

Male Advocacy at a Domestic Violence and Intimate Partner Violence Shelter: Helpmate - A Pilot Study

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Abstract

During an ethnographic study of Helpmate, a domestic violence shelter in Asheville, NC that provides “crisis-level services...[to] victims of domestic violence and their children,” an intriguing question arose: where are the male counterparts to the predominately female volunteer and professional advocates at Helpmate? Through surveys and face-to-face informal interviews, Helpmate’s advocates expressed different positions on the role of men in domestic violence and intimate partner violence (DV/IPV) advocacy, and form the basis for this paper. The prevailing theme was that only a few males are involved in advocacy at the shelter and the broader DV/IPV advocacy community. Furthermore, participation was not only wanted by the respondents but also viewed as necessary to curb DV/IPV. In order to understand the complex role of men in DV/IPV advocacy and validate these findings, further investigation is required, namely a large scale study that complements and expands on the original research that will serve as a pilot study. Thus, the study has expanded into a full-scale, national research project, and every DV/IPV agency in the U.S. will be approached for participation. The survey is available at DV-IPV-Advocacy.org, and at the conclusion of the study the site will become a repository for information related to DV/IPV for academics and advocates, and a resource for victims working to become survivors. The research will illuminate male roles in DV/IPV advocacy and provide insights on how to increase the participation of males in DV/IPV advocacy.

1. Introduction

Helpmate is a domestic violence shelter in Buncombe County, NC. Helpmate began in 1978 when a county task force indicated, “over 7,500 women were being battered in Buncombe County each year.”¹ Over the next three decades, Helpmate would move to different locations, settling into an undisclosed location downtown where it remains to this day. Helpmate operates “Buncombe County’s primary provider of crisis-level services for victims of domestic violence and their children.”² Helpmate describes itself as “a domestic violence agency that works with our community to eliminate abuse and fear.”³ The agency functions through a combination of professional and volunteer staff, referred to as advocates. Currently, Helpmate’s Board of Directors has 5 male and 6 female board members, the volunteer roster has 3 male volunteers and 49 female volunteers, and there are 11 professional staff positions composed entirely of females. There is an 8.25 to 1 ratio of female to male advocates at Helpmate.

The compelling question at the shelter is where are all of the men? Is the absence of men an issue of intentional institutional exclusion or an indication of a lack of male interest in taking a participatory role? Additionally, what prior experiences with male advocates, if any, have shaped the current views of advocates at the shelter, and are these views an indicator of a larger trend in the DV/IPV movement? Finally, what conclusions can one reach from these answers and what are the implications for the broader DV/IPV community and male advocacy?

2. Methodology

Using a survey with additional participant observation and informal interviews, the professional and volunteer staff at Helpmate responded to three questions relating to DV/IPV advocacy.

- What has your experience been with male volunteer advocates and professional staff at Helpmate?
- What has your experience been with males in the DV/IPV advocacy movement?
- Do you think there should be more male advocates in the DV/IPV movement, and if so, what steps do you think would bring this change?

There were 12 respondents in total, of which 1 was male. The following paper is a synthesis of answers to the survey questions; the quotes were selected as representative of the overall views of the respondents.

3. Findings

All of the respondents had positive comments about male advocacy at Helpmate. Case Manager Jodi Wygmans said, “we have had many male volunteers who have done indirect (non-client based) work for Helpmate. For example, men come as parts of groups to help with facility needs.” Jodi continues, “we do not have any males on staff at Helpmate. I don’t [*sic*] think this is because we intentionally exclude them; I think we haven’t [*sic*] had many males ask for training.” Jodi’s comments are representative of most of the survey responses. Joy Henderson, another Case Manager, reiterates Jodi’s opinion, “I have worked with at least four male volunteer advocates. Two were crisis line volunteers and one did outreach...having a male in all of these roles were [*sic*] nice. I never felt there was a problem with the crisis line and how they presented themselves to speaking to female callers.”

Christy Price, the Volunteer and Outreach Coordinator for Helpmate, shared stories about two male volunteers in particular. Dr. Stewart, an “OB/GYN physician...had seen hundreds of patients...struggling with DV/[IPV] and offered them sensitivity, kindness, compassion, and a referral to Helpmate.” Additionally, Dr. Stewart “made a commitment to educating medical students during their residency so that they knew the signs and symptoms of DV/[IPV].” Christy continued, “Art Mandler not only provides technical support for computer issues to Helpmate but also provides “DV/[IPV] education to boy’s high school classes...[teaching] how the socialization process serves...to equate masculinity with being tough, strong, in control, aggressive and in many cases, violent.”

Other respondents indicated that men were not comfortable volunteering within the shelter or with clients, but support Helpmate in their own way. Frequently men support the shelter through traditional gender roles. Several men provide building and ground maintenance, including Hugh Alexander who organizes a spring cleanup and maintenance day. When property management issues arise at the shelter such as plumbing or electrical problems, several tradesmen from the area provide assistance, and typically complete the work *pro bono*. There is also a biannual fundraiser held every other September called the Men Who Care luncheon that “involves 200-300 men from [the] community who gather together to pledge support for victims of DV/[IPV].” The Men Who Care campaign was created through a joint effort of several men, but Dr. John Stewart and Art Mandler were the leading advocates. Jodi, Joy, and Christy’s responses indicated a strong appreciation for male advocates at Helpmate but combined they have over thirty years of experience at Helpmate and could offer few stories in total. Was the relative lack of male advocacy at Helpmate an indicator of a larger trend in the DV/IPV movement?

The advocates at Helpmate share many common bonds, such as a long association with DV/IPV advocacy before they came to work or volunteer at the shelter. Their experiences provide a comprehensive view of the role of men in the DV/IPV advocacy movement from different locales and time periods. Advocates also attend various training sessions around Asheville and the United States; therefore, they are exposed to many other DV/IPV agencies. Jodi comments about her experience with males during these training sessions,

I have been impressed with male speakers & educators who are willing to really talk about the issues of power and control on a deeper level than ‘I would never hit a woman’ and talk about our culture of violence. These men, however, I’ve [*sic*] seen mostly in large DV conferences and less in the schools and DSS [Department of Social Services] and treatment programs which can reach further than the population that already is striving to understand more about DV.

Jodi continues by expressing her opinion of males through the lens of gender equality, “I would like to see equal involvement of genders and a time when we are no longer hearing the phrase ‘men’s violence against women’ but are talking about the violent behavior that is pervasive in our society.” Tess,⁴ a volunteer advocate, provides a distinctive perspective on the role of men in the broader DV/IPV advocacy movement, “...males that I have come in contact with defer their male socialization...consider themselves as foreigners. This allows them to be present and participatory and the females majority in decision making and other aspects of the interaction; which is something that is not common in our patriarchal society.”

Lily,⁵ a Court Advocate for Pisgah Legal Services, who often works in concert with Helpmate to provide legal assistance says, “I’ve [*sic*] known a few incredible men who have gotten involved in advocacy. They get questioned more than women, it seems, for why they choose to be involved. This questioning comes both from female advocates and from DV/[IPV] survivors” Ellie⁶ was more direct with her concerns, “I do know a couple of them [male advocates] who I believe might have been doing it out of guilt because I suspected they might be somewhat abusive themselves.” Jodi, Tess, and Lily share three similar but also divergent views of male advocacy in the DV/IPV movement. While the respondents were encouraged by their experiences with male advocates, each had a caveat. Jodi’s experience is one of male advocacy from the academic or structurally male dominated position, few male advocates directly relate to the public outside of conferences. Tess sheds light on the uniqueness of male advocacy and the change in the assumed power dynamics of “our patriarchal society.” Lily, while enthusiastic about her endorsement of males in the broader DV/IPV movement, was quick to point out that the motivations of male advocates are questioned when those of female advocates are not. Ellie contrasted Lily’s statement by questioning why the men became advocates. The survey respondent’s answers about the broader role of men in the DV/IPV movement reflect earlier positive observations about male advocacy at Helpmate. However, did the respondents feel that the role of men in DV/IPV should be expanded?

Hugh Alexander, the only male respondent to the survey enthusiastically supported male advocacy in the DV/IPV movement and offered his own recommendations: “the trick is to spread the word through male organizations such as Rotary Club International, Shriners, etc....more men in this would definitely help raise awareness of this issue and help in the movement for funding....” Tess believes,

there should be more males in the movement; and, the first step I think would be true education and training...another step would be to make sure the women currently working in advocacy feel empowered enough to work with males...even with training, it is easy for males to be a dominate voice or to use the current social constructs of patriarchy and power dynamics to, knowingly or unknowingly, influence or coerce women into choices they might otherwise not make.

Jane Robinson, the Counseling Coordinator for Helpmate, says, “I’m [*sic*] beginning to come to the conclusion, after being in the work for 12 years, that the only way to make a significant dent in reducing/eliminating domestic violence is to have a men’s movement. A second wave so to speak.” Lily provides a stirring closing note: “I think everyone should be an advocate, so yeah, bring in more males!” All of the survey respondents thought more males should participate in the DV/IPV movement. Hugh believes integration with men’s groups is the key to a broader appeal, Tess feels that education is the answer, Jane thinks it is a requirement for the movement to move forward, and Lily thinks everyone should be an advocate.

4. Conclusion

The survey respondents all had experiences with males in the DV/IPV movement; they were generally positive but somewhat limited. Everyone thought that men should have an expanded role in DV/IPV advocacy but often voiced concerns about the role of patriarchy and power dynamics could modify the community of DV/IPV advocacy; some questioned the motivations of male advocates. This research project served as a pilot study for an ongoing national study of the role of males in the DV/IPV movement in the United States. The study is available at DV-IPV-Advocacy.org.

5. Acknowledgements

The author would like to express his gratitude to Dr. Volker Frank for his wisdom and to Christy Price for her unwavering passion.

6. References and Endnotes

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5. Pseudonym
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