

***Breaking the Silence: A critical analysis of integrating a
community level intervention model within a domestic violence
public awareness campaign in New Zealand.***

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CONTENTS PAGE

Contents Page...1

Attestation of Authorship...5

Acknowledgments...6

Abstract...7

Abbreviations...8

INTRODUCTION...9

1. Theoretical perspectives of domestic violence...12

- Methodology...12
- Feminist theory...12
- Resource theory...18
- Social exchange theory...19
- Culture of violence theory...20
- Investment model...22
- Social learning theory...23
- Ecological theory...25
- Evolutionary theory...27
- General systems theory...27
- Traumatic bonding theory...28

2. A contextual background of domestic violence in New Zealand...30

- Methodology...32
- The liberal welfare state and domestic violence...33
- Ministry of Social Development and *Te Rito: New Zealand family violence prevention strategy*...36
- Ministry of Health and *The family violence intervention guidelines: Child and partner abuse*...37
- Domestic Violence Act 1995...38

- The role of Family Court and the protection order...41
 - Police intervention...44
 - Advocacy organizations...47
 - Child Youth and Family Services (CYFS)...50
- 3. Domestic violence public awareness/education campaigns in New Zealand pre- and post- Domestic Violence Act 1995...53**
- Methodology...54
 - Hamilton Abuse Intervention Pilot Project...55
 - Children, Young Persons and their Family Services' Breaking the Cycle campaign...62
 - New Zealand Police Family Violence Prevention campaign...70
 - Other 1990-2003 campaigns/programmes...73
- 4. The AIDS Community Demonstration Project (ACDP) model...77**
- Methodology...77
 - CDC (Centres for Disease Control and Prevention)...78
 - Community-based formative and intervention research...78
 - The ACDP...79
 - THE ELEMENTS OF THE ACDP...79
 - i. Theoretical framework...80
 - ii. Formative research...81
 - iii. Development and distribution of small media material...83
 - iv. Evaluation...86
 - THE RESULTS: A CRITICAL ANALYSIS...87
 - i. Part one: The empirical results...87
 - ii. Part two: A critical analysis...89
- 5. Expert opinion- The suitability of integrating ACDP principles into a domestic violence public awareness campaign in New Zealand...94**
- Methodology...95
 - The questions and answers...98
 - Dr Ian Hassall (Institute of Public Policy)...99
 - Dr Emma Davies (Institute of Public Policy)...102

- Lou Renner (Auckland District Health Board)...104
- Dr Neville Robertson (Waikato University)...108
- Jo Elvidge (Ministry of Health)...109
- Holly Carrington (Domestic Violence Centre)...112
- Sheryl Hann (National Collective of Independent Women's Refuges)...114

6. Conclusion- A critical analysis of my original research question...119

- *Te Rito: New Zealand family violence prevention strategy*...119
- Jeffrey Kelly's critique of the ACDP...120
- Methodology...121
- Recommendation one: Offender focussed campaigns...122
- Recommendation two: Community-development initiatives...123
- Recommendation three: Structural change initiatives...129
- Concluding comments...138

APPENDICES...140

- Appendix one: HIV/AIDS background information...141
- Appendix two: Initial email sent to respondents, inviting them to be interviewed...143
- Appendix three: Participant information sheet...145
- Appendix four: Participant consent form...149
- Appendix five: ADCP fact sheet...151
- Appendix six: Outline of the ACDP brief...159
- Appendix seven: Interview questions...168

BIBLIOGRAPHY...172

ATTESTATION OF AUTHORSHIP

"I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the qualification of any other degree or diploma of a university or other institution of higher learning, except where due acknowledgment is made in the acknowledgments."

.....

Christina Batistich, 2004

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ABSTRACT

This thesis concerns domestic violence in New Zealand. Its aim is to help find effective ways of preventing domestic violence in our homes through community level public education/awareness interventions. Domestic violence has a damaging effect within a large number of New Zealand households; the primary aim of this thesis is to contribute research to the efforts in New Zealand directed at preventing domestic violence.

This thesis situates domestic violence within both a sociological and theoretical framework as well as within the context of New Zealand public education campaigns. Central to this thesis is a critical analysis of one particular community level public education and awareness intervention that was implemented in the United States throughout the 1990s. The core community-level principles of this US project have been analysed with regard to the suitability of integrating them into a hypothetical domestic violence public awareness campaign in New Zealand (one that would aim to help victims seek appropriate help from their situation).

This US community level intervention was called the AIDS Community Demonstration Project (ACDP), its aim being to increase HIV risk reduction behaviours amongst at-risk people within the community. It is acknowledged throughout this thesis that the risk of HIV infection and the nature of domestic violence are very different issues although both are key health issues. However, the analysis of the ACDP was chosen predominantly because of the broad community focussed principles that it followed. The core research question of this thesis is as follows: Are the broad principles used within the ACDP suitable to be integrated into a victim-based domestic violence public awareness campaign in New Zealand? If so, to what extent? If not, why?

My critical analysis has been informed by qualitative interviews with key experts in the field of domestic violence prevention in New Zealand. This critical analysis has highlighted a number of key elements in the complex task of domestic violence prevention and discusses the measures needed to sustain an abuse-free New Zealand.

ABBREVIATIONS

ACDP	AIDS Community Demonstration Project
ADHB	Auckland District Health Board
AUTEC	Auckland University of Technology Ethics Committee
BIRB	Behavioural Interventