.3 The Language of Domestic Violence

Focus group participants were asked what terms they would use when speaking about domestic violence. Many of the men stated that they just did not talk about domestic violence (see Section 5.2.4 below); amongst those who said they would discuss it occasionally, very few described using the term 'domestic violence'. Some of the men reported using terms which explicitly described what the man was doing, such as: 'beating his wife'; 'wife beater'; 'Stella Artois wife beater'; 'he's given her a good hiding'; 'scrapping or just people fighting at home'; 'he's been battering the bird'; 'he belts his lass about'; 'bray her'; 'bashing about' and 'knocking her about'.

Other men suggested that they would utilise terms that were less precise, but which conveyed the message that something violent was happening at home. Such terminology appeared to have the effect of minimising the violence, either with the aim of making it more acceptable for public discussion or reflecting a lack of understanding of the severity of domestic violence. Some of the terms mentioned included: 'bullying'; 'give our lass a bit of a slap'; 'put downs', 'a slap in the brain' and 'he's been filling in his bird in'.

In two of the groups, the men noted that over the years, police dramas and reality shows on television had contributed to minimising the impact of the term 'domestic violence.' Men commented that when they saw a police officer (fictionalised or real) describing a domestic violence incident as 'only a domestic', there wasn't a great sense of danger for the victim or urgency for the police conveyed. Group participants were aware of recent changes in the police approach to domestic violence, but suggested that the connotations of 'only a domestic' might linger on:

I think previously people, you know, used to see on television programmes, police programmes, you know, the police say 'oh, it's only a domestic' and if people think that, you know, that the Police or no-one's going to be interested in that type of violence or dispute...

(BME Focus Group)

### 5.2.4 The Silence Surrounding Domestic Violence

Focus group participants confirmed the view expressed by the stakeholders that domestic violence does not get discussed. Men in the perpetrators group described the silence that surrounded both their own and others' violence towards women:

I think I'd echo what [focus group member] said, I've just been trying to think of an occasion where I've ever heard anybody telling me that they've been physically violent towards their partner and I can't think of an occasion where I've heard that in any way, shape or form, even in the ten years I was in the Army. So I don't think it's a, it's a bragging like subject in the same way that bedding seven women a week or scoring a winning goal at football or the new car you've just bought or anything like that, I don't think it's on the same par. I

think like [focus group member] said, it's just something that generally people are aware of it's wrong but either don't, can't or won't do anything about it.  
(Perpetrators Focus Group)

The men in the general public groups felt that it was not common for men to talk about relationships generally and they described domestic violence as a submerged issue that did not appear in casual conversation:

I think it's such a hidden thing as well, I think it's something that no-one talks about, I mean I've never had a conversation about domestic abuse with anybody ever or wife beaters, you know, I'm sure, you know, a lot of people have come across incidents like that or they've been involved in some minor levels of physical things when, maybe as a kid or as an adult and but no-one, no-one's going to talk about it, just like a complete blanket.  
(General Public Focus Group 3)

The issue of domestic violence might come up in men's conversations when they had been drinking or were describing a drink-related incident but it was considered a private matter which, because of the stigma attached, should remain private:

See this is one of the reasons where you never hear ... it's very rare you hear people talk about it like [focus group member] was saying, they may do if it's a drink related incident where they're talking with people and it comes out but generally it's not ... you never, ever hear people talk about it anyway, well they're not though are they, if they're being abusing their wives they're not going to go around boasting about it I wouldn't have thought so.  
(General Public Focus Group 7)

Members of the young people's focus group described domestic violence as one of many 'hidden' subjects that were not discussed openly. However, while the restrictions surrounding discussion of such topics as sex and drugs had lifted, they felt that domestic violence was still considered a 'taboo' subject.

The BME focus group also identified domestic violence as a taboo subject within Asian cultures. While domestic violence might be viewed as unacceptable by the community, calling attention to its existence was disallowed as it was considered even more unacceptable for an outside agency to become involved in private family matters:

- some things aren't acceptable but it's even sort of more unacceptable for outside agencies to get involved and it's still a private matter between man and wife.
- Yeah, I think that's, that pretty much sums it up, like even though it is frowned upon, it's even worse to have it publicly ... you know, have some, whoever, the Police ... come in and, you know, deal with it, because then again it comes down to the matter of prosecution and being in the public eye or whatever, ... then I think it comes into where you brought shame on the family kind of thing because whatever happened behind closed doors it's still frowned upon but when it becomes public and it's, it's even worse.

(BME Focus group)

### **5.2.5 Experiences of Domestic Violence**

Personal experiences of domestic violence either within their own families or in the local community were described in all the focus groups. In line with the views reported above concerning the silence surrounding domestic violence, focus group

members felt that generally people outside the family did not intervene in domestic violence, unless incidents happened in public.

As noted in Section 5.1.2, a number of focus group participants had experienced domestic violence in their own families when growing up and they drew on these experiences to conclude that if domestic violence happened in the home, it was generally not addressed by neighbours or members of the public. If anyone intervened, it was likely to be the adult children – some focus group members described standing up to abusive fathers once they became old enough – or relatives of those being abused:

I was in a similar situation and em, in the 70s, the same town probably and it was the neighbours wouldn't get involved, they would turn a blind eye you know 'oh it's nothing to do with us' and when ... it was me adopted father, when he was in the pub he was like he was the best thing since sliced bread, 'oh yeah he's a great bloke, blah, blah, blah' then he comes back, has too much to drink and starts it and eh you know and it was like there's nothing .. there was nothing really out there.

(General Public Focus Group 4)

I have a cousin and she married this chap... he was no good really and he hit her once or twice you know so she went back home, told her dad ....and he went round there ... he's a nice chap, and he explained to him that violence was not the answer and that there are other ways to sort things out and ... he didn't hit him.

(General Public Focus Group 5)

Some of the groups discussed the police's role in intervening in domestic violence. They felt that in the past, the police had generally failed to intervene, but noted that the response was now different:

- Because I remember years ago like, we used to have, my mam and dad used to have neighbours what used to fight week in, week out and when the Police turned up, oh no we can't do nowt, it's domestic, it's in the household, so they come away from the property because.

- Now it's, now it's different, they just ...

- You get taken away.

(Substance Misuse Focus Group 1)

In considering the outcomes of domestic violence in families they had known, group members noted that in some violent relationships the couple would split up whilst in others they would stay together. Those focus group members who described intervening in violent relationships in their own family felt that their intervention had helped to achieve change in that the relationship had either ended or the violence had ceased:

...when I got to a certain age and me father used to be heavy with his fists and I got to a certain age and I put him on his arse, that was the saviour for me mother. So I'd say ... all the way through the 70s, early 80s, me dad was ... coming home and we was little children, basically what it boiled down to was listening to that door banging on a Friday or Saturday night and he either came in in a good mood or he came in in a bad mood. Then all of a sudden you heard all the banging and the screaming and the shouting downstairs and stuff being thrown, you know you're lying upstairs a little child and it's petrifying. So.... I'd have got to a certain age and it was you know a blessing

for me mother, when my dad did it and I basically you know got there and gave him a good punching and he's never done it ever since until this day...  
(General Public Focus Group 4)

However, other examples proffered suggested that violent relationships could be perceived as impervious to intervention:

....he was punching hell out of her so naturally I jumped in and pushed them apart and then when I saw the baby ... 'bloody ell' I said, 'what the ell's going on ere?' and he gave me such a punch at the side of me face, he had a big gold saddle ring on, it cut all me face here. Well I lost it then and I ended up giving him a good hiding, oh I was suspended, I was .. and this was all through jumping in and I was lucky they never prosecuted but then I thought .. two days later sees them walking hand in hand and I thought 'oh well you, I nearly lost my job through it'.

(General Public Focus Group 4)

### 5.2.6 Understandings of Men's Violence

Focus group members produced a range of different explanations for men's violence which included: the influence of the local culture; intergenerational transmission of violent behaviour; male characteristics such as high levels of aggression, communication difficulties and ideas of masculinity; and characteristics which explained some men's violence such as low self-esteem or alcohol problems. Finally, women were considered to contribute to domestic violence by provoking it.

In a number of the focus groups, the local culture in Hull was felt to impact on men's readiness to resort to violence. Hull was described as a place where violence was widespread and embedded and where the cultural legacy of the fishing industry was considered to have promoted and sustained male violence:

I moved to Hull when I was six and prior to that I can't remember too much about it but certainly since moving to Hull, I was probably in fights, without exaggerating, nearly every day, constantly fighting and I don't know whether that's, you know, because I've always been like small, whether I had some sort of chip on my shoulder or I don't know, don't really know, but, I know, I was constantly fighting all the time and I always wanted to be in control of a situation, probably because of my size and never been seen to be inferior to others, try and work that little bit harder, I've got to be in control, got to be able to do this and I've got to be seen to be, you know, that person by others as well, I'm not being picked on etcetera....certainly looking at Hull, classic fishing village and stuff like that, you know, the men go out in the fishing industry etcetera and the wife's at home, the men come in, they go to the pubs when they're back at home etcetera, there's a lot of drink involved and that side of it's dying away now but people are still here, you know, and people haven't moved on, we all still live here, you know.

(Perpetrators Focus Group)

In common with the stakeholders' views reported in Chapter 4, men noted that such attitudes were slow to change in Hull:

I see a lot of people, young people especially in the areas where I live and they move a couple of houses away from their parents, they don't seem, there doesn't seem to be in Hull there's not a strong, you know, feeling of trying to sort of do things differently from their parents, a lot of young people just seem to have very similar types of lives and aspirations.

(BME Focus Group)

The intergenerational transmission of violence was discussed in all types of focus group, although some felt that witnessing domestic violence in childhood could either make some men reject violence or lead to the behaviour being reproduced across generations. All stressed that, regardless of what a person experienced as a child, domestic violence was not acceptable and men should not be able to use learned behaviour or generational violence as an 'excuse'.

Certain characteristics common to all men were identified as contributing to domestic violence. In one of the general public focus groups, men were considered to be naturally more angry and aggressive than women.

- I think all men have anger, even in today we all get annoyed, we all get aggression and stuff like that ....when you actually look at men, men are men and we're built different so you do tend to think ... I think we've got an aggressive nature to us, we do tend to be more aggressive, more anger and more I think if you see a woman you knowthey'll argue but they won't be .. you know it's over and done with type thing but with us we'll fight until we're black and blue.

(General Public Focus Group 4)

Men's difficulties in communicating feelings and discussing emotions (see also Chapter 2) were also seen to contribute to their abusive behaviour:

- ... it could be, there's a big communication thing because this person cannot communicate to the other person their true feelings or they're not getting across ...

- Yeah, totally agree.

- ... so it then spans out of control to their going to have to use another way of getting their feelings across be it attacking or doing any of this or psychological or emotional so I think it is .. communication is a big thing, the lack of being able to ...

- Yeah, it's like the stereotypical British person isn't it, British man in a way, they're not like Americans are a more emotional and speak about things whereas British men seem to like keep it bottled up a lot more.

(Family Support Service Users Focus Group)

Images and ideas about masculinity were also seen to feed into male violence:

this is more with the teenagers or the younger people, where they, they see it as a kind of achievement that you stand out, you know, you're strong and you know and then this kind of follows you up in institution, oh you're married but you still feel that you have to bring in, you know, in a way that macho image you know, strong man, powerful person.

(BME Focus Group)

Other factors identified as contributing factors to men's violence were pressures or triggers which might be experienced by some men but not all. The general pressures of modern life were cited by a number of men. As one focus group participant noted, "pressure of this modern day society brings it on people, maybe pushing people to their extreme" (General Public Focus Group 5). However, while some men were considered to cope with anger and frustrations appropriately, others were perceived to lack control over their emotions.

Men discussed how low self-esteem might contribute to some men being violent. They felt that men with low self-esteem would be quick to suspect their partner of

cheating on them and ready to become jealous of any other relationship their partner might have. It was also suggested that these men might seek to acquire a sense of power by asserting control over their partner; this was described as 'little man syndrome' (General Public Focus Group 4).

Alcohol and drugs were also identified as 'catalysts', 'triggers' or 'enablers' of men's violence. The perpetrators felt that alcohol made them quicker to react violently, but they did not see alcohol as a cause of their violence. One of the men in this group described how he had used alcohol as an excuse for violence in the past, when he would think "I haven't done anything wrong, it was the alcohol that's done it all and, you know, so I, I don't have a problem, why do I need to fix anything that's not wrong?"

Group participants also expressed the view that women provoked their partners into violence. Men in a number of the groups described women who would 'push and push' a man, yelling, nagging or screaming, without employing physical violence. The man was described as resorting to physical violence in an attempt to curtail this behaviour:

- They know the men's weaknesses, that's why isn't it?
  - Yeah, ...and if they know your weak points they will still touch on the same or push on the same buttons.
  - Same buttons.
- (BME Focus Group)
- Because the woman agitate the men to the point of boiling.
  - A lot of it's stress isn't it?
  - Keep on doing it and doing it.
  - Yeah, as [focus group member] was saying, most, most women say the man's at work while the woman stays at home, so the man's going to come home from work and his wife or girlfriend or whatever she'll be going [blah blah blah] to him, he's like look just.
  - Just give me half an hour, I've just got back from work.
  - Yeah, give me half an hour, I've just got back from work, you're nagging as soon as he gets through the door, just going to get the guy going, winding him up.

(Young People's Focus Group)

### **5.3 Men's Attitudes to Help Seeking**

Group members were asked what prevented men seeking help for domestic violence. Several common themes emerged; some concerned men's own perceptions and attitudes, including the anticipated stigma associated with disclosure of abuse. Men's wider difficulties in discussing sensitive issues were also cited; however, readiness to acknowledge domestic violence as a problem emerged as key and this theme was reiterated throughout the focus groups. Findings concerning the perceived availability, accessibility and trustworthiness of services and the extent to which services were seen to be targeted on men are discussed in Section 5.6.

### 5.3.1 Stigma, Shame and Embarrassment

The stigma, shame and embarrassment that a man might feel in admitting that he was a perpetrator of domestic violence were identified as major barriers to seeking help. Members of one of the general public focus groups pointed out that just being invited to a focus group to discuss domestic violence had evoked fears of stigma:

- They wouldn't go, it's, it's like this group here, when our partners first told us about it, we thought there's a certain type of person goes there, do I really want to go?

- [laughs]

- But then we all came and found it was something different. I think there's something attached to groups giving people help, no I don't want to go there because, you know, what type of person's going to be there?

- Yeah.

(General Public Focus Group 2)

Stigma, shame and embarrassment were identified as products of men's views that being vulnerable or asking for help were 'not what a man does'. Awareness of the potential legal and social consequences of disclosure were thought to amplify such feelings:

- I think self-image and ego really, like 'I have denial, I haven't got a problem' or 'I don't want ... I'm in fear that if I do put my hand up and say look I do have a problem, I don't want people just to start kicking up a big fuss and then I'm being outed and then I'll be then scared of what's going to happen next' and that would be the biggest thing.

- The shame and embarrassment.

- Yeah shame and embarrassment would be.

- Probably police just a bit below that, if they were being getting charged with somewhat and ...

- Losing everything.

- Yeah.

(Family Support Service Users Focus Group)

### 5.3.2 Men's Inexpressiveness

Just as men's lack of communication skills was seen as a factor contributing to their violent behaviour, so men's general inability to discuss sensitive subjects was also identified as a barrier to disclosing and seeking help for abusive behaviour:

so that's the first hurdle that most men would, most men especially don't like talking anyway, so that's the first problem.

(General Public Focus Group 8)

'Opening up' and sharing problems were identified as specifically feminine characteristics, whilst a reluctance to share problems was seen as essentially masculine:

So as, I think the other factor is it's just more of the natural way in which men are created against women because the way the female brain is made is they'll talk about more freely, give finer details than the men, men tend to be a bit reluctant to open up, just, most men, so again you find that as much as you're going through a problem but it's not so easy for us to open up, the women will between themselves talk about some things which to us as men we see as very ... but it's just the way they are naturally. It's like when they've got a problem they can so easily share it with someone else, but men are not made like that unfortunately or fortunately.

(BME Focus Group)

### 5.3.3 Acknowledging and Owning the Problem of Domestic Violence

It was generally agreed across all the focus groups that, in order to seek help for domestic violence, a man would have to recognise they had a problem and then be ready and willing to seek help. Acknowledging the problem was seen as the first step:

....the person in question would have to admit that they had a problem first because if they didn't admit it they might just carry on regardless, if they sort of are self-aware, really I've got a problem, I've got to do something about it

...

(General Public Focus Group 3)

Admitting to what they're doing, I think that's one of the main things, if they don't ... if they see as that's the norm, they're not admitting to what they're doing is wrong, where is the help?

(General Public Focus Group 7)

Men noted that the task of recognising oneself as an abusive man might be made more difficult by the fact that, in reality, few abusive men conformed to the popular stereotype of a perpetrator of domestic violence:

....people have this perception of what an abuser looks like and it's not, you know, I think we've proved that, it's, it's anybody.... It's the guy that's wearing the suit and in a fantastic job, with a nice house and a big car and all the rest of it, or it's the guy working on the building site or taking orders at McDonalds....it can be right the way from shouting, screaming, turning your back, walking out the door, locking the door, all the way through to what, what archetypally you'll see on, on TV or the films, which is the, the last bit.

(Perpetrators Focus Group)

Some men commented that a man might feel that it's not him who has the problem, but his partner. While the perpetrator continued to blame the victim for violence in the relationship, he was not going to be able to seek help.

- I think there would be a lot of men .. whether it's true I don't know but who believe that they'd been provoked into doing it, say if the wife's being ... a woman can get not totally physical but screaming, shouting and bawling and think 'well I had to do something to stop her, stop her being so ...'

- Yeah they seek justification don't they?

- Yeah so they might even think 'oh well it's her that needs the help, not me'.

(Family Support Service Users Focus Group)

One man in the family support service users group felt that the victim had a role to play in helping the perpetrator to admit he had a problem. He suggested that if the

victim called the police, a man would realise that his violent behaviour was not acceptable. It is interesting to note that, while there were a number of discussions about how women contributed to or provoked violence, this was the only instance in the focus group discussions where the victim was held responsible for normalising the behaviour of violent men:

Asking for help was frequently described as a huge step and asking for help for domestic violence was considered more difficult than asking for help for other types of problem:

- Yeah, no, I was just, if there was leaflets there and things on buses and TV and everything, they'd have to accept it themselves before they went to reach that and they'd have to feel comfortable enough to, to ring these numbers or whatever and that'd be a huge step....

- It's that ignorance, you know, it's that separating the act from the intention of the person...

- Yeah.

- It's a huge step for everybody, whether it's an alcohol problem, a drugs problem or any other sort of problem but people do it every day, people walk into agencies and say I have an amphetamine problem or I drink two bottles of sherry a day, I need help, so why should somebody who's been violent?

- Yeah but people don't go in and say I abuse my kids, into places but I think that's different to something that you're doing on yourself. Do you know, I have an alcohol problem, that is a big step to accept you have an alcohol problem but not very many people go and say I abuse my kid, I beat my wife, I, do you know? I think that it would have to be presented really carefully.

(General Public Focus Group 1)

Group members distinguished between different types of abusive men and emphasised that some perpetrators of violence might not be accessible to interventions. Such men might know that what they were doing was wrong and might know there was help available, but might not be interested in seeking help.

## **5.4 Motivating Change**

### **5.4.1 Effective Messages**

Focus group members agreed that the barriers to changing behaviour and seeking help were such that just wanting to change wasn't enough, abusive men needed external factors or messages to propel them to act:

- there needs to be something external to motivate the change, so the, the wishing, wanting, desiring ones, I put quite a low figure on because I think once you're in that position I'm not sure really wanting or worrying is enough to actually change somebody ...

- Yeah.

(General Public Focus Group 8)

External factors or messages were seen as key to both engaging with the process of change and to sustaining it:

- If these people want to improve themselves then they will but it's getting encouragement for it as well, you know my wife comes with me to the gym

and we encourage each other to come so if somebody is there to encourage you to do these things ...

- Then you do it.

- ... and then you ...

- That's it exactly yeah, as I said ....

- ... and you're going to need to want to do it.

- ... it's that first step, it's getting to the threshold and stepping over that threshold, it's the first step.

(Older People's Focus Group)

Focus group members were asked to assign scores to the range of motivating messages shown in Table 5.6. These messages were based on those used by the Australian *Freedom from Fear* campaign and were modified in the light of discussions with the Hull project's Steering Group. Scores of one to five (where one was least likely to achieve change and 5 was most likely to achieve change) were used to indicate the effectiveness of the various messages in changing the abusive behaviour of a man in Hull. The scores are helpful in conveying the relative weightings that focus group members placed on these messages and analysis of the discussions which accompanied the process of allocating scores illuminates the thinking which informed their judgments.

**Table 5.6 – Motivating Messages Ranked as Highly Effective by All Focus Group Participants**

<b>Motivating Message</b>	<b>Ranked as Highly Effective</b>
Effects on His Children	67 (80%)
Worried about Losing His Wife/Girlfriend	56 (67%)
Knowing Help is Available	44 (52%)
Getting in Trouble with the Law	43 (51%)
Wanting to Improve Relationship with Wife/Girlfriend	42 (50%)
Trying to do Things Differently from when He was Growing Up	40 (48%)
Worried about What Others Might Say	33 (39%)
Wanting to be a Better Person	27 (32%)

Findings from the score cards were analysed across all focus group participants and by different categories of focus group. Table 5.6 combines the highest scores allocated (4 and 5) to show that concern about the effects of domestic violence on children was most frequently identified as a highly effective message across all the groups: 80 per cent of group members gave this message a high effectiveness rating. Being worried about losing his wife or girlfriend emerged as second in the ranking with 67 per cent of participants rating it highly. Four factors – knowing that help is available, getting in trouble with the law, improving his relationship with his wife or girlfriend and trying to do things differently from when he was growing up – were rated as highly effective by about half the participants, while concerns about what others might say and wanting to be a better person were allocated a high effectiveness rating by between 30 and 40 per cent of participants. In discussing these findings, differences that emerged between the views expressed by the various types of focus group will be highlighted.

**Table 5.7 – Highly Rated Motivating Messages by Focus Group Type**

Motivating Message	Group Type						
	General Public Groups	BME Group	Substance Misuse Groups	Young People's Group	Perpetrators Group	Family Service User Group	Older People's Group
Effects on his Children	✓		✓	✓	✓	✓	✓
Worried about Losing his Wife/ Girlfriend				✓	✓	✓	
Knowing Help is Available					✓		
Getting in Trouble with the Law		✓		✓	✓		
Wanting to Improve Relationship with Wife/ Girlfriend		✓		✓			
Trying to do Things Differently from when He was Growing Up				✓			
Worried about What Others Might Say							
Wanting to be a Better Person		✓		✓			

✓ - Highly rated by focus group

#### **5.4.2 Worried about Effects on his Children**

Of all the motivating factors listed, concern about the effects of domestic violence on children was highly rated by the most men. As Table 5.7 shows, it emerged as the most highly rated motivating message across all group types with the exception of the BME group (who gave their highest rating to 'wanting to be a better person'). Equally telling, no one scored this as 1 or 'least likely to achieve change'. Overall, only five men gave this motivating factor a '2'. Not all the focus group participants had children, but even in the one group which didn't include any fathers, men still gave this motivating factor the highest rating. Children were seen to have an emotional currency which outweighed all other factors:

Well if he's likely to change, if he wants to change he's going to change for his kids isn't he? .....

Men drew on their own childhood experiences of domestic violence to invest this motivating message with personal saliency:

Well as a child me dad did used to hit me mother a few times and it did have an effect on me and it's not very nice and I think if ... again I think parents don't realise at the time when they're doing it but if you took them aside and told them I think that would have a big powerful effect on people, especially the children.

(Family Support Service Users Focus Group)

One view expressed was that men would not want their children to grow up to be abusers:

Because if I was violent towards the missus or anything like that, I still would worry about what my children would be like because I wouldn't want them to be like me.

(Young People's Focus Group)

The value attached to family and to men's relationships with their children was emphasised in discussions of how the effects of domestic violence on children might motivate men to change. In addition to concerns about harming the children, fear of losing the children was considered to be a strong motivating factor. One of the general public focus groups noted that, even in violent relationships that ended in divorce, a father would be likely to want to retain a relationship with his children:

Well I agree the children because this.... it's difficult anyway isn't it because 'it's horses for courses', everyone is different, but in general you'll find that you know blokes irrespective what if .. you know when they're divorced and things like that, always the problem is access to the children and you know keeping a relationship with the children and it's got to be the children, even if it's a violent relationship, I would think the children.

(General Public Focus Group 5)

Men's interest in maintaining a positive image of themselves in their children's eyes emerged as central to concerns about harming children. Focus group participants evoked vivid images of children who were frightened by their fathers' behaviour and withdrew from them as a consequence. The image of the child whose father appeared to them as a 'monster' recurred across groups and acquired particular force from participants' ability to project themselves into the child's position in their accounts. In some cases, focus group participants were explicit that they were drawing on their own experiences to produce these vivid pictures:

I think if you saw your children cowering or hiding or even flinching from you because they thought you were going to hit them, I think that would be a really big wake up call, it would be a big wake up call for me if I was in that situation, I think, you would certainly, I think that more than your wife or partner cowering in a corner, I think your children flinching from you, I'd like to think it would wake up anybody but obviously it doesn't always but certainly if I put myself in a perpetrator's shoes, I think that would just wake you up.

(General Public Focus Group 1)

What I don't want to do is make my child see me as a monster, I mean don't get me wrong I have shouted at my wife and I've seen the look on me son's face and I've thought 'Christ that's just shouting' you know and if shouting can produce that look on a child's face what did I look like when I was witnessing

me dad you know pasting me mother so god knows what we all thought, like as kids we must have looked like white as ghosts.

(BME Focus Group)

The perpetrators shared some experiences of how their own children had reacted to their violence to demonstrate the effectiveness of awareness of the harm it could inflict on children:

- The thing that stopped me in the middle of the assault against [my partner] was, was seeing my son at the top of the stairs watching me and that brought me out of the rage, stopped me from carrying on.

- And that, that will stay with me forever, is just that look on his face. A mixture of disgust and terror and I think just the fact that a twelve year old saw what I was doing was just probably hardest thing to bear.

(Perpetrators Focus Group)

In one of the general public groups, the men discussed whether emphasising the effects of domestic violence on children would have an impact on all men. One of the men in this group felt that such a campaign was unlikely to motivate him, because he did not have children. Another pointed out that everyone has been a child and even if they don't have children, they should be able to relate to such a message:

I think maybe it taps into their own, seeing themselves as a child and you know, as a victim but it's very likely they suffered as children and maybe see images of that would then tap into something like deep rooted, into their own, learnt behaviour.

(General Public Focus Group 3)

### **5.4.3 Worried about Losing his Wife/Girlfriend**

The prospect of losing his wife/girlfriend, was scored highly by 67 per cent of all focus group participants and emerged as second in the ranking of high scoring messages (see Table 5.6). At least 50 per cent of participants in each type of group scored this as a high motivator.

Some men felt that a man who is abusive to his partner often still loves her and isn't aware that abuse will drive their partner away. The realisation that loss of the relationship was a likely consequence of abuse was felt to be a strong motivating factor in such cases:

There's a thought of losing the wife or the girlfriend, I'm pretty sure that would hit these guys hard because when they were in that physical contact and hitting the wife, I'm sure they were not thinking that this will drive her away.

(Family Support Service Users Focus Group)

Others felt that fear of being alone might motivate men to seek help. It was noted that that fear of loneliness might increase as men became older:

Worried about losing girlfriend I put that at five, it's the same as like the relationship isn't it? Just again nobody wants to be out on their own, especially when you're getting, I don't know, it depends on your age, if you're young enough, I'm forty-three, so it's, I don't really want to be on my tod anyway.

(Substance Misuse Focus Group 1)

Those participants who didn't rate this factor so highly felt that men who are abusing their partners don't really care if they lose that relationship; their behaviour was seen

to reflect the fact that they didn't value that particular relationship or that they attached more value to the sense of power and control they derived from the abuse:

- But he might not be bothered when he loses his bird like actually he's beating her up because he likes it...
- It gives him a buzz.
- Yeah, a powerful meaning.
- True.
- It makes him think he's hard.

(Substance Misuse Focus Group 2)

#### **5.4.4 Knowing Help is Available**

Knowing help is available was rated highly by just over half of the focus group participants, but even those who gave it a medium to high score felt there were some limitations to it as a motivating message. A key point made in this respect which recurred in discussions about help seeking throughout the groups was that, unless a man recognised that he personally had a problem and needed help, knowing help was available would have little effect:

Knowing help is available I've put, sat on the fence at three because knowing help is there doesn't give you the motivation but when you, if you want the, if you've got the motivation knowing help is there helps you get off your arse and get going with it.

(General Public Focus Group 8)

There was also a perception that the message that help is available might be undermined by the concern that contacting services would expose abusive men to the scrutiny of statutory agencies:

I think it goes back to one of the reasons why men maybe don't go for help is that they're not guaranteed to know one way or another whether they're going to get any access to the kids and if they don't then it's going to screw their heads up even more.

(Substance Misuse Focus Group 1)

The perpetrators focus group members all gave a high rating to the message that help is available. They differed from other groups in the unanimity of their ratings for this message; however, since these men were receiving treatment for their abusive behaviour at the time of the research, they were more likely to be convinced of the value of such help than other men.

#### **5.4.5 Trouble with the Law**

Concern about getting into trouble with the law was another motivating factor that was rated highly by approximately half the participants. Men in the general public groups and the older men's group were more likely than those in other groups to give this message a low rating while most members of the BME and young people's groups rated this highly. These groups might be considered those with the most to lose through involvement with the criminal justice system. For BME men, the implications of such involvement might extend beyond the possibility of criminal prosecution to threaten their status within their community and, for some, their rights to remain in the UK.

Members of the perpetrators focus group also all rated this message highly; this appeared to reflect their personal experiences of involvement with the criminal justice system. The perpetrators spoke of educating the public on the legal consequences of abusive behaviour for perpetrators. They felt there was a common myth that the police wouldn't follow-up on domestic violence incidents or take them seriously. They also considered that men should know that, even if their partner retracted their statement, they would still be prosecuted.

Yeah, but I think that's, that's a myth that needs to be dispelled, I mean I certainly wasn't aware that for any domestic call out now that the Police remove the male from the property, irrespective of what's gone on, even if it's just been an argument, if they've been called you, you're moved.

(Perpetrators Focus Group)

The perpetrators also described the restrictions imposed by a criminal record and noted the number of times they now had to disclose a criminal record on official forms as well as the implications for employment. However, whilst this message seemed salient for those who had much to lose or had experienced the criminal justice system, it appeared less effective for groups of men drawn from the general population.

Those who did not rate this highly as a motivating factor took a different position on some of the issues identified by those who considered it highly effective. Some spoke of their belief that the police didn't take domestic violence seriously or that, even if police did follow an incident through, the victim could retract her statement and it would go no further. Others believed that, because domestic violence took place behind closed doors, the likelihood of the police getting involved was perceived as low:

....initially anyway they [the police] are not going to do anything if they turn up, they're not going to say much, they're not going to sort of drag anyone off are they, they're going to say `you know you can't carry on like this you know and if things go any worse and we have to come back well we may have to....'

(General Public Focus Group 5)

Another argument advanced by those who felt that getting in trouble with the law was not likely to be an effective motivating factor was that these men had little respect for the law:

If you were that kind of mind, and again I'm making sweeping generalisations I think about the mindset of someone who is, who could do this but I think if you're doing that. You're not bothered about law then are you?

(General Public Focus Group 2)

#### **5.4.6 Wanting to Improve Relationship with Wife/Girlfriend**

This message divided focus group participants with half scoring it highly while the other half rated its effectiveness as low or moderate. Again, both the BME focus group and the young people's focus groups rated this factor more highly than other groups. A number of those rating it highly commented that this would depend on the quality of the relationship and the man's feelings for his partner.

Those that rated this factor as low felt that many abusive men would not acknowledge domestic violence in their relationships, so they would not see that anything needed to improve:

I think there can, there'd probably be perspective from a lot of perpetrators that it doesn't need improving and I think it would actually have to get them to the realisation of what their behaviour is achieving and producing before they could see that it would have to improve, I think if you just did snap interviews with perpetrators of sort of violence against their partners and if they said, asked them just a straight question, does your relationship need improving? I think a high percentage would probably say no, I don't think so.

(General Public Focus Group 1)

A number of focus group participants commented that many abusive men were unaware of the effects of their behaviour on their partners and needed to be educated about this. Victims' accounts were thought to offer a powerful educational tool:

- Apart from actually seeing anything sort of visibly.... eh physically done to the partner it's .... they've got to realise just how it does really affect the partner, you know make them really see if they were the victim then see how they would experience it.

- Yeah, make them well meet other victims who've been treated really badly.

- Yeah so they see another person and think 'oh am I doing this to my wife?'

(General Public Focus Group 2)

#### **5.4.7 Trying to do Things Differently from when he was Growing Up**

Again, approximately half the focus group participants felt that trying to do things differently from what they had seen and experienced when they were growing up represented a powerful motivating message, while the other half found it less convincing. The BME focus group did not rate this as highly as they did other motivating factors, but the family support service users group and the young people's group rated this much more highly than the other groups. Men in all the categories of groups described experiences of growing up with violence, some within their family and others in their communities. Those with these personal experiences drew on them to explain the scoring they gave this message. Some felt that men had absorbed the behaviour they witnessed as a child, others felt that they might react against it whilst others felt that different men would respond differently to their childhood experiences:

I think if it's from when they were growing up, it's going to be pretty ingrained by that point and ...it might be accepted by that point, so I think from when they were growing up, if there's an example when they were growing up it's either, they're either going to follow by example or they'll be repulsed by it and it will make them go the other way.

(Substance Misuse Focus Group 1)

Some of those who rated this message as low felt that men who grew up with violence would not recognise that their own violence was a problem, so a campaign aimed at asking them if they wanted help to change would be ineffective

Yeah, if it is a learnt behaviour and it was something that you see as the norm, then why would you want to do things differently if you think it's the norm anyway?

(General Public Focus Group 1)

#### **5.4.8 Worried about what Others Might Say**

Concern about what others might say received more low or moderate ratings (61%) than high ratings (39%) from focus group members. Some of those men who felt such a message would be effective in changing men's abusive behaviour cited 'naming and shaming' approaches that had been used in relation to other types of behaviour such as Anti-Social Behaviour Orders (ASBOs). One man suggested that newspapers should include a 'name and shame' section. Some were concerned that public exposure for domestic violence could represent a 'badge of honour' whilst others thought that men's violence against women was viewed as 'not manly' and attracted social disapproval:

See I put a five but my mind's, my mind's fluctuating massively, I mean the only problem I have with that is that notion of the whole ASBO nation culture that in some communities and in some areas it could be seen almost as a badge of honour to some extent,

(General Public Focus Group 1)

I understand what you're saying but in that sort of culture what you're talking about, the, there is, I agree there is a lot of sexist comments and again, again admittedly 'dinner on the table' sort of thing but amongst that sort of culture shall we say, there is still a, a thing about hitting women, it's always been a taboo and, and it's more like a, you know, knock it out on his six stone wife but he wouldn't tackle a real man, that sort of attitude and I do think there is, I think being named and shamed, even amongst people who, like you've described, but it, it certainly wouldn't be a badge of honour

(General Public Focus Group 1)

Others pointed out that the prospect of public shaming would only act as a deterrent if men thought that they were going to get caught:

- Because there's always going to be people, I mean it's like that thing of, you know, criminals you'll always be found out, sort of the crime thing but people, criminals always think, you know, you always think ah I'll be the one that gets away with it. So I think the shaming thing's not going to work because people who are doing it are going to be ones that think ah they'll never find out, no-one will ever spot the bruises on her or whatever, so I think the shaming thing, it won't work, they might think, yeah, those other people might be shamed but.

- For the DVD piracy shaming campaign, I mean has anyone not thought I'm not going to buy a DVD copy because of the advert for this?

(General Public Focus Group 3)

Some of the focus group members commented that they would be concerned about how close family members, particularly their parents, responded to the revelation that they had been abusive to their partner. One focus group member felt that fear of revenge from partner's relations could be a motivating factor and another mentioned fear of 'comebacks' as a factor. Others saw family attitudes as motivating change. It was suggested that abusive men would be more likely to seek help if they knew they would be supported by their wider family. It was clear that, for many men, their parents' views and values remained influential:

I put effects on family, mainly my mam and dad because I don't want them to be, they brought me up as good ...to be going through this crap that I'm going through and putting up with it and they thought 'well we brought you up properly, we never did this to you', they never did...

(Substance Misuse Focus Group)

However, concern about what others might say attracted the lowest ratings (1 or 2) from the largest proportion of participants (37%) of any of the motivating messages. Two-thirds of the youth service users group which had a tendency to rate most of the motivating messages as high, rated this factor as of low or medium effectiveness. A common theme amongst those who rated this motivating factor as having little or no effect was that abusive men were impervious to others' disapproval or contextualised their behaviour as 'normal':

I don't think there is, I don't think people are that bothered these days. These people realise they're doing it, the ones that are doing the beatings and stuff, since they've seen it as the norm as they're growing up.

(General Public Focus Group 7)

#### **5.4.9 Wanting to be a Better Person**

Most focus group members (68%) rated wanting to be a better person as having only moderate or low effectiveness as a motivating factor. However, the BME group was an exception to this pattern: all BME group members rated this factor highly. Since members of this group may feel particularly exposed to the negative perceptions of others, a positive perception of themselves may be of particular importance to them.

For some of those who did rate wanting to be a better person highly, internal motivation was seen to be a strong driver of change:

Because I don't think I would, if was ever in a position, oh, I've got to do it for my girlfriend, no, no get out, I do it for myself because I can't have a girlfriend ever again, no way, that's how I rated it.

(General Public Focus Group 2)

However, most men felt that wanting to be a better person meant different things to different people and was therefore too imprecise a message for the campaign to utilise:

- I think the notion of better as well can be difficult because what is better to the individual?

- it's a bit vague.

- Yeah, I mean, you know, what I perceive to be what would make me a better person is, can be very, very different to what someone else who sort of, you know, is earning sort of nine grand a year kind of thing, you know, scraping to make ends meet and has to support a family and stuff like that.

(General Public Focus Group 1)

Men also suggested that, as with other attempts to be a 'better person', such a goal could easily fall by the wayside, even with the best of intentions. Focus group members pointed out that many people make plans to diet, exercise, stop smoking and to adopt other ways of being a better person, but very few actually stick to their resolutions:

I scored wanting to be a better person two because everybody.... you know, everybody starts out with great intentions but they have lapsed, it's like a diet.

(General Public Focus Group 7)

## 5.5 Summary points from Chapter 5

- ∞ The focus groups were convened with the aim of capturing the diversity of Hull's male population. Men in the general population were well-represented but groups were also held with convicted perpetrators of domestic violence and with men who, because of their history of substance misuse, were more likely to have experience of domestic violence. However, experience of domestic violence in childhood, as a victim and as a perpetrator was anonymously disclosed by men across the full range of focus groups.
- ∞ Men's immediate response to the term 'domestic violence' was to conceptualise it as physical violence. Although focus group participants acknowledged that domestic violence could involve psychological forms of abuse, they were uncomfortable with too wide a definition which could lead to what they considered an argument being labelled as abuse. They were also resistant to any definition which suggested that only men perpetrated domestic violence.
- ∞ Focus group participants reported that men rarely used the term 'domestic violence' but rather used a series of colloquial terms which had the effect of minimising violence. Domestic violence was described as a hidden issue that men rarely discussed. Family members, such as adult children or other relatives, were the people identified as most likely to intervene to stop domestic violence.
- ∞ A wide range of factors was identified as contributing to men's abusive behaviour including men's low self-esteem, difficulties in expressing feelings, stress and images of masculinity. Focus group participants agreed with the stakeholders in identifying high levels of male violence as embedded in the local culture. Focus group members also considered that women could play a part in provoking violence. .
- ∞ Men's capacity to seek appropriate help for abusive behaviour was judged to be limited. The perception that disclosing problems and asking for help constituted non-masculine behaviours contributed to anticipated stigma, shame and embarrassment and group members identified these as major barriers to seeking help. Fear of the consequences of disclosure was also thought to act as a disincentive to seeking help.
- ∞ Focus group participants identified a man's ability to acknowledge that his behaviour was abusive as the key precondition for both seeking help and changing abusive behaviour. This theme recurred throughout all the groups with participants repeatedly highlighting that acknowledging that there was a problem was the necessary 'first step' in the process of change.
- ∞ Concern about the effects of domestic violence on children was the motivating message most frequently identified as highly effective across all the groups. Children were seen to carry a high emotional currency which derived in part from focus group participants' capacity to draw on their own childhood to identify with children's experiences of domestic violence. Focus group members emphasised that men's high investment in maintaining a positive image of themselves in their children's eyes contributed to the salience of this message.
- ∞ The threat of a man losing his wife/girlfriend as a consequence of his abusive behaviour was also rated as an effective message by a high proportion of all focus group participants. Those rating this motivating factor highly

emphasised men's fear of loneliness as a factor contributing to the impact of this message.

- ∞ Messages concerning the availability of help, the legal consequences of domestic violence, improving a man's relationship with his wife/girlfriend and about trying to do things differently from when he was growing up were all rated as effective by about half the group participants. Those who did not rate these messages highly emphasised that men needed to acknowledge their abusive behaviour first and that men might not believe their abuse would be discovered or that the law would take it seriously. Members of the BME, young people's and perpetrators groups were more likely to rate the threat of legal consequences highly as a motivating factor than men in other groups.
- ∞ Most focus group members gave low effectiveness ratings to concern about what others might say or wanting to be a better person as motivating factors. However, men did acknowledge that the perceptions of close family and friends could be influential. Members of the BME focus group were much more likely than those in other focus groups to judge wanting to be a better person to be an effective motivating factor.

## Chapter Six: Focus Group Findings: Sources of Help for Abusive Men, Messages and Media for the Campaign

### 6.1 Sources of Support

This chapter explores participants' attitudes to different sources of support for abusive men and then moves to analyse the messages developed by the focus groups for use in the social marketing campaign and their views on how the campaign might best be delivered. Focus group members were also asked to consider where they might seek support if they were a perpetrator of domestic violence. Participants' views of different services were captured both through scorecard ratings and through the discussions that accompanied their completion of scorecards.

#### 6.1.1 Accessibility of Services

It was widely felt that services needed to be easily accessible for perpetrators of domestic violence to seek help. It was noted that, too often, services were promoted that could only be accessed after a long period of waiting for a place to become available. Some men expressed the belief that the social marketing campaign would need to overcome the scepticism fostered by such experiences:

- I think it's got to be accessible the service and responsive because the last thing you want if you've, you know, recognised that you've got a problem and you've got involved with someone and you know you're in that situation where, you know, you're going to .. you might need help, you want to speak to somebody, the last thing you want is 'oh I'm very sorry you're going to have to wait a fortnight'....

- Yeah, yeah, yeah.

- ... oh that's a great help yeah!

(General Public Focus Group 5)

This acquired scepticism could combine with a longstanding lack of trust in services. Focus group members felt that many people in Hull were wary of engaging with formal services or agencies and that a general lack of confidence in the system would undermine help seeking:

A lot of people in Hull have had, to varying degrees, interaction with the authorities, whether it be Police, Probation, Social Services or anything else and I suspect that most people's perception of those authorities is not one of trust.

(Perpetrators Focus Group)

Locating relevant help for perpetrators of domestic violence was considered a problem. One man participating in the perpetrator group described going to the police to turn himself in after assaulting his partner and being unable to find the help he sought:

Even, even after I'd been arrested I went on the net and started looking for help as an abuser and couldn't find anything, I must have gone through thirty pages of domestic violence, males, perpetrators of abuse, every, every permutation of search I could think of and gone through layers and layers and could find nothing. I couldn't even find a counsellor to ring and speak to, apart from one in London that only dealt with people in London.

(Perpetrators Focus Group)

Participants across a range of groups noted that services were targeted at victims rather than perpetrators. They spoke of the high profile campaigns aimed at victims and how shows on television which portray domestic violence often have voice-overs providing contact information for victims:

That's what I'm saying, it's even things, if you watch, if there's ever a sort of domestic violence storyline on the television or any sort of drama, there's a little voice over going 'are you a victim?' It's never: 'are you a perpetrator? Call this number for our helpline.'

(General Public Focus Group 1)

In addition to the lack of campaign messages targeted at perpetrators, some of the men noted that professionals often did not know where to refer abusive men:

I think one of you mentioned like go see your GP, a lot of GPs don't even know that these services exist themselves because they've got no, there's no notice up and you ask, you approach them saying I've got a problem, I'm slapping my wife, you know, partner around for example, they won't say well I don't know what we can do, we'll refer you to the Mental Health Team and it's only through pushing you from pillar to post they might effectively make it....

(General Public Focus Group 1)

### 6.1.2 Rating Sources of Support

Focus group members were provided with a scorecard similar to that used to structure the discussion about motivating factors and ratings from 1 to 5 were given to indicate the likelihood of a perpetrator using different sources of help. The sources of help listed on the scorecards were chosen by the researchers in the light of relevant literature and with the advice of the project's steering group. The ensuing discussions revealed the thinking that informed participants' allocation of scores. Table 6.8 shows that a telephone helpline clearly emerged as the source of support most frequently rated as likely or most likely to be used by abusive men with just under three-quarters of all participants giving this a high rating. GPs, friends and relatives were given a high rating by about 40 per cent of all participants, while the police and people at work attracted a high likelihood rating from less than ten per cent of group members. A clear hierarchy of sources of support was identified from these scorecard ratings and is shown in Table 6.8.

**Table 6.8 –Sources of Support Rated as Likely or Highly Likely to be Used by Abusive Men by all Group Participants**

Sources of Support	No. of Group Participants	% of Group Participants
Telephone Helpline	62	73.8%
GP	36	42.9%
Friends	35	41.7%
Relatives	32	38.1%
Police	8	9.5%
People at Work	8	9.5%

### 6.1.3 Telephone Helpline

In explaining their high ratings of a telephone helpline, the most common theme to emerge from the men's discussions in all groups was the anonymity of such a service. Men in all groups felt that being able to access support without anyone knowing who they were was key. An anonymous phonenumber was seen as an opportunity to seek support without damaging others' perceptions of them:

- I mean yeah it is, it's definitely the anonymous side of it that if you do realise you've got a problem you want, you, sometimes you're like desperate to speak to someone to get advice or, you know, someone to kind of turn to that, that can say, yeah, you should do this, this or this but who, who can you tell? I mean you can't really speak to your friends because they've got a perception of you, you've got, I mean unless you're so close that you tell them about the problems and so on.

- Maybe they'll be supportive.

- But, they might be, but generally speaking everyone has like a face that they show the public or everyone around them, especially at work, I mean you don't want to be speaking to someone at work and then next minute everyone in the office is giving you mucky looks because they all know you're a bit of a, you know.

- Wife beater.

- Wife beater as we mentioned before. So I mean I think that's, because of the anonymity of it and I don't know.

(BME Focus Group)

The anonymity offered by a telephone helpline was seen as a means of evading judgemental attitudes:

- Because it's just, there's nobody there, there's no face, you can't put a face to the voice can you?

- No, you're just talking to the floor.

- Not going to judge you are they?

- You don't need to be in a house or in an office you can be out for a walk with your mobile.

(Substance Misuse Focus Group 1)

The assurance of confidentiality was also emphasised and was seen as allowing men to overcome their fear of provoking consequences beyond their control:

- I think I'd want to know that if I'm making that contact they're not going to ring the Police.

- That's right.

- You know.

- Yeah.

- Because otherwise it's, you know, you're not going to bother because....

Your mind, in your mind you think well it's going to make it worse for my kids, they're going to whip me out of it.

(General Public Focus Group 8)

A telephone helpline was also perceived to offer men control over the help seeking process: men could choose when and under what circumstances to call and could limit the extent to which they engaged with the service. The fact that disclosure could

be consequence free with no opportunity for the service to follow up a caller was identified as an attractive feature of a helpline:

Put the phone down if it gets too much,

(General Public Focus Group 1)

- And also they can't come back to you either.

- See.

- They can't contact you, you're in control.

- Yeah.

- Of the conversation.

- That's true, yeah.

- Because you can walk away, they can't then talk, come back and say how's it going? If you've had a bad day.

(General Public Focus Group 8)

The immediacy of the support available from a helpline was also considered valuable. The absence of a waiting period between forming the intention to seek help and doing so was highlighted. This aspect of a helpline was contrasted with other sources of help which entailed making an appointment in advance or waiting on the convenience and availability of others:

- Phone helpline again I've used it, that helped me because it was at an awkward time, it's day or night like me, you ring anybody day or night, you can't get hold of your GP late at night or your family and friends, you don't want to ring your mam and dad whatever two, three in the morning or...

- No.

(Substance Misuse Focus Group 1)

Those individuals who didn't rate the helpline as highly as most group participants explained that they considered that men would need some external motivating factor before they would contact a phonenumber, again men's difficulties in recognising their behaviour as abusive were emphasised:

Yeah, I've got two, I wouldn't score it the highest because I feel even with that being the person that I am, I'd still probably need some sort of push from my wife in order to make that first call but I think, so it'd be summat, so there's, it's a push over too far but yeah, if it was there and I was pushed and stuff like that, I think I would take that option.

(Perpetrators Focus Group)

A few men felt that they would be unlikely to seek support from a phone helpline, because they would want a face-to-face discussion with someone who wasn't a stranger:

I thought the phone fairly high, highly but not that highly because I wouldn't particularly want to talk to a stranger about it, even though it's anonymous.

(General Public Focus Group 8)

### 6.1.3.1 Using a Telephone Helpline

Focus group members were asked if they thought a helpline would be used by abusive men and, although this was the mostly highly rated source of help for perpetrators of domestic violence (75% of men rated themselves as highly likely or likely to use a helpline), the response was more varied when focus group members were asked whether men would actually make use of such a service. Whilst some participants considered that it would be utilised, others felt that men would not call a helpline. These discussions picked up the theme reiterated throughout the group discussions concerning the need for men to acknowledge that they had a problem with domestic violence before they could make that call. A member of the perpetrators group drew on his own experience in describing this barrier to calling a helpline:

I probably wouldn't have rang it because in my mind .... I wasn't doing anything wrong, so why would I need to ring a phonenumber to say I need some help and I didn't think I did.

(Perpetrators Focus Group)

Another member of the perpetrators group suggested that perpetrators' partners might play a key role in convincing abusive men to call a helpline.

In anticipating the extent to which a helpline would be used, men revisited earlier discussions in the groups which characterised talk about personal problems as unmasculine behaviour. They felt that they would want clarity concerning the nature of the service and the risks involved in making a call and described men undertaking a cost-benefit analysis and weighing the anticipated gains of using a telephone helpline against the potential risks to reputation and self-image as well as against the risk of legal consequences. It was also noted that younger men might find a phonenumber a more acceptable means of accessing help than older men.

Some of those who considered that a helpline would be utilised stressed that it was only the first step in the help seeking process and that it needed to be backed up by other forms of support.

### 6.1.3.2 Helpline Availability

Men considered that the helpline should use a local or 0800 number and should be staffed 24 hours a day, seven days a week, 365 days a year. Group participants were concerned that staffing the helpline for less than 24 hours could greatly reduce its effectiveness, as it was considered that men would be unlikely to 'call back' or 'leave a message', as they would be looking for an immediate live response:

Yeah. That's the worst thing you could do is say 'oh no there's nobody available to talk about that right now, why don't you ring back' cause that person ain't ever going to ring back, you've lost that one and only change.

(Family Support Service Users Focus Group)

Some groups acknowledged that limited resources might make 24 hour staffing unfeasible but there was no consensus concerning the best hours for providing a limited staffed service. Some men felt that evening and night time - 9pm to 5am - would be the most helpful times as men could call immediately following a 'blow-up'. Other men felt that abusive men would be more likely to call during the daytime once they had sobered up and were feeling remorseful about their behaviour of the previous night.

### 6.1.3.3 Staffing the Helpline

The groups considered whether a man or a woman should answer calls to the helpline and, while there was no overall agreement on this issue, several concerns were raised about women answering calls. Men were concerned that a woman might be perceived as judgemental or as representing a threat or challenge to an abusive man calling the service. One of the men in the perpetrators group stated that, even though he had a high regard for both the facilitators for the perpetrators group he attended, he felt '100 per cent more comfortable' with the male facilitator than he did with the female facilitator. It was also suggested that there might be a danger of the helpline being misused by men who aimed to be verbally abusive to women if they knew there was a woman answering the calls:

- But do you not think that that woman on the other end of the phone might turn round and judge you .....
- No, she shouldn't be on the phone ... she wouldn't be on ... if she was judgemental she wouldn't be on the phone in the first place.
- That's what I was thinking.
- I know yeah but the other person on the other end of the phone is not going to be thinking 'she's not judgemental'; if you've just beat a woman up you're not wanting to speak to another woman.

(Substance Misuse Focus Group 2)

The focus groups also included men who felt that they'd rather speak to a woman if calling a helpline. It was suggested that callers to the helpline could be offered the chance to express a preference.

Men in the BME focus group who emphasised concerns about how a disclosure of abusive behaviour might affect a man's position in his local community (see Section 5.4.5) thought that, if a helpline was to offer an anonymous service, it would need to employ staff from outside the area. There was a risk that a locally staffed helpline would not be seen as anonymous because men would anticipate being recognised:

- I don't think a local helpline though.
- No.
- I mean Hull, just you know, for people who were born and brought up in Hull, you know, so many people seem to know each other...
- It would have to be a national one....
- And I think, you know, people would be frightened to phone up if they were sort of, people, you know, if it was manned by volunteers or whatever and people might think I know the person but they don't. ....
- I think people would be frightened because they'd think their identity would come out if they were discussing or they might recognise the person.
- I think so too.

(BME Focus Group)

Focus group members also emphasised that staff answering calls to the helpline should be appropriately trained and have relevant experience:

....that understands the problem, it hasn't just been like picked up from the Job Centre and says right, you're on four pound fifty an hour, you're on an all night helpline, they have to have a training in the issue, yeah, you've got to be there at the end of the phone.

(General Public Focus Group 1)

Men highlighted the value of personal, lived experience of domestic abuse and some argued that, while knowledge and training could be useful, the best person to work on a helpline would be someone who was an 'ex-perpetrator':

....for me, if I could talk to somebody who'd been in that situation and rather than just say 'yeah, I know what you're going through, dah dah dah dah', what the text books say, could actually really empathise with a, 'yeah, I know what you're going through and I had that fear or...'

(General Public Focus Group 8)

Men also described the range of skills and knowledge that helpline staff would require given the variety of situations that they might be called upon to respond to. The need for an immediate response was again emphasised and tasks identified included accessing immediate medical care for an injured partner, defusing a potentially explosive situation or providing timely information about other relevant services:

need to signpost them to ... quite quickly to other agencies like 'look I think you might need to get somebody to A and E' or you might need ... somebody else might need to whatever and then the next day somebody could need more ... well they could need interaction with somebody that has like a past experiences, they've had longer to think about the thoughts or they've had longer to think about what went on and they might want to look towards counselling or dropping into somewhere, it just depends where you catch them after the incident.

(Family Support Service Users Focus Group)

Skills in listening and being confident and flexible in response to the caller's needs and particular situation were also seen as important for helpline staff:

- They clearly have to listen to you, you don't want someone constantly butting in saying 'oh well this is what you could do and this is what ...' do you know what I mean, they need to be there to listen to the situation first and find out what's going on, it's like I say depending on whether it's .. they're wanting help and advice to stop it in future or they're at that point where they're about to do something ...

- I think you want also someone with .. you know who comes across as confident and can deal with it not dither it 'oh well you know ...'

(General Public Focus Group 5)

#### **6.1.4 General Practitioners as a Source of Support**

Although less than 50 per cent of group members said they would be highly likely or likely to seek help from their GP, GPs emerged as second in the men's ratings of likely source of support. The confidentiality which characterised the GP-patient relationship was identified, like the anonymity of the helpline, as a key inducement for abusive men to make use of this source of support. Where it was possible to see the same GP at every consultation, the relationship was also seen as one of trust born of familiarity. As one man said, 'I would say GP is a stranger who you know.' (General Public Focus Group 8). Members of the older people's group and the substance

misuse focus group were more likely than other groups to rate their GPs as a source of help which abusive men would be likely to use. This probably reflected the high levels of use men in these groups might make of the GP's service:

- Yeah, I've had my same GP for 35 years now and I've always seen the same one and, you know, I know that I would be able to talk to him about anything.

- Cause it goes back to the confidentiality, you talk to your GP you're talking in confidence so they're the best people to talk to aren't they?

....

- Mm, I think the client confidentiality, that's the main one really and I think it's more a sense of judge in a sense.

- Plus he's in a position to point you in the right direction as well, you've got a win-win situation there whereas you've got somebody who you can talk to confidential and also he has the ways and means to point you in the right direction if you want to help yourself.

(Substance Misuse Focus Group 2)

It was also noted that it would be difficult to shock a GP since they see and hear so much from their patients. As noted earlier, the anticipation of non-judgemental attitudes was considered an important facilitator of help seeking:

I put five for GP because well I tell my GP everything, I don't think there's a lot that you can't tell your GP that would shock them.

(Family Support Service Users Focus Group)

In one of the general public groups, men suggested that, even when the GP was not someone they had built a relationship with, s/he could be valuable in signposting an abusive man to a relevant source of help.

The BME focus group and the perpetrators group were the least likely to consider the GP as a likely source of help for abusive men. The main concern for the BME group raised by one man talking about the Asian community was that the GP was likely to be a member of that community and that, even with the promise of confidentiality, he would still be concerned that a GP might tell someone. Men in the BME focus group and in a number of the other groups argued that GPs would not be consulted about domestic violence because men would not conceptualise it as an illness:

I don't think people go to a GP because it's not something that they think is an illness or a problem and you can't, you can never get an appointment now anyway.

(General Public Focus Group 2)

Busy group practices where there was no consistency of care available were seen to mitigate against developing the relationships of trust described by those men who rated GPs highly. In this context, problems which did not involve physical symptoms were unlikely to be disclosed:

...my GP is useless, it's just .. you know it's like a factory basically, it's a group practice and there's about 14 doctors, you never see the same doctor from one time to the next, even if it's the same treatment you're going for, you're never more than two or three minutes in the actual doctor's surgery, you're rushing out you know it's 'take these' you know they give you a prescription and that's it gone, you never get a chance to talk about anything

you know. I have done in the past when I lost me mother I tried to talk to the doctor who was our ... who was actually our doctor, was our family doctor, and he just asked me to come back another time because he didn't have enough time so you know I never bothered again. So I've got no faith in my actual GP surgery so I would never go there to ask any advice or to try and get help other than an illness, you know, an ailment.

(General Public Focus Group 4)

### 6.1.5 Friends as a Source of Support

Discussions about the value of friends as a source of support followed a very similar pattern in all groups. The extent to which friends might function as confidantes was described as depending on who was classified as a friend and how close the relationship was. Group participants acknowledged that relationships with friends varied and they certainly wouldn't approach casual friends or friends from the pub to discuss abusive behaviour. Some described having close friends who had offered support with relationship or personal problems in the past and they would consider approaching such friends for help.

'True' or 'proper' friends were described as people who would be prepared to condemn abusive behaviour while making it clear that they continued to regard the man who disclosed such behaviour as a friend and would boost his motivation to seek help:

- I believe if it's a true friend and they'll give you a true answer so if you go to them and say 'look I've done this to our lass, I've slapped her', 'well you've got a problem there mate you shouldn't be doing that'. You know I mean so if they're a true friend they'll say to you ...

- ... 'that's domestic violence you want to calm down, you want to go and get help for that because if you don't get help for that you're going to end up in trouble'. So I think a true friend would actually give you the right advice ....

(General Public Focus Group 4)

In one of the substance misuse groups, men noted that they wouldn't seek help from their friends for fear that they would be judgemental and that such judgemental attitudes might spread across their social group. These group participants appeared to draw on their own experiences as they described how friends who might have been supportive in the past might experience 'help fatigue':

- Friends, I think people are judgemental, like your workmates, they all judge you, they all automatically think you're doing the beating, which is what I've come up against a lot and also people have their own problems, a lot of people don't want to get involved in your shit anyway, you know what I mean? It's, we've all got our own stuff to deal with, whether it's illnesses or whatever, so I marked that, I marked that low at one.

- Also like if you've been round to your friends a few times discussing your problems they get a bit fed up a bit and think, 'oh he's here again, here again', it's as if you rely on them.

- Plus if you tell one person, guaranteed by the end of the day ten people will know, do you know what I mean?

- They all talk, yeah. And the, and when it started from what you told them, there's a total different rumour at the end of it, do you know what I mean? Because saying all that, you're the one that's getting abused, it works out you're the abuser.

- Chinese whispers yeah.

(Substance Misuse Focus Group 1)

This fear of being judged, of losing control of the information disclosed and perhaps suffering further losses as a consequence of disclosure was reiterated across a number of groups:

Your friends could judge you, I'm not saying all friends do because if you've got a close friend that you could share something with, it could .. you could be judged and somebody could come back to you and it could affect you in another way.

(Family Support Services Users Focus Group)

### **6.1.6 Support from Family Members**

As with friends, men across all groups felt that the level of emotional closeness to a particular family member would determine whether they would seek support from that relative. Several men described being particularly close to their brothers or fathers and they anticipated supportive, non-judgemental responses from them if they were to disclose domestic violence. Group members also suggested that relatives might already be aware of their abusive behaviour and that this prior knowledge would reduce the difficulties associated with disclosure:

Your family must know you're doing this, so you've got to come clean eventually.

(General Public Focus Group 7)

Those who would not confide in family members explained that either they lacked a close family network or that they could not be confident that they would encounter non-judgemental attitudes from their relatives:

But again it's the same as friends, if they know you're doing it why haven't they waded in and tried to help you, certain individuals ... certain parts of this are just turning blind eyes... and probably may judge you ...

(General Public Focus Group 7)

Some of the discussions in the general public groups about seeking support from relatives centred on family history. Participants felt that if a man grew up in a household where his father was abusive to his mother, he wouldn't seek support from his family, and it was considered that he would be particularly wary of raising the issue with his mother:

- I think it's almost guaranteed that a lot of these people who have got into a pattern of violence have probably learnt it from their families anyway, so a lot of them come from a very bad, they would have very bad relationships with their parents anyway and other siblings maybe, as the last people they'd go to and I think, you know, to talk about issues of extreme emotional conflict.

(General Public Focus Group 3)

### **6.1.7 Support from People at Work**

Three-quarters of the focus group members reported that they would be highly unlikely or unlikely to use people at work as a source of support for domestic violence; only eight focus group members felt they would be highly likely to seek support from someone at work.

Many felt they wanted to keep their work life and their home life separate and were anxious about the potential consequences of disclosing abusive behaviour in the workplace:

- But it doesn't help but you've got your relationships there haven't you? You've got your work friendships, I mean you've got your outside of hours friendships and
- Whereas what I'm saying is if you've got to work and they all know you're, well you've got problems at home and.
- True.
- And you mention it, they're all going to go well we don't want somebody here who's violent.

(Young People's Focus Group)

Men were also concerned about the possibility of damaging their reputation and status in the work setting:

I think it's that kind of respect thing and not losing face, because you can have a sense that your mates are going to be your mates, they're going to help you through times, even if it's kind of dark stuff but people at work it's more kind of at arm's length and you're going to lose their respect and lose face if you go to them with that kind of thing.

(General Public Focus Group 3)

Those who felt that they might seek support from someone from work were those whose co-workers were also their close friends:

- I'd feel comfortable walking across the floor to [friend at work] because I work with [friend at work] .. and speaking to [friend at work] about it, and there are maybe one or two more in the shop but there's other people in our shop, our office that I wouldn't even talk to about you know ....
- It's the ones you feel closer to I think innit, the ones you know you can trust.
- Yeah you can broach the subject.
- ....basically they're your friend as well aren't they?

(General Public Focus Group 4)

### **6.1.8 Support from the Police**

Together with other people at work, the police were ranked as one of the least likely sources of support for abusive men. Despite the fact that over 50 per cent of group members saw getting into trouble with the law as a strong motivating factor in seeking support, over 80 per cent of the men felt they would not be likely to seek support directly from the police. It was clear that the police were regarded as invoking a fear of the law rather than representing a source of support. This fear of provoking legal consequences was clearly identified as a barrier to seeking help by men in all groups:

Police, a big scare-off tactic, you're not going to go to the police, well I don't think you would go into the police and say 'I hit my partner' because then you're going to have the fear of reprisal with that.

(Family Support Services Users Focus Group)

The police were seen to offer a response aimed at resolving the immediate situation rather than offering long-term solutions and they were likely to evoke that distrust of authority which men identified in other parts of the group discussions (see Section 5.4.4) as a barrier to help seeking:

- Well they wouldn't help you they'd just lock you up.
- There again ...
- They'd look at the short term, it's all been... you're not going home and beating shit out of your family are you?
- But it's not helping anything is it?
- It's letting the establishment know that you have got a problem ....
- Yes but ...
- .. so they can keep an eye on that so.

(General Public Focus Group 7)

The men in the perpetrators group drew on their own experiences in describing the police as 'the last place' they would look for help. One man had turned himself in for abusing his partner and had found that the consequences were much more severe than he had anticipated. The fear of losing control of the situation following such a disclosure is apparent:

I don't think I would contact the police because of the fear of what would happen after that, you know you're putting yourself in a difficult situation.

(Perpetrators Focus Group)

The few men who felt they would seek support from the police were clear that they would expect to suffer the legal consequences of their behaviour and considered that experience of the criminal justice system might be effective in changing behaviour:

I've put the police me, they'd be most likely to seek help but they'd probably ask what you'd done and if it was you know what I mean a proper service, you'd do some time in jail cos you'd probably learn better in there.

