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Health promotion and #MeToo: meeting men where they are

The past year has provided a period of awakening. The awakening of masses of people to the pervasive experience of gender-based harassment and violence perpetrated by men and most profoundly impacting the world's women and girls. (Gender-based harassment and violence also impacts trans individuals, non-binary identifying folks and men (Zacharias, 2018). This commentary focuses mainly on the #MeToo movement's impact on our understanding of gender-based harassment and violence against people who identify as women.)

The concept of 'MeToo' as a way to raise awareness around gender-based violence was originally introduced in 2006 by African American women's rights activist Tarana Burke (Mendes *et al.*, 2018). After allegations surfaced against Harvey Weinstein in October 2017, the movement received renewed energy as actress Alyssa Milano encouraged women who had experienced sexual harassment and/or assault to write #MeToo as a hashtag on social media. Within 24h, the hashtag appeared in posts 12 million times across several sites (Mendes *et al.*, 2018).

There is debate as to whether or not the #MeToo movement has made a lasting impact on society. Clearly, the movement has successfully held some men accountable for violence they perpetrated: Michael Fallon, Damian Green and others in the UK, An Heejung in South Korea, Junichi Fukuda in Japan, David Keyes in Israel, Jean-Claude Arnault in Sweden, Harvey Weinstein, Roger Ailes, Al Franken, Larry Nassar and many others in the USA. Some of these men resigned, some were fired, some faced criminal charges and some are serving jail time. Many organizations have set up committees and mechanisms for reporting gender-based harassment and violence. France passed legislation to ban verbal harassment in the street. This year's Nobel peace prize went to advocates fighting against sexual violence in warzones (Harlan, 2018).

However, we have also witnessed instances of powerful men successfully deflecting allegations against them. For instance the #MeToo movement did not lead

to any repercussions for US President Donald Trump for the recording released in 2016 where he is clearly heard saying: 'You know I'm automatically attracted to beautiful (women) I just start kissing them. It's like a magnet. Just kiss. I don't even wait. And when you're a star, they let you do it. You can do anything. . . Grab them by the p—y. You can do anything' (New York Times, 2017). Earlier this month, the testimony of Dr Christine Blasey Ford against US Supreme Court Nominee Brett Kavanaugh, who is alleged to have assaulted her when they were both in high school, did little to stop his confirmation to the highest U.S. court (Reuters, 2018).

In addition to at times increasing accountability (or having no effect at all), #MeToo has also inspired considerable backlash. Indeed, quite quickly, the narrative changed from a discussion of how women are impacted by gender-based violence to how men are impacted by #MeToo and allegations of violence. The backlash against #MeToo centers partly around a lack of clarity about what constitutes gender-based harassment and violence and how a spectrum of behavior might become lumped into the most extreme violations (Tolentino, 2018). The other aspect regards a fear that men are now more vulnerable to false allegations of sexual misconduct. In actuality, research shows that, if anything, there is an under-reporting of sexual crimes, and that false allegations for sexual misconduct mirror that of other crimes at 2–10% of all cases (Lisak *et al.*, 2010).

REALITY

Whatever the success or failure of this moment of awakening, there can be no debate over the existence and pervasiveness of gender-based harassment and violence. The lifetime prevalence of intimate partner violence (IPV) (physical and/or sexual) or non-partner sexual violence (or both) among all women 15 years and older in the low- and middle-income regions of Africa is 45.6%, in the Americas: 36.1%, in the Eastern Mediterranean:

36.4%, in Europe: 27.2%, South-East Asia: 40.2% and in the Western Pacific: 27.9%. In high-income regions prevalence is 32.7% (WHO, 2013). The violence itself, of course, is a health issue (O'Neil *et al.*, 2018). The experience of gender-based violence also increases exposure to many other negative health outcomes such as disease and injury related to sexual health (e.g. HIV and other sexually transmitted diseases), episodes of induced abortion, perinatal health issues (e.g. low birth weight, premature birth and small gestational age), mental health disorders (e.g. unipolar depressive disorders, anxiety and alcohol use disorders), injuries and death (either by homicide or suicide) (WHO, 2013).

The risk and prevalence of gender-based violence rises according to intersections of marginalization—women of color are more likely to be impacted than white women, poor women more likely than rich etc. (Armstrong *et al.*, 2018).

THE ROLE OF HEALTH PROMOTION IN PROMOTING GENDER EQUITY

At its heart, health promotion is a response to inequity (WHO, 1986). In terms of the social determinants of health, the disparity in status between men and women across the globe represents a persistent and deep-rooted inequity, with a predictive power similar to that of the social gradient (Marmot, 2007). Health promotion has been hard at work for years reflecting on and advocating for ways to better incorporate thinking about gender in our practice (Pederson *et al.*, 2015), in developing the needed evidence base (Keleher, 2004) and by sharing approaches for preventing violence (Catford, 2015).

Many of these important efforts have focused on how women are experiencing health promotion and how they can be empowered through our work in policy, settings, communities, health systems and individual behavior. I would argue that in addition to these initiatives, the field of health promotion could also productively focus on the role of men in stopping gender-based violence and promoting gender equity.

EMPOWERING MEN IN THE FIGHT

I come to this view through experience. Indeed, this very issue led me to the field of health promotion almost 20 years ago.

In 1999, at the age of 23 years, I volunteered to work at a community-based organization in Burlington, Vermont (USA) answering hotline calls at a temporary shelter for women who had and were surviving IPV. The organization was part of a community coalition that

partnered with (among others) the organization that provided court-mandated intervention classes for men who had been convicted of domestic assault. As part of our work on the hotline, we would call the partners of the men who were attending the class—when they were at class, ostensibly because they would not be home and their partners might be able to talk freely about how they were doing and if they needed any assistance or safety planning.

I struggled with my work on the hotline. While I understood and never veered from my role to provide options counseling—that is informing the survivor of services available to her, helping her assess her safety given present circumstances, and supporting her in whatever felt best to her—I felt helpless to really make a meaningful impact.

As part of the coalition work, I attended one of the sessions of the intervention classes for men. It was at this session that I moved forever into the field of health promotion. Sitting in that classroom, I came to understand primary prevention. I immediately applied for a job facilitating those classes. I realized that if I wanted to make a meaningful impact in survivors' lives, I needed to work toward preventing future violence by working directly with men who had a history of violence.

When I first began facilitating the domestic abuse education classes (as they were called at the time), I had many preconceived notions about the men in class. I arrived with a set of beliefs about who they were and why they did these terrible things. As I engaged with the groups, however, my stereotyped assumptions were confronted by the reality in which these men were living. By listening and engaging in discussion, I learned about the socialization of men and the limits of emotion they felt permitted to express. I came to learn that for many of them, they felt exerting power, control, intimidation and violence were the only means available to them to express the deep love and fear they felt prohibited from expressing. So many of the men I worked with had witnessed violence in their own homes as children. I was not collecting data at the time, so I can only report my impressions but the understandings I came to mirror existing literature.

Feminist scholars (many of them men) have been arguing for years that gender-based violence prevention must focus on engaging men (Fabiano *et al.*, 2003; Flood, 2011; PettyJohn *et al.*, 2018). They argue that this violence is a manifestation of a culture of toxic masculinity (Flood, 2011). They recognize that violent behavior can be explained by applying social learning theory (Nelson *et al.*, 2010), and that peer-to-peer education with men mentoring each other can be an

effective strategy in promoting nonviolent behavior (Fabiano *et al.*, 2003). These are all processes I heard discussed and saw happening in those groups.

THE BACKLASH: A SLAMMED DOOR OR AN ENTRANCE?

As I have witnessed the chorus of backlash rising against the #MeToo movement, the tenor of the rejection is familiar. I recognize this phenomenon not only from my work with those groups of men many years ago but also in my work in addictions counseling and in my conversations with (mostly white) students about race at my university.

The defensiveness, the denial—that arises when one feels they are being misunderstood or overly associated with the most negative manifestation of a given impulse. This frequently comes up in health promotion practice, in many arenas of behavior change. Miller and Rollnick (Miller and Rollnick, 2012) recognize such protests as the verbalization of one side of two minds. They recognize that when one is contemplating behavior change, they are experiencing ambivalence about that change. On one hand, the person sees the problems resulting in their life from the negative behavior (e.g. addiction, racism, patriarchy etc.). On the other hand, they recognize that the behavior benefits them in an important way (e.g. coping strategy, escape and social position).

Motivational interviewing works from a place of honoring ambivalence (Miller and Rollnick, 2012). A central practice is to enable the individual contemplating change to connect with their values and intrinsic motivation to change by exploring both sides of their experience. If a counselor only tells the individual how terrible their behavior is—verbalizing just one side of the ambivalence—this puts the recipient of the intervention in the one-sided position of having to defend the other side. That in turn provokes defensiveness and denial. If, however, the practitioner holds space for the complexity of their experience—enabling them to reflect on past behaviors and the experiences that shaped them—the individual contemplating change is able to more holistically explore their options for future action.

In my IPV prevention classes, I saw this dynamic. It was particularly pronounced for the men who were fathers in the group during the weeks we would discuss the impact of IPV on children. This was such a complex conversation because we were simultaneously processing the impact of their own violence on their own children, the impact of the violence they witnessed as children on them as adults, and the possibility that both they and their children had the power to liberate themselves from

the cycle. It was complicated and messy and tearful. It was also often transformative.

AN INSPIRING EXAMPLE

In 2010, *Health Promotion International* published a study by Nelson *et al.* (Nelson *et al.*, 2010) about a sexual violence and IPV prevention program designed for migrant Hispanic men in three farmworker communities in Pennsylvania, Illinois and Florida. The approach was motivated by the work of feminist scholars (Fabiano *et al.*, 2003; Flood, 2011) and based on the principles of Freire's problem-posing pedagogy (Freire, 2001), social learning theory (Bandura, 1976) and Pajares' concept of 'self-system' (Pajares, 1996). The program was informed by a pre-implementation survey which identified five themes that served as its foundation:

1. Men are naturally loving, sensitive and nurturing human beings.
2. Violence and the acceptance of violence are learned and can be unlearned.
3. Men can and want to help stop violence against women.
4. Men must provide support for each other in order to change the social acceptance of violence.
5. We can only change ourselves; we cannot change anyone else [(Nelson *et al.*, 2010), p. 301].

The program met for 5 weekly 2-h sessions, which involved facilitating discussions (by two male facilitators) around sexual and IPV. A unique aspect of the approach was that the sessions did not intend to educate the participants about the 'correct' or 'incorrect' way to think about gender-based violence. Rather they employed a problem-based approach that enabled a discussion without judgement. Their findings indicated that this avenue of reflection on past behaviors and current decision-making supported self-initiated behavior change (Nelson *et al.*, 2010).

ONE OF MANY NEEDED RESPONSES

As with many wicked problems in health promotion (Kreuter *et al.*, 2004), gender-based violence requires a multi-pronged (WHO, 1986), intersectoral (Corbin, 2017), bottom-up and top-down (Baum, 2007) response. Health promotion as a field should be considering gender and how to be transformational in all aspects of its work (Pederson *et al.*, 2015). We should be weaving gender-awareness and violence prevention through our policy work, our settings approaches, our

community action campaigns, our reorientation of health services and in developing personal skills (WHO, 1986).

We absolutely need to be a part of the efforts to hold people accountable for the violence they perpetrate. We need to recognize and acknowledge that there are brave people of all genders working to fight against patriarchy and violence in our society. We also might invite ourselves to think about empowering men at the edges of action to come into the fold. Part of doing that might be nurturing a willingness to hold space for them and to honor that the hostile environment of male violence is oppressive for us all—across the spectrum of gender expression and performance.

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