(Substance Misuse Focus Group 2)

### **6.1.9 Religious Leaders or Religious Belief as a Source of Support**

Religious support was not listed as a support category in the scorecards used to rate different types of help but religious leaders, the local church or religious beliefs were identified as a potential source of support under an 'other' category by 12 men in the BME focus group, the substance misuse focus groups and the general public focus groups. Religious leaders were seen as a confidential and non-judgemental source of support who would also offer caring concern:

going to a Vicar because that's also sort of anonymous when you're ... and plus you're going to get ... like he's not going to be biased on anyone's side, he's going to be sympathetic.

(Substance Misuse Focus Group 2)

I was saying it's, it's a face, a one-to-one contact where you think the pastor will be somebody who will understand me and he won't judge me, he, he might not agree with me, he might, he might think about my wife more than I,

he thinks about me but actually, he will actually still care for me and that's something you find amongst Christians.

(General Public Focus Group 8)

Whilst some members of the BME focus group considered that they would seek help for domestic violence from religious leaders and suggested that religious leaders already played a role in intervening in domestic violence, others felt that, as with their GP, they couldn't be certain that they would meet with an entirely confidential and non-judgemental response:

- Because sometimes people feel quite comfortable talking to a religious leader if it's someone who's respected.
- And also if the person's religious themselves.
- Yeah, if the person's religious, yes.
- You get advice.
- Yes.
- ....I think it happens a lot already as well that they go to religious leaders for mediation.
- ....
- I think they'd be scared of what everyone might think.
- Exactly and also he might just spread it because he's not going to be, he's not going to say 'oh it's confidential'.
- Well it depends on the relationship I suppose.
- Yeah, but I think if someone has ...reputation or image in the community then the religious leader is that focal point of the community and it's like, it's like even though you know that they're not going to tell anyone it's just knowing what they're going to think of you.

(BME Focus Group)

### **6.1.10 Counselling and Therapeutic Services**

Men in the youth service users, general public, perpetrator, BME, and substance misuse focus groups mentioned various types of counselling, therapeutic services and self-help groups as potential sources of support for domestic violence. Specific agencies mentioned included the Samaritans, Relate and Drug and Alcohol Services. Some men described themselves as having benefited from contacting such services about a range of problems (not domestic violence):

It's like Samaritans isn't it? I can't remember who I rang ....I think it was an emergency line and they gave me a number it might have even been a Samaritan that I rang but this woman was absolutely amazing, sounded like a middle aged woman but it was great.

(Substance Misuse Focus Group 1)

Men also suggested that self-help groups run by former perpetrators of domestic violence might be effective in conjunction with professional services:

I think a combination of help provided from a professional base but also combined with sort of peer support, I think it's an area that would probably

really benefit greatly from group work and from people who have managed to deal with the red mist and can actually describe themselves as a former perpetrator of domestic violence and I think that because I think it, it's such a difficult subject maybe, something so difficult to actually get men to go over that doorstep...

(General Public Focus Group 1)

### **6.1.11 The Internet as a Source of Support**

Several men in the general public, substance misuse, family service users and the youth service users focus groups mentioned that they would look to the internet for help for abusive behaviour. In common with a telephone helpline, the internet was valued for its anonymity and for the sense of control it offered to those consulting it:

Yeah, because a lot of people spend a lot of time on computers nowadays, so I think and you're not, if you're on the internet you feel like you're not actually speaking to someone, you're speaking to someone but you're not actually speaking to them, do you get what I mean? So it's like confidential.

(Substance Misuse Focus Group 1)

### **6.1.12 Use of Other Statutory Services**

The probation service was mentioned as a potential source of support in two groups as well as by the perpetrators group. In one of the general public and one of the substance misuse focus groups, men identified social services as a place where they would seek help with abusive behaviour. Some individuals described having been helped by social workers in the past and noted that social services' poor reputation was not justified. Domestic violence was considered a problem that came within the remit of Social Services:

one I've put was Social Services, you know, springs to mind, Social Services to sort out the problems of that nature and I marked that high as well.

.....

I'd say the extra thing could be Social Services or counselling, something like that, some psychologist or something like that, anger management type thing.

(Substance Misuse Focus Group 1)

## **6.2 Messages for the Advertising Campaign**

### **6.2.1 Conflicting Messages**

The focus groups identified a number of areas where there was potential for messages delivered by the advertising campaign to conflict with other messages on domestic violence. Discussions in three of the focus groups highlighted the importance of the Hull campaign delivering messages that were consistent with those of previous public education initiatives such as the Zero Tolerance campaigns on domestic violence. Men in these groups acknowledged the risks of the campaign appearing to take a sympathetic approach to perpetrators of domestic violence:

The problem, the problem is you would encourage people to change or make it non-judgemental, the danger is that another sector of society will say how dare you say that, this is wrong....

(General Public Focus Group 8)

There was also considerable discussion about the value of shock tactics for the campaign and group participants drew on examples of vivid or violent images utilised by public education campaigns on television. There was some lively debate about

the value of such images with some group members feeling that they would jolt abusive men into recognition of their behaviour and others considering that they had been overused or would cause men to recoil from the issue:

Shock tactics do work and I think to the perpetrators sometimes seeing something so strong can maybe shock them into realisation, not for everyone but it would certainly work for some people.

(General Public Focus Group 1)

I think you've got to be careful with an advertising campaign personally me, I think if you do it too in your face sort of thing, I don't know if ... if you, say if you put a picture of a woman who had being beaten for instance, I think then that's too much and it puts people back into themselves....

(General Public Focus Group 4)

Similarly, men in the general public focus groups highlighted the pitfalls of 'finger-pointing'. While highlighting the need to raise men's awareness of what constituted abusive behaviour, they emphasised that 'finger pointing' evoked defensiveness:

- Yeah, yeah, I think, yeah. I mean, I know it's, that's like an easy way on it, yeah, but it's just, you point the finger, if a poster pointing a finger at you, you're less likely to go I'm not going to do that kind of thing, you know.

- People get defensive.

- But we all know men are the majority of perpetrators of it, we don't need a poster pointing it out really.

(General Public Focus Group 2)

A discernible tension emerged in the focus group data between the need to deliver consistent and hard-hitting messages about the nature of domestic violence which would jolt abusive men into acknowledging their behaviour and the importance of non-judgemental, non-threatening messages that engaged rather than alienated a male audience. Group participants emphasised the diversity of the male population in Hull and suggested that different groups might need different messages. Men also stressed the importance of avoiding stereotypical images of abusive men in order to convey the notion that anyone could be a perpetrator and broaden the target audience for the campaign.

## 6.2.2 Targeting Specific Groups

Focus group members were asked if they thought different groups in Hull needed different messages. Men in the BME focus group were clear that they would value seeing posters for the campaign which used other languages:

- Why don't you have the posters on buses in different languages? You never see that, they're always in English.

- They're always in English, yeah.

- You get leaflets, the availability in leaflets but you never see the posters on the buses in different language you know, why not do that?

- It's like if you want this in any other language contact so and so, if you can read that then you won't need any other languages.

- Do it on the buses, yeah, that'll be a first in Hull won't it? Raise awareness if

there are different needs, different communities out there.

(BME Focus Group)

Men in some of the other focus groups also suggested that the advertising campaign needs to take into account that Hull is becoming a multi-cultural city and be wary of the possibility of offending members of minority cultures:

- ... you've got to be very careful what you say and what you do, like they come over here and you know they carry on their own culture but if you went to live over there it would be a totally different thing, so you've got to be very careful how you word things, if you're going to project something i.e., like this ... what you're planning on doing here, if it's going to cover .. it's got to cover all the cultures, it's not just got to cover us has it, yeah. So you've got to be careful how you word that.

- But how you do it I don't know, that's ... somebody would have to ....

- It's a minefield isn't it?

- Yeah, it's something you'd have to be very careful cos you could offend, couldn't you, you know.

(General Public Focus Group 7)

Men's views on whether specific areas of Hull should be targeted were mixed. The family service users group expressed the view that it wasn't necessary to target specific groups, since the message should be that domestic violence was unacceptable regardless of class or social status. Participants in one of the general public focus groups discussed the perceived East/West divide in Hull. These men did not believe that the differences between the two areas were sufficient to warrant different messages. The distinction was described as a 'friendly' sports rivalry rather than as a specific cultural divide.

However, others considered that the social marketing campaign should seek to identify and exploit the particular characteristics of different areas and social groups within the city:

- I think the thing that people have got to understand about Hull is it's not one city, it's a collection of villages which are all right next to each other....

- There's loads of suburbs but it's all called Hull.

(General Public Focus Group 2)

....if you had different people in those situations doing a talk, let's say just for instance on one of the radios, Viking or Galaxy, something like that, you had someone who ... sounds like they're from one of the estates saying whatever, however you would put it, but then get somebody from University saying it and then get someone from another area saying it, do you know what I mean, so it's not some people ... I don't mean literally one after the other but so you've got .. people aren't just hearing the same one over and over again, you've got .. you are hearing the different voices, different backgrounds

(General Public Focus Group 5)

### **6.2.3 Campaign Themes, Images and Slogans**

Throughout the focus groups, a range of creative and thoughtful suggestions for images and themes which the social marketing campaign could adopt were suggested. Men used the last part of the focus groups to contribute ideas, sketches or slogans for the campaign to draw on. These images and ideas are outlined below.

### *Messages concerning Help and the Helpline*

Focus group members created a number of simple punchy slogans reflecting the message 'help is available' which had been included on the scorecard they used to rate effective motivating factors. Some of these slogans targeted both perpetrators and victims. Examples of these slogans included:

Help is out there, get it and stop it before you go too far.  
(Substance Misuse Focus Group 1)

Help is available to end domestic violence. Act now!  
(General Public Focus Group 5)

Trapped, frustrated, out of control, angry....Let's talk about it!  
(General Public Focus Group 8)

Men in one of the general public focus groups suggested that the campaign needed to provide its audience with clear information about the role of the helpline so that a man knew what he could expect when he called up. This group summarised the importance attached to non-judgemental attitudes by men in all groups in proposing that the campaign should state explicitly that a caller to the helpline would meet a non-judgemental response:

It depends I think how the information about the helpline was, you know, presented. If you got a leaflet just saying Violence, or Domestic Violence Helpline, ring this number, I don't think that would do, you know it would need .. there would need to be some information that would you know make you think 'oh aye, yeah right' you know 'there will be somebody there that's got experience or whatever you know won't be judgemental', but I think a lot depends on what information is available about the helpline.  
(General Public Focus Group 5)

A number of the slogans developed for the advertising campaign emphasised the non-judgemental nature of the support offered by the helpline:

We are not going to judge, just help.  
Get out before it's too late  
It's not right but it's okay – we can help  
Stop, look – we'll listen  
(General Public Focus Group 3)

You will not be judged. Help is available .....

YOU ARE NOT ALONE  
(Young People's Focus Group)

### *'Real Men' and Masculine Role Models*

Several of the messages devised by focus group participants had a strong focus on masculine identity and utilised the concept of a 'real man.' Some of these slogans aimed to convey the idea that the strength of real men resided in the capacity to admit a need for help and to access it. Another different use of this image was to suggest that the 'real man' is protective rather than abusive:

Are you man enough to stop? Ask for help!  
(General Public Focus Group 8)

A real man can find a way to a better tomorrow for him and his family.  
Violence is not the answer!

(General Public Focus Group 7)

Real men protect their wife and kids – Do you?

(General Public Focus Group 7)

Masculinity was also evoked in some of the slogans devised for the campaign by the use of sporting imagery, which was in some cases given a local focus, reflecting the centrality of sport in local male culture:

The tigers give domestic violence the red card!

(General Public Focus Group 1)

Kick DV into touch

(General Public Focus Group 1)

Several of the focus groups discussed the use of local celebrities, especially sports celebrities, to front the social marketing campaign. The use of role models was considered to be a positive approach to capturing men's attention without resorting to 'shock tactics':

I think a city like Hull as well, I mean the fact is Hull is a city very, very fortunate to have such a plethora of, you know, top class sporting teams and things like that, you know, I think involvement with aspects of that is a real good, I mean obviously yeah, but the thing is yeah, is that some of the, I mean I know from personal experience of people who know people within some of these areas and you know, I think some of these people have issues themselves but I think that, you know, we do need to focus so much more on role modelling ....I think you can bring people together or you can tailor things at the same time and keep things, sort of role model.

(General Public Focus Group 1)

Some focus group members suggested that the most effective role model would be a former perpetrator who had changed his life around. This idea was linked with the image of the 'real man' who demonstrated the capacity to seek out and use help:

- Well a 'real man' would be somebody who's backed away from all this and he would be prepared to put his face on a poster campaign saying 'I stopped, you can' something like that.

- Yes, yeah and with a slogan underneath it, you know 'this is a real person' type thing, you know 'this is not an actor'.

- But.... it's getting somebody to do it.

- Exactly you know but as I say it takes a very strong person and if somebody's followed it all along where they're been in that circle of violence and have managed to break it and they're prepared to put themselves up and be photographed and go on a bill board then I'm sure that would inspire other people.

(General Public Focus Group 7)

### *Messages Conveying Threats of Loss*

Men in several of the focus groups suggested ideas for advertisements that aimed to convey the message that abusive behaviour would result in the loss of his family. A number of the slogans proposed for the campaign related to this threat of loss which

entailed either their partner or their partner and children leaving an abusive man or their partner's death as a consequence of their violence:

If you don't want to lose what you hold dear, don't commit domestic violence.  
(General Public Focus Group 1)

Family Man? Want to keep it that way?  
(General Public Focus Group 4)

Two members of the perpetrators group proposed messages utilising this theme. These suggestions centred on the idea that emphasising that the end product of abusive behaviour could be loss of their partner or even their partner's life might help men to acknowledge behaviours that they had previously minimised or denied as domestic violence:

...if I'd have seen something that showed a man sat on the edge of the bed and the woman sort of just laid on the bed, that, you know, the man's just got his head in his hands and his wife's laid on the bed crying, you know, it doesn't suggest anything but things like 'I only pushed her', 'if she'd have shut up', you know, them, them minimising terms that we've all come out with and denial sort of messages we've given ourselves, the ones that go through your head that blokes out there will be saying to themselves now and women will have heard being said to them.... If I'd have seen something like that then I'd have, I'd have been thinking and more importantly [my partner] would have said, you've done that to me.

(Perpetrators Focus Group)

In one of the general public focus groups, men suggested using the image of the 'empty home' but also pointed out that such images of loss could evoke feelings of vulnerability and defensiveness:

- I think it would be good to share the consequences of the actions, you know, like, say like he's losing his wife and child and maybe he comes home one day after beating her or hitting her the day before and finds that he's got an empty house, that....

- You know, and shock tactics can also make that thing of picking the phone up like I say again, a bit, you know, shock tactics can, they can work but they can also make you crap yourself as well can't they?

(General Public Focus Group 1)

### *Messages Emphasising Effects on Children*

A number of the slogans devised by focus group participants for the campaign focused on the effects of domestic violence on children:

Domestic Violence – Whose life are you going to ruin tonight – Your partner's? Your kids'? Yours?

(General Public Focus Group 1)

Do something for someone else! Save your children now and in the future  
(Family Support Service Users Focus Group)

Don't let your child see or participate in any of the following experiences.  
(General Public Focus Group 4)

The phrase 'breaking the mould' was also used to convey the idea of ending intergenerational cycles of abusive behaviour. There were several proposals for

advertisements which conveyed the idea that violence in the family contributes to high levels of violent behaviour in children:

....you maybe have, the one shot, the husband slapping the wife about and sort of maybe, you know, the next shot is the little boy slapping his little sister about or the little girl next door.

(General Public Focus Group 1)

Men in the family service users focus group and the substance misuse focus group suggested that the social marketing campaign should tap into men's aspirations for their children. They proposed using the idea that a father should restrain his own abusive behaviour to avoid his children growing up to replicate that behaviour in their adult relationships would be an effective message for the campaign:

I think children is a big thing, not just what you're doing to your children now, I mean everybody ... I don't know about my parents but everybody that ...they're trying to make things better for their children now and future so if you .. you could do something where you would stop your children getting in the situation when they're older and thinking it's acceptable getting beaten up I think you'd do it in a heartbeat because you wouldn't want your child to go through any kind of negative situation so if ... not just now when it's upsetting them, in ... for the future.

(Family Support Service Users Focus Group)

I can think of, I can think of maybe a bloke punching a woman with a black eye or something and underneath a bit saying don't let your, don't make your kids grow up like this, you know....

(Substance Misuse Focus Group 1)

### *The Image of the Monster-Father*

A number of images suggested for the campaign involved viewing a father's abusive behaviour from the perspective of a child. The image of the violent father as a monster in the eyes of his child was included in a number of the sketches made by group participants and was also evoked in discussions:

I know one really good one, it should be a picture of a child watching their parent turn into a monster because at the end of the day as a child there's nothing more frightening than watching your parents you know ... watching somebody you've got respect for .. decent, honest, hard working person, turn just like that [*snaps fingers*] into that monster that you don't know what the hell he's going to do, you don't know if your mother is going to be alive by the time they finish.

(General Public Focus Group 4)

## **6.3 Campaign Methods and Locations**

Focus group participants were asked for their opinions on where and how the campaign messages should be communicated. Men suggested that the campaign should utilise one identifiable image that would tie different elements of the campaign together, was seen repeatedly and would raise the profile and impact of the campaign. They suggested that, as with other marketing campaigns, people would then start associating a particular image with a message.

### **6.3.1. Posters**

In common with the stakeholders, men participating in the focus groups considered that posters could play a key role in the campaign and should be placed in as many

locations as possible. Public and sporting locations identified for posters and for campaign material generally included:

- Buses (inside and outside)
- Train and bus stations
- Taxis and taxi offices
- The big screen in city centre
- Public refuse bins
- Sports stadia, especially football and rugby (both on screens and hoardings at the grounds and in match programmes)
- Greyhound stadium
- Gyms
- Health services including GP Practices, Drug and Alcohol Services
- Workplace notice boards
- Job Centres
- Shops and supermarkets
- Universities
- Churches

Some of the settings identified that could be used to disseminate campaign material were specifically male settings including:

- Pubs and urinals in pubs
- Beer mats
- Men's public toilets
- Betting shops
- Red light district

While print media such as newspapers and local magazines were identified as suitable locations for campaign material, there was some scepticism expressed concerning the value of leaflets by men in the substance misuse and BME focus groups who considered that they were disposed of without being read:

I think the only thing I wouldn't waste my - is leaflets because if somebody sees a leaflet they just throw it away and that would be a waste of money ....  
(BME Focus Group)

### **6.3.2 Local Radio**

Local radio was also identified as a key medium for the campaign. Group participants described men listening to the radio throughout the day and at on at different times in the day. They noted that men with cars often had their radio on while driving and that many offices and workplaces (such as building sites and factories) had the radio on throughout the day, usually tuned to local radio stations. They suggested that all the local stations in Hull would need to be targeted (Radio Humberside, Galaxy, Viking), in order to reach men in all age groups.

Group participants suggested that if actors were to be used for campaign advertisements on the radio, they needed to have Hull accents and use Hull terminology:

- And the one's talking about using a condom now on the radio, where there's the boy saying 'oh no .... I'd respect her more if she bought the condom'. And then she's turning round, 'I'd respect him more if he bought the condom', you know, those types of things, they actually stand out as being different and they're spoken by actors that are clearly from Hull and speak the same language as us, not some idiot from London.

*Interviewer: Do you think that's quite important?*

- Makes a huge difference.
- Yeah.
- It's, it's, it's specific to us as a group, as a community, it does make a huge difference.
- It's our lingo isn't it?
- That it's somebody that speaks our language.
- It's not a Lancashire and all that lot.
- Yorkshire.

(Perpetrators Focus Group)

### **6.3.3 Internet**

Men in some of the focus groups identified the internet as a source of help for domestic violence (see Section 6.1.11) and it was thought that the internet could also be used to disseminate the campaign material. A family support service users group member suggested that any information provided on the web should be provided discreetly, so that other people using the same computer would not be able to search the computer's internet history and discover that the previous user was seeking help for domestic violence. One man in the family support service users group suggested that FaceBook could be used to publicise the campaign.

### **6.4 Summary Points from Chapter 6**

- ∞ Focus group members noted that currently relevant services for perpetrators of domestic violence were sparse; they perceived most domestic violence information and services to be aimed at women.
- ∞ Focus group members considered that abusive men's willingness to engage with sources of help was likely to be restricted by a general reluctance to engage with formal services in Hull; this lack of confidence in local services was attributed both to long waiting lists and to suspicion of statutory services.
- ∞ A telephone helpline was the source of support most frequently rated as likely or most likely to be used by abusive men with just under three-quarters of all participants giving this a high rating. Key features of a telephone helpline thought to ensure its appeal were the anonymous and non-judgemental response offered and the opportunities for callers to control their contact with the service. Focus group members also valued the immediacy of a helpline and thought that it should provide a confidential service.
- ∞ Ideally, group participants thought that the helpline should offer a 24- hour staffed service. Whilst they acknowledged that this might not prove possible, there was no agreement on when would be the best time to offer a staffed service. There was also a range of opinion on whether helpline staff should be male or female. However, group participants recommended that helpline staff should be well-trained, skilled and non-judgemental and they suggested that employing former perpetrators to work on the helpline might be a means of offering positive models of rehabilitation to helpline callers.

- ∞ GPs emerged as second in the focus group members' ratings of sources of support with just under 50 per cent of group participants describing themselves as likely or highly likely to seek help from their GP for abusive behaviour. The confidentiality and non-judgemental response offered by the GP were identified as key inducements for abusive men to make use of this service. However, members of the BME focus group were less confident than others about the GP's assurance of confidentiality. Those who gave the GP's service a low rating attributed this to a lack of consistency of care which militated against developing the relationships of trust described by those men who rated GPs highly.
- ∞ The extent to which men would be likely to turn to friends or family members for support with abusive behaviour was felt to be determined by the degree of closeness in any such relationship. Focus group members considered that the fear of encountering judgemental attitudes might act to inhibit disclosure of abusive behaviour to friends or family.
- ∞ People at work, together with the police, were ranked as the least likely sources of support for abusive men. Men expressed concern about the impact of disclosure of abusive behaviour on a man's status and reputation in the workplace. Over 80 per cent of the focus group members reported that they would be unlikely to seek support directly from the police who were seen to invoke a fear of legal consequences rather than representing a source of support.
- ∞ Religious leaders and the internet were both identified as useful sources of support by some focus group members. Religious leaders were perceived to offer a confidential response which combined non-judgemental attitudes with concern for the abusive man while the internet was valued for its anonymity and the sense of control of the help seeking process it evoked in users.
- ∞ In common with the stakeholders consulted, focus group members identified a tension between the need for the campaign to deliver hard-hitting messages that would jolt men into acknowledging their own abusive behaviour and the potential for alienating the campaign's target audience by forcing them onto the defensive. Men noted that the campaign needed to acknowledge and respond to the diversity of the target audience and members of the BME group were particularly keen for campaign posters to make use of minority languages.
- ∞ Key campaign messages devised by focus group members included: messages which emphasised the non-judgemental nature of the helpline service; messages which utilised images of masculinity; messages conveying threats of loss and those which emphasised the effects of domestic violence on children, including some which depicted the abusive father as a monster in his child's eyes.
- ∞ A range of media and settings were suggested for disseminating campaign material. In common with the stakeholders, focus group members judged local radio to be a useful medium for delivering campaign messages to different groups of men in the city. Other specifically masculine locations, as well as the internet, were suggested as useful means of bringing the campaign to the attention of men in Hull.

## **Chapter 7: Conclusions and Messages for the Social Marketing Campaign**

### **7.1 Complexity and Consistency**

The findings of this study paint a complex picture of men's understandings, attitudes and motivation in relation to domestic violence. However, although the picture that emerges is complex, the evidence from the three sources used for this research - the literature review, interviews with key stakeholders and focus groups with men in Hull – is remarkably consistent. This level of consistency promotes confidence in the findings and suggests that they may have wider relevance beyond the local setting.

This research aimed to inform the social marketing campaign planned for Hull and the conclusions are presented here as messages for the campaign to utilise. A campaign underpinned by these messages draws on both local experience and attitudes and wider knowledge. Its chances of achieving change are enhanced by the fact that the formative research offers a 'deep' understanding of the target audience that can provide the bedrock on which the campaign can be constructed.

### **7.2 Key messages for the Social Marketing Campaign**

#### *The Local Culture*

Hull was described by both focus group participants and the stakeholders as a city characterised by continuity rather than change where traditional gender roles prevailed and where high levels of male violence were still considered acceptable. Domestic violence was described as surrounded by a wall of silence and the community beyond the immediate family was considered unlikely to intervene to stop it.

#### *Talking About and Defining Domestic Violence*

Men in Hull rarely use the term 'domestic violence' but instead employ a set of colloquial terms to describe it that have the effect of minimising violence. While domestic violence was initially defined as physical violence, men were prepared to acknowledge the phenomenon of psychological abuse but were resistant to what they considered too broad or inclusive a definition of domestic violence. Whilst accepting that men were primarily responsible for domestic violence, focus group members emphasised that women could play a part in provoking violence and could also be perpetrators. Such attitudes are consistent with those reported in the wider literature.

#### *Men's Help Seeking*

The literature review and the focus group findings combined to produce a picture of men's capacity to seek help for abusive behaviour as restricted by anticipated stigma, masculine norms and feelings of vulnerability as well as by fear of the perceived consequences of disclosure. Domestic violence services are seen by men to be focused on female victims and access to services for perpetrators is experienced as restricted.

#### *Acknowledging Abusive Behaviour*

A key theme emerging from the focus group discussions and supported by the literature review was that abusive men often fail to recognise their behaviour as violent and have little awareness of the impact of their behaviour on their partners. Recognising their behaviour as domestic violence was identified as the first essential step in the help seeking process. Focus group members and stakeholders argued

that the campaign needed to provide such men with a hard-hitting message which would enable them to identify their own behaviour as abusive.

### *Anticipating and Avoiding Backlash Responses*

The literature review provided evidence for the resistance that can occur when men detect an anti-male bias in public education campaigns. Likewise, both the stakeholder interviews and the focus groups identified the risk of the campaign distributing messages that evoked a defensive reaction in men and caused them to disassociate from the campaign and the behaviour it was addressing.

### *The Impact of Domestic Violence on Children as a Motivating Message*

The focus groups and wider research covered in the literature review identified concern about the impact of domestic violence on children as an effective message that could motivate behavioural change. Children carry a strong emotional weight but some of the strength of this message was seen to derive from men's interest in maintaining a positive image of themselves in their children's eyes. Whilst it was noted that this message might be less relevant for men who did not have children, focus group members suggested that messages concerning children could appeal to men by allowing them to evoke their own childhood experiences.

### *Messages Conveying Threats of Loss*

The evidence around the value of messages that conveyed the potential for abusive men to lose their relationship was conflicting. Whilst focus group members noted the saliency of this message and some of the research reviewed suggested that the threat of imminent loss could prompt men's help seeking, research participants also noted that this message could evoke feelings of vulnerability and anxiety in men. Such feelings can be experienced as non-masculine and could result in messages being rejected.

### *Messages Conveying the Legal Consequences of Domestic Violence*

The threat of criminal proceedings was considered to be a less effective motivating message for many men in Hull who were described by both stakeholders and focus group members as having a low regard for the law. For the convicted perpetrators participating in the research, the law represented a considerable deterrent but this assessment was made in the light of personal experience which would not be shared by most of the target audience for the campaign.

### *Local Experience of Help Seeking*

Research participants emphasised that many people in Hull lacked confidence in formal services and would seek to evade the scrutiny of statutory agencies. Abusive men's willingness to engage with sources of help was likely to be affected by this general reluctance to engage with formal services locally.

### *A Telephone Helpline for Perpetrators*

Telephone helplines were highly rated by focus group members as a source of support for perpetrators of domestic violence. While research evidence for their effectiveness in the UK is currently unavailable, men in this study valued the anonymity they offered which they saw as guaranteeing a non-judgemental response and they appreciated the sense of control that helplines were perceived to offer callers. The need for any intervention with perpetrators of domestic violence to be non-judgemental was reiterated throughout the focus groups and is supported by the research literature.

### *Messages for the BME Community*

The views of the BME focus group emerged as distinct in some aspects from those of other groups. Members of the BME group were more likely to give high ratings to the threat of legal consequences and to wanting to be a better person as motivating factors than men in other groups. They identified religious leaders as offering a source of support for abusive men but were uncertain as to how confidential such support might be. They were also keen for campaign material, particularly posters, to be made available in other languages. Stakeholders and participants in other focus groups stressed that the campaign needed to address the increasingly diverse make-up of Hull's population but warned of the dangers of the campaign stereotyping BME groups by including them in advertising material.

### *Men's Messages*

In devising messages for the campaign, men participating in the focus groups sought to highlight the non-judgemental nature of a helpline service and suggested messages which conveyed threats of loss and which emphasised the impact of domestic violence on children. A number of focus group participants evoked a vivid image which depicted the abusive father as a monster seen through the eyes of his child. Focus group participants and stakeholders also emphasised the value of positive messages which utilised masculine imagery that would be engaging for a male audience.

### *Media and Locations for the Campaign*

Research participants identified a range of media and local settings that could be utilised by the campaign. Local radio and Hull's buses were suggested as a means of providing repeated exposure to campaign messages for a broad segment of the male population. Other forms of communication suggested included the internet. Whilst focus group members advocated the use of some specifically masculine locations such as sports arenas and pubs, the wider research and the stakeholders noted that such contexts may convey messages that conflict with the aim of ending domestic violence and that careful thought needs to be given as to how such settings are used by the campaign.

## References:

- Adamson, J., Ben-Shlomo, Y., Chaturvedi, N. and Donovan, J. (2003). Ethnicity, socio-economic position and gender – do they affect reported health-care seeking behaviour? *Social Science and Medicine*, 57, 895-904.
- Anderson, K.L. and Umberson, D. (2001). Gendering violence: Masculinity and power in men's accounts of domestic violence. *Gender and Society*, 15(3), 358-380.
- Andreason, A.R. (1995). *Marketing Social Change: Changing Behaviour to Promote Health, Social Development and the Environment*. San Francisco, CA: Jossey-Bass.
- Arias, I., Dankwort, J., Douglas, U., Dutton, M.A. and Stein, K. (2002). Violence against women: The state of batterer prevention programs. *The Journal of Law, Medicine and Ethics*, 30(3), 157-164.
- Avery-Leaf, S., Cascardi, M., O'Leary, K.D. and Cano, A. (1997). Efficacy of a Dating Violence Prevention Program on Attitudes Justifying Aggression. *Journal of Adolescent Health*, 21, 11-17.
- Bagshaw, D., Chung, D., Couch, M., Lilburn, S. and Wadham, B. (2000). *Reshaping Responses to Domestic Violence*. University of South Australia: Commonwealth of Australia.
- Bandura, A. (1977). *Social Learning Theory*. NJ: Prentice Hall.
- Bates, M.J. (1989). The design of browsing and berrypicking techniques for the online search interface. *Online Review*, 13 (5), 407-431.
- Baumeister, R.F., Stillwell, A. and Wotman, S.R. (1990). Victim and Perpetrator Accounts of Interpersonal Conflict: Autobiographical Narratives about Anger. *Journal of Personality and Social Psychology*, 59(5), 994-1005.
- Bell, J. and Stanley, N. (2006). Learning about domestic violence: young people's responses to a Healthy Relationships programme. *Sex Education*, 6(3), 237-250.
- Berger, J.M., Levant, R., McMillan, K.K., Kelleher, W. and Sellers, A. (2005). Impact of gender Role Conflict, Traditional masculinity Ideology, Alexithymia and Age on Men's Attitudes towards Psychological Help seeking. *Psychology of Men and Medicine*, 6(1), 73-78.
- Berne, L.A. and Huberman, B.K. (2000). Lessons Learned: European Approaches to Adolescent Sexual Behaviour and Responsibility. *Journal of Sex Education and Therapy*, 25(2and3), 189-199.
- Bibi, M., Attwell, R.W., Fairhurst, J. and Powell, S. (2005). Variation in the usage of NHS Direct by age, gender and deprivation level. *Journal of Environmental Health Research*, 4(2), 63-68.
- Boehm, A. and Itzhaky, H. (2004). The social marketing approach: a way to increase reporting and treatment of sexual assault. *Child Abuse and Neglect*, 28, 253-265.
- Brownhill, S., Wilhelm, K., Barclay, L. and Schmied, V. (2005). 'Big Build': hidden depression in men. *Australian and New Zealand Journal of Psychiatry*, 39, 921-931.
- Bryant, S.A. and Spencer, G.A. (2003). University students' attitudes about attributing blame in domestic violence. *Journal of Family Violence*, 18(6), 369-376.
- Cabinet Office (1999). *Living Without Fear: An Integrated Approach to Tackling Violence Against Women*. London: Women's Unit of the Cabinet Office.
- Care Services Improvement Partnership and National Institute for Mental Health in England (2006). *Reaching Out: Evaluation of Three Mental Health Promotion Pilots to reduce suicide amongst young men*. London: Department of Health.

- Cavanagh, K., Dobash, R.E., Dobash, R. and Lewis, R. (2001). Remedial work: men's strategic responses to their violence against intimate female partners. *Sociology*, 35(3), 695-714.
- Cohen, D., Farley, T.A., Bedimo-Etame, J.R., Scribner, R., Ward, W., Kendall, C. and Rice, J. (1999). Implementation of Condom Social Marketing in Louisiana. *American Journal of Public Health*, 89(2), 204-208.
- Craig, M.E., Robyak, J., Torosian, E.J. and Hummer, J. (2006). A study of Male Veterans' Beliefs Toward Domestic Violence in a Batterer's Intervention Program. *Journal of Interpersonal Violence*, 21(9), 1111-1128.
- Craig, G. and Stanley, N. (2006). Visibility, immobility and stigma: Young people's use of sexual health services in rural areas. *Children and Society*, 20(3), 171-82.
- Darrow, W.W. and Biersteker, S. (2008). Short-term evaluation of a Social Marketing Campaign to Prevent Syphilis Among Men Who Have Sex with Men. *American Journal of Public Health*, 98(2), 337-343.
- Department of Health (2005a). *Choosing health through pharmacy 2005-2015: A programme of pharmaceutical public health*. London: Department of Health.
- Department of Health (2005b). *Responding to Domestic Violence: a Handbook for Health Professionals*. London: Department of Health.
- Department of Health (2008a). *Ambitions for health: A strategic framework for maximising the potential of social marketing and health-related behaviour*. London: Department of Health.
- Department of Health (2008b). *What is Social Marketing?* London: Department of Health.
- Dobash, R.E. and Dobash, R.P. (1979). *Violence against Wives*. New York: The Free Press.
- Dobash, R.P., Dobash, R.E., Cavanagh, K. and Lewis, R. (1999). A Research Evaluation of British Programmes for Violent Men. *Journal of Social Policy*, 28(2), 205-233.
- Dobash, R.E., Dobash, R.P., Cavanagh, K., and Lewis, R. (2000). *Changing Violent Men*. Thousand Oaks, CA: Sage.
- Domestic Violence, Crime and Victims Bill* (2003), London: The Stationery Office.
- Donovan, R.J., Paterson, D. and Francas, M. (1999). Targeting male perpetrators of intimate partner violence: Western Australia's "Freedom from Fear" Campaign. *Social Marketing Quarterly*, V(3), 127-144.
- Donovan, R.J., Francas, M., Paterson, D. and Zappelli, R. (2000). Formative Research for Mass Media Based Campaigns: Western Australia's Freedom from Fear Campaign Targeting Male Perpetrators of Intimate Partner Violence. *Health Promotion Journal of Australia*, 10(2), 78-83.
- Donovan, R.J., Gibbons, L., Francas, M. and Zappelli, R. (2006). Impact on callers to a Men's Domestic Violence helpline. *Australian and New Zealand Journal of Public Health*, 30(4), 384-385.
- Donovan, R.J. and Vlasis, R. (2005). *VicHealth Review of Communication Components of Social Marketing/Public Education Campaigns Focusing on Violence Against Women. VicHealth Paper Two of the Violence Against Women Community Attitudes Project*. Melbourne: Victorian Health Promotion Foundation.
- Douglas, F., Amaya, M., Greener, J., Ludbrook, A., Reid, G., Robertson and van Teijlingen, E. (2008). *Evaluation of Well Men Health Service Pilots*. Scotland: Scottish Government Social Research.

- Dutton, D.G., van Ginkel, C. and Starzomski, A.J. (1995). The role of shame and guilt in the intergenerational transmission of abusiveness. *Violence and Victims*, 10(2), 121-131
- Ellis, J., Stanley, N. and Bell, J. (2006). Prevention programmes for children and young people. In C. Humphreys and N. Stanley (Eds). *Domestic Violence and Child Protection: Directions for Good Practice*. London: Jessica Kingsley Publishers, pp. 69-82.
- Flood, M. (2002-2003). Engaging men: Strategies and dilemmas in violence prevention education among men. *Women Against Violence*, 13, 25-32.
- Flood, M. (2008). *Involving men in efforts to end violence against women*. Paper presented at Domestic Violence Network Forum (Eastern Suburbs Domestic Violence Network), March 18 2008, Sydney. Available online at [www.ncdsv.org/images/Flood\\_InvolvingMeninEffortstoEndVAW\\_3-18-08.pdf](http://www.ncdsv.org/images/Flood_InvolvingMeninEffortstoEndVAW_3-18-08.pdf) (Accessed 13th August, 2008).
- Foo, L. and Margolin, G. (1995). A multivariate investigation of dating aggression. *Journal of Family Violence*, 10, 351-377.
- Foshee, V.A., Linder, G.F., Bauman, K.E., Langwick, S.A., Arriaga, X.B., Heath, J.L., McMahon, P.M. and Bangdiwala, S. (1996). The Safe Dates project: theoretical basis, evaluation design, and selected baseline findings. *American Journal of Preventive Medicine*, 12, 39-47.
- Foshee, V.A., Bauman, K.E., Greene, W.F., Koch, G.G., Linder, G.F. and MacDougall, J.E. (2000). The Safe Dates Program: 1-Year Follow-Up Results. *American Journal of Public Health*, 90(10), 1619-1622.
- Foshee, V.A., Bauman, K.E., Ennett, S.T., Linder, F., Benefield, T. and Suchindran, C. (2004). Assessing the long-term effects of the Safe Dates Program and a Booster in Preventing and Reducing Adolescent Dating Violence Victimization and Perpetration. *American Journal of Public Health*, 94(4), 619-624.
- Gadomski, A.N., Tripp, M., Wolff, D.A., Lewis, C. and Jenkins, P. (2001). Impact of a Rural Domestic Violence Prevention Campaign. *The Journal of Rural Health*, 17(3), 266-277.
- Galvani, S. (2006). *Safeguarding Children: Working with Parental Alcohol Problems and Domestic Abuse*. London: Alcohol Concern.
- Gibbons, L. and Paterson, D. (2000). *Freedom From Fear Campaign Against Domestic Violence: An Innovative Approach to Reducing Crime*. Paper presented at the Conference Reducing Criminality, July 31 and August 1, 2000. Available online at [www.aic.gov.au/conferences/criminality/gibbons.pdf](http://www.aic.gov.au/conferences/criminality/gibbons.pdf) (Accessed on 31st July, 2008).
- Goodrum, S., Umberson, D. and Anderson, K.L. (2001). The Batterer's View of the Self and Others in Domestic Violence. *Sociological Inquiry*, 71(2), 221-240.
- Goodyear-Smith, F.A. and Laidlaw, T.M. (1999). Aggressive acts and assaults in intimate relationships: Towards an understanding of the literature. *Behavioural Sciences and the Law*, 17, 285-304.
- Gordon, R., McDermott, L., Stead, M. and Angus, K. (2006). The effectiveness of social marketing interventions for health improvement: What's the evidence? *Public Health*, 120, 1133-1139.
- Green, C.A. and Pope, C.R. (1999). Gender, psychosocial factors and the use of medical services: a longitudinal analysis. *Social Science and Medicine*, 48, 1363-1372.
- Greenland, K., Scourfield, J., Smalley, N., Prior, L. and Scourfield, J. (2003). Young people, gender and suicide prevention: Help seeking in 17-18 year old men and women. Research report for the Wales Office of Research and Development in Health and Social Care.
- Hammond, W.R. and Yung, B.R. (1991). Preventing violence in at-risk African-American youth. *Journal of Health Care Poor Underserved*, 2(3), 259-273.

- Hester, M. and Westmarland, N. (2005). *Tacking Domestic Violence: Effective Interventions and Approaches*. Home Office Research Study, 290, London: Home Office.
- Hester, M., Westmarland, N., Gangoli, G., Wilkinson, M., O'Kelly, C., Kent, A. and Diamond, A. (2006a). *Domestic Violence Perpetrators: Identifying Needs to Inform Early Intervention*. Bristol: University of Bristol in association with the Northern Rock Foundation and the Home Office.
- Hester, M., Pearson, C. and Harwin, N. (2006b). *Making an Impact: A Reader*, Second Edition. London: Jessica Kingsley.
- Hilton, N.Z., Harris, G.T., Rice, M.E., Smith Krans, T. and Lavigne, S.E. (1998). Antiviolence Education in High Schools. *Journal of Interpersonal Violence*, 13(6), 726-742.
- Holtzworth-Munroe, A. and Stuart, G.L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin*, 116(3), 476-497
- Home Office (2003). *Safety and Justice: The Government's Proposals on Domestic Violence*. London: The Stationery Office.
- Home Office (2005). *Domestic Violence: A National Report*. London: The Stationery Office.
- Home Office (2008). *Saving Lives. Reducing Harm. Protecting the Public. An Action Plan for Tackling Violence*. London: Home Office.
- Hong, L. (2000). Toward a Transformed Approach to Prevention: Breaking the Link between masculinity and violence. *Journal of American College Health*, 48(6), 269-279.
- Hubert, C. (2003). *Violence Against Women: It's Against All the Rules: Evaluation of the NSW Statewide Campaign to Reduce Violence Against Women*. Sydney: Violence Against Women Specialist Unit NSW Attorney General's Department.
- Humphreys, C. (2006). In C. Humphreys and N. Stanley (Eds). *Domestic Violence and Child Protection: Directions for Good Practice*. London: Jessica Kingsley.
- Hunt, N. and Derricott, J. (2001). Smackheads, Crackheads and other Junkies: Dimensions of the Stigma of Drug Use. In T. Mason, C. Carlisle, C. Walker and E. Whitehead (Eds). *Stigma and Social Exclusion in Health Care*. London: Routledge
- Indermaur, D. (2001). *Young Australians and domestic violence*. Briefing Paper No. 195. Canberra: Australian Institute of Criminology.
- Jaffe, P.G., Sudermann, M., Reitzel, D. and Killip, S.M. (1992). An evaluation of a secondary school primary prevention programme on violence in intimate relationships. *Violence and Victims*, 7(2), 129-146.
- Jones, L.E. (1991). The Minnesota School Curriculum Project: A Statewide Domestic Violence Prevention Project in Secondary Schools. In B. Levy (Ed). *Dating Violence: Young Women in Danger*. Seattle: The Seal Press, pp. 258-266.
- Jones, S.R. and Gardner, S.P. (2002). Variables relates to attitudes towards domestic violence and use of reasoning, verbal aggression and violent conflict tactics in high school students. *Journal of Family and Consumer Sciences Education*, 20(1), 32-47.
- Kane, T.A., Staiger, P.K. and Ricciardelli, L.A. (2000). Male domestic violence: Attitudes, Aggression and Interpersonal Dependency. *Journal of Interpersonal Violence*, 15(1), 16-29.
- Keller, S. and Brown, J.D. (2002). Media intervention to promote responsible sexual behaviour. *Journal of Sex Research*, 39(1), 67-72.
- Keller, S.N. and Otjen, A.J. (2007). Creating and Executing an Applied Interdisciplinary Campaign for Domestic Violence Prevention. *Journal of Marketing Education*, 29(3), 234-244.

- Kennedy, M.G., Mizuno, Y., Seals, B.F., Myllyluoma, J. and Weeks-Norton, K. (2000). Increasing condom use among adolescents with coalition-based social marketing. *AIDS*, 14, 1809-1818.
- Klein, E., Campbel, J., Soler, E. and Ghez, M. (1997). *Ending Domestic Violence: Changing public perceptions/halting the epidemic*. Thousand Oaks, CA. Sage.
- Kitzinger, B.S., Kelly, L. and Regan, L. (1998). *Young people's attitudes towards violence, sex and relationships*. Edinburgh: Zero Tolerance Charitable Trust.
- Knox, D., Custis, L.L. and Zusman, M.E. (2000). Abuse in dating relationships among college students. *College Students Journal*. Available online at [www.findarticles.com/p/articles/mi\\_m0FCR/is\\_4\\_34/ai\\_69750046](http://www.findarticles.com/p/articles/mi_m0FCR/is_4_34/ai_69750046) (Accessed on 24<sup>th</sup> August, 2008).
- Konradi, A. and DeBruin, P.L. (2003). Using a Social Marketing Approach to advertise Sexual Assault Nurse Examination (SANE) services to college students. *Journal of American College Health*, 51(1), 33-39.
- Kristiansen, C. and Giuette, R. (1990). Perceptions of wife abuse: Effects of gender, attitudes towards women and just-world beliefs among college students. *Psychology of Women Quarterly*, 14, 177-189.
- Lamprey, P.R. and Price, J.E. (1998). Social marketing sexually transmitted disease and HIV prevention: a consumer-centered approach to achieving behaviour change. *AIDS*, 12 (Suppl 2), S1-9.
- Lavoie, F., Vezina, L., Piche, C. and Boivin, M. (1995). Evaluation of a Prevention Program for Violence in Teen dating Relationships. *Journal of Interpersonal Violence*, 16(4), 516-524.
- Leander, K. (2002). Preventing men's violence against women. *Acta Psychiatrica Scandinavica*, 106(412), 15-19.
- Leonard, K. (2001). Domestic Violence and alcohol: what is known and what do we need to know to encourage environmental interventions. *Journal of Substance Use* 6, 235-47; 254-257.
- Leonie, G. and Paterson, D. (2000). *Freedom from Fear Campaign against Domestic Violence: An Alternative Approach to Reducing Crime*. Paper presented at the Conference "Reducing Criminality: Partnerships and Best Practice" in Perth, July 31 to August 1 2000. Available online at [www.aic.gov.au/conferences/criminality/gibbons.pdf](http://www.aic.gov.au/conferences/criminality/gibbons.pdf) (Accessed on 10th July, 2008).
- Levitt, H.M., Swanger, R.T. and Butler J.B. (2008). Male perpetrators perspectives on intimate partner violence, religion and masculinity. *Sex Roles*, 58, 435-448.
- Liebrich, J., Paulin, J. and Ransom, R. (1995). Hitting Home: Men speak about abuse of women. Department of Justice in association with AGB McNair. Available online at [www.msd.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj05/05-hitting-home-men-speak-about-abuse-of-women.html](http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj05/05-hitting-home-men-speak-about-abuse-of-women.html) (Accessed 11<sup>th</sup> August, 2008).
- Locke, L.M. and Richman, C.L. (1999). Attitudes toward Domestic Violence: Race and Gender Issues. *Sex Roles*, 40(314), 227-247.
- Lombardo, A.P. and Leger, Y.A. (2007). Thinking About "Think Again" in Canada: Assessing a Social Marketing HIV/AIDS Prevention Campaign. *Journal of Health Communication*, 12, 377-397.
- McKenzie-Mohr, D. (2000). Promoting Sustainable Behaviour: An Introduction to Community-Based Social Marketing. *Journal of Social Issues*, 56(3), 543-554.
- Mackenbach, J. and Bakker, M. (2003). Tackling socioeconomic inequalities in health: analysis of European experiences. *The Lancet*, 362 (9393), 1409-1414.

- Maclure, M., Frankham, J., Stark, S., Dean, C. and Falola, G. (2006). Knowsley Young Men's Health Project (March 2005-March, 2006). Summary compiled by Paula Cain – Knowsley Healthy Schools Manager. (Acquired through correspondence).
- MacGowan, M.J. (1997). An evaluation of a dating violence prevention program for middle school students. *Violence and Victims*, 12(3), 223-235.
- Mankind Initiative, (2008). [www.mankind.org.uk/domesticabuse.html](http://www.mankind.org.uk/domesticabuse.html). (Accessed on 12th August, 2008)
- Mauricio, A.M. and Gormley, B. (2001). Male perpetration of physical violence against female partners: The interaction of dominance needs and attachment insecurity. *Journal of Interpersonal Violence*, 16, 1066-1080.
- Mbilinyi, L., Zegree, J., Roffman, R.A., Walker, D., Neighbors, C.L. and Edelson, J. (2008). Development of a marketing campaign to recruit non-adjudicated and untreated abusive men for a brief telephone intervention. *Journal of Family Violence*, 23, 343-351.
- Miller, J. and Bukva, K. (2001). Intimate violence perceptions: Young adults judgements of abuse escalating from verbal arguments. *Journal of Interpersonal Violence*, 16, 133-150.
- Moller-Leimkuhler, A.M. (2002). Barriers to help seeking by men: A review of socio-cultural and clinical literature with particular reference to depression. *Journal of Affective Disorders*, 71, 1-9.
- Montoya, J.A., Kent, C.K., Rotblatt, H., McCright, J., Kerndt, P.R. and Klausner, J.D. (2005). Social Marketing Campaign Significantly Associated with increases in Syphilis Testing Among Gay and Bisexual Men in San Francisco. *Sexually Transmitted Diseases*, 32(7), 395-399.
- Mullender, A. and Burton, S. (2000) *Reducing domestic violence - what works? Perpetrator programmes*, Policing and Reducing Crime Unit briefing note. London: Home Office.
- Murphy, C.M., Meyer, S.L. and O'Leary, K.D. (1994). Dependency characteristics of partner assaultive men. *Journal of Abnormal Psychology*, 103(4), 729-735.
- O'Brien, R., Hunt, K. and Hart, G. (2005). 'It's caveman stuff but that is to a certain extent how guys still operate': men's accounts of masculinity and help seeking. *Social Science and Medicine*, 61, 503-516.
- O'Keefe, M. (1997). Predictors of dating violence among high school students. *Journal of Interpersonal Violence*, 12(4), 546-569.
- Parrott, D.J. and Zeichner, A. (2003). Effects of trait anger and negative attitudes towards women on physical assault in dating relationships. *Journal of Family Violence*, 18(5), 301-307.
- Pavlou, M. and Knowles, A. (2001). Domestic violence: Attributions, recommended punishments and reporting behaviour related to provocation by the victim. *Psychiatry, Psychology and Law*, 8(1), 76-85.
- Pence, E. and Paymar, M. (1993). *Education Groups for Men who Batter*. New York: Springer Publishing Company.
- Perilla, J. (2007). *Position Paper: Working with Men and Boys to End Domestic Violence*. New York: National Latino Alliance for the Elimination of Domestic Violence.
- Prochaska, J. O. and DiClemente, C. C. (1984). Self-change processes, self-efficacy and decisional balance across five stages of smoking cessation. In *Advances in cancer control – 1983*. New York: Alan R. Liss, Inc.
- Quinn, G.P., Bell-Ellison, B.A., Loomis, W. and Tucci, M. (2007). Adolescent perceptions of violence: Formative research findings from a social marketing campaign to reduce violence among middle school youth. *Public Health*, 121, 357-366.

- Race and the Criminal Justice System. (2002). A Publication under S.95 Criminal Justice Act 1991. London: Home Office.
- Reid Howie Associates Limited (2002). *Evaluation of the Zero Tolerance 'Respect' Pilot Project*. Scotland: Scottish Executive Central Research Unit.
- Respect. (2008). *The Respect Accreditation Standard*. London: Respect.
- Robinson, L. and Spillsbury, K. (2008). Systematic review of the perceptions and experiences of accessing health services by adult victims of domestic violence. *Health and Social Care in the Community*, 18(1), 18-30.
- Russell, R.J.H. and Hulson, B. (1992). Physical and psychological abuse of heterosexual partners. *Personality and individual differences*, 13,(4), 457-473.
- Saunders, D.G. (1992). A typology of men who batter: three types derived from cluster analysis. *American Journal of Orthopsychiatry*, 62, 264–275.
- Schumacher, J., Fals-Steward, W. and Leonard, K. (2003). Domestic violence treatment referrals for men seeking alcohol treatment. *Journal of Substance Abuse Treatment*, 24, 279-283.
- Schwartz, J.P., Melani, M., Griffin, L.D. and Dupuis, C.W. (2004). Effects of a group preventive intervention on risk and protective factors related to dating violence. *Group Dynamics, Theory, Research and Practice*, 8(3), 221-231.
- Schwartz, J.P., Griffin, L.D., Russell, M.M. and Frontaura-Duck, S. (2006). Prevention of dating violence on college campuses: An innovative program. *Journal of College Counselling*, 9, 91-96.
- Sheehy, C., Jones, L., Dobbie, F. and Hayes, F. (2006). *Evaluation of the Breathing Space Telephone Advice Line and Signposting Service for People Experiencing Low Mood or Depression*. Scotland: Scottish Executive Social Research.
- Stanley, N. (2005). Thrills and spills: young people's sexual behaviour and attitudes in seaside and rural areas. *Health, Risk and Society*, 7(4), 337-48.
- Stead, M., Hastings, G. and McDermott, L. (2007). The meaning, effectiveness and future of social marketing. *Study of Obesity Reviews*, 8 (supp 1), 189-193.
- Stets, J.E. and Pirog-Good, M.A. (1995). Interpersonal control and courtship aggression. *Journal of Social and Personal Relationships*, 7(3), 371-394.
- Stith, S.M. and Farley, S.C. (1993). A predictive model of male spousal violence. *Journal of Family Violence*, 8, 183-201.
- Straus, Murray A., Gelles, R. and Steinmetz, S.K. (1980). *Closed Doors: Violence in the American Family*. New York: Transaction Books.
- Sudermann, M. Jaffe, P.G. and Hastings, E. (1995). *Violence prevention programmes in secondary (high schools)*. In E. Peled, P.G. Jaffe and J.L. Edelson (Eds). *Ending the cycle of violence: Community Responses to Children of Battered Women*. Thousand Oaks, CA: Sage.
- Sudermann, M., Jaffe, P. and Hastings E. (1996). *A School-Based Anti-Violence Program*, London, Ontario: London Family Court Clinic.
- Taubman, S. (1986). Beyond the bravado: Sex roles and the exploitative male. *Social Work*, 31(1), 12-18.
- Tsogia, D., Coppello, A. and Orford, J. (2001). Entering Treatment for Substance Misuse: A Review of the Literature. *Journal of Mental Health*, 10, 5, 481-499.

- Vega, M. and Roland E. (2005). Social Marketing Techniques for Public Health Communication: A Review of Syphilis Awareness Campaigns in 8 US Cities. *Sexually Transmitted Diseases*, 32(10), 530-536.
- Victorian Health Promotion Foundation (VicHealth) (2006). *Two steps forward, one step back: Community attitudes to violence against women. Progress and challenges in creating safe and healthy environments for Victorian women: A summary of findings*. Melbourne: Victorian Health Promotion Foundation.
- Walby, S. and Allen, J. (2004). *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey*. Home Office Research Study 276, London: Home Office Research, Development and Statistics Directorate.
- Weiss, J.A. and Tschirhart, M. (1994). Public information campaigns as policy instruments. *Journal of Policy Analysis and Management*, 13(1), 82-119.
- Wekerle, C. and Wolfe, D.A. (1999). Dating violence in mid-adolescence: Theory, significance and emerging prevention initiatives. *Clinical Psychology Review*, 19(4), 435-456.
- White, A. (2001). *Report on the Scoping Study on Men's Health*. Scotland: Her Majesty's Stationary Office.
- White, A. (2006a). Men and mental wellbeing – Encouraging Gender Sensitivity. *The Mental Health Review*, 11(4), p. 3-6.
- White, A.K. (2006b). Men's Health in the 21<sup>st</sup> Century. *International Journal of Men's Health*, 5(1), 1-17.
- White, A.K. (2008). Men and the problem of help seeking. In J. Heidelbaugh (Ed). *Clinical Men's Health*. Philadelphia: Elsevier.
- White, A. and Banks, I. (2004). Help seeking in men and the problems of late diagnosis. In R. Kirby (Ed). *Men's Health*, London: Martin Dunitz and Parthenon Publishing.
- White, A. and Banks, I. (2008). Men and help seeking. In R. Kirby (Ed). *Men's Health (Third Edition)*. London: Martin Dunitz and Parthenon Publishing.
- White, A. and Cash, K. (2003). *A report on the state of men's health across 17 European countries*. Belgium: The European Men's Health Forum.
- White, A., Fawcner, H.J. and Holmes, M. (2006). Is there a case for differential treatment of young men and women? *Medical Journal of Australia*, 8, 454-455.
- White, A.K. and Johnson, M. (2000). Men making sense of their chest pain – niggles, doubts and denials. *Journal of Clinical Nursing*, 9, 534-541.
- Wilkins, A. and Mak, D.B. (2007). ...sending out an SMS: an impact and outcome evaluation of the Western Australian Department of Health's 2005 chlamydia campaign. *Health Promotion Journal of Australia*, 18(2), 113-120.
- Winstok, Z., Eisikovits, Z. and Gelles, R. (2002). *Structure and dynamics of escalation from the batterer's perspective*. Families in Society. *The Journal of Contemporary Human Services*, 83(2), 129-141.
- Wolfe, D.A. and Jaffe, P.G. (1999). Emerging strategies in the prevention of domestic violence. *Domestic Violence and Children*, 9(3), 133-144.
- Wolfe, D.A. and Jaffe, P.G., (2003). Prevention of Domestic Violence and Sexual Assault. National Online Resource Centre on Violence Against Women. Available online at [www.vawmet.org](http://www.vawmet.org) (Accessed on 31<sup>st</sup> July, 2008).
- Wolfe, D.A., Wekerle, C., Scott, K., Straatman, A.L., Grasley, C. and Jaffe, D.R. (2003). Dating Violence Prevention with at-risk youth: A controlled outcome evaluation. *Journal of Consulting and Clinical Psychology*, 71(2), 279-291.

World Health Organisation. (2007). *Primary prevention of intimate-partner violence and sexual violence: Background paper for WHO expert meeting (May 2-3 2007)*. Available online at [www.who.int/violence\\_injury\\_prevention/publications/violence/IPV-SV.pdf](http://www.who.int/violence_injury_prevention/publications/violence/IPV-SV.pdf). (Accessed on 28th July, 2008).

Wyke, A., Hunt, K. and Ford, G. (1998). Gender differences in consulting a general practitioner for common symptoms of minor illness. *Social Science and Medicine*, 46(7), 901-906.

## Appendix - Methodology

This study was carried out between May and December 2008 with data collection taking place between July and October. Researchers from the Universities of Central Lancashire and Hull University collaborated to collect and analyse a large amount of data in a short time-frame in order that the research findings could be used to inform the social marketing campaign planned for early in 2009.

### The Literature Review

The literature review adopted a 'berry-picking', constantly evolving approach where each new piece of information provides new ideas and directions to follow (Bates 1989). This included a 'protocol' approach in terms of classical bibliographic and abstract searches across the following databases:-

ASSIA – Criminal Justice Abstracts

Social Policy and Practice

CareData Web – SCIE

Cochrane Database

Cumulative Index to Nursing and Allied Health Literature (CINAHL) – including:

Academic Search Complete

CINAHL Plus with Full Text

EJS (Electronic Journals Service) Journals

International Bibliography of the Social Sciences

PsycARTICLES

PsycINFO

MEDLINE - including:

Journals/Books @ OVID

EMBASE

Health Management Information Consortium

MEDLINE

Social Work Abstracts

Wilson Social Science Abstracts

Further strategies employed included reviews of the reference lists of all literature uncovered for any appropriate articles. Team members were asked to identify appropriate research, and names of key authors were searched as appropriate. Additional web sites searched to uncover appropriate reports or publications included:

- National Centre on Domestic and Sexual Violence ([www.ncdsv.org](http://www.ncdsv.org))
- National Social Marketing Centre ([www.nsms.org.uk](http://www.nsms.org.uk))
- World Health Organisation ([www.who.int/en/](http://www.who.int/en/))
- Women's Aid ([www.womensaid.org.uk](http://www.womensaid.org.uk))
- Zero Tolerance Charitable Trust ([www.zerotolerance.org.uk](http://www.zerotolerance.org.uk))
- Home Office ([www.homeoffice.gov.uk](http://www.homeoffice.gov.uk))
- Google Scholar ([www.scholar.google.com](http://www.scholar.google.com))
- Prevention Programs: Youth Dating Violence ([www.ucalgary.ca/resolve/violenceprevention](http://www.ucalgary.ca/resolve/violenceprevention))

### *Operationalizing the Searches*

The formal searches were initiated by identifying a range of terms associated with the subject area. The terms used for the key areas of the review are shown in Table A below.

**Table A – Terms used for Literature Review**

<b>Search Area</b>	<b>Search Terms</b>
a) men’s and perpetrators’ conceptions of and attitudes towards domestic violence	(men or males or perpetrators) AND domestic violence AND (views or perceptions or attitudes)
b) preventive interventions (primary and secondary) aimed at men/perpetrators	(men or males or boys) AND domestic violence AND (prevention or preventative or education)
c) The application of a social marketing approach to health issues such as domestic violence or sexual health.	Social marketing AND (violence or sexual health)

Terms were truncated as appropriate within each of the databases searched. For pragmatic reasons, the literature review covered the period from 1990 to the current date and included material published in English from the UK, North America, Australasia and Northern Europe.

All abstracts identified were reviewed for relevance (over 3,000 hits were identified in total), and appropriate papers were selected and incorporated into review. A wide range of sources was utilised in the literature review including published articles, books, government reports and reports produced by relevant health, criminal justice and social care organisations as well as non-government organisations. All articles, reports, books and journals utilised within the literature review are included in the reference list.

Men’s help seeking was identified by the commissioners as an additional topic for review at a late stage. The strategy for searching the literature in this field therefore took White’s research and publications on men’s help seeking as the starting point for this area of the review. While his body of work forms the central core of this section, additional sources have been accessed through the wider literature review, as well as grey literature sourced via members of the research team.

## **Data Collection and Analysis**

### *Interviews with Local Stakeholders*

It was considered essential that the views of professionals with insight into the issue of domestic violence and its local context informed the social marketing campaign. A snowballing approach was used to identify ten practitioners and managers working in the field of domestic violence in Hull and all those approached agreed to participate in individual research interviews. The service picture in domestic violence is fragmented (Hester et al, 2006b) and therefore emphasis was given to eliciting perspectives from a range of representatives from criminal justice organisations, health, children’s social care and voluntary agencies working in the field of domestic violence. The interviews, which included both male and female professionals, explored the local context of domestic violence in Hull as well as the content and format of key messages that could be utilised by the social marketing campaign. Those local stakeholders interviewed also offered valuable suggestions for identifying means and points of access for recruiting focus groups.

### *Focus Groups*

The views of local men were captured through a series of focus groups recruited through the research team’s local networks and with the assistance of members of the social marketing project’s steering group and of the stakeholders interviewed. The groups were recruited with the aim of accessing different segments of the male

population in Hull. They were drawn from a wide range of organisations some of which, such as work settings, the university, a sports clubs and a local church, took their membership from the general population. Others were drawn from organisations providing services to particular groups of men and these included groups for younger and older men and a family support service group. A group was also convened for men from BME communities (see Chapter 5 for a list of types of focus groups). Men who were known to be perpetrators of domestic violence or were more likely to be perpetrators of domestic violence were included in the research by recruiting one group of men from a perpetrators' treatment programme and two groups from users of substance misuse services.

Some of the groups were already constituted and included male service users of a particular agency, but in other cases, local agencies assisted the researchers to recruit individuals to a focus group convened for the purposes of the research. Since domestic violence is a sensitive and rarely discussed issue, the aim was to undertake focus groups with men who knew one another already and would be comfortable talking together. It was emphasised that (with the exception of the perpetrators' group) the research was not collecting accounts of personal experience of domestic violence but was rather seeking group participants' views on how men in Hull thought and behaved in relation to domestic violence. Despite this caveat, some focus group participants did talk openly about their own experiences of domestic violence, particularly childhood experiences (see Chapter 5 of this report).

In total, 15 focus groups including 84 participants were held. While the original intention was to include about eight men in each group the numbers who turned up at the appointed times and participated in groups fluctuated and the size of groups varied between 2 and 10 members. The groups were facilitated by two male researchers who used a structured focus group schedule and two sets of scorecards to explore participants' conceptualisations of and attitudes towards domestic violence, their views on which themes and messages would engage men's interest and increase their motivation to use services and their thinking on how preventive messages about domestic violence could best be disseminated and targeted on relevant groups in the population. Groups lasted between 60 and 90 minutes and the approach appeared to be successful in eliciting a considerable amount of discussion that was both thoughtful and lively with participants drawing on their own experience and views to engage with the idea of a social marketing campaign addressing the issue of domestic violence in Hull.

All research participants were provided with an information sheet giving details about the research and its purposes and informed consent procedures were utilised. Participants in focus groups (with the exception of the group for perpetrators attending a perpetrators programme) were given a voucher worth £25 to cover their time and expenses. This approach was successful in recruiting volunteers to participate in research into subject matter which, as a number of them noted, initially seemed a stigmatising and unattractive topic for discussion. All interviews and focus group discussions were tape-recorded with participants' permission and were professionally transcribed.

Data were analysed thematically using NVivo, a software package designed to store and sort qualitative data. The identification of key themes was guided both by the need to inform the construction of the social marketing campaign but also by the data itself.

## **Ethical Issues**

The research aimed to protect the anonymity and confidentiality of all research participants. However, the ultimate objective of the study was to protect the safety of women and children and focus group participants were therefore informed at the

outset that any information which led the researchers to believe that the safety of another adult or a child was at risk would result in consultation with the police or children's services.

Ethical approval for the research was provided by the University of Central Lancashire's Faculty of Health Research Ethics Committee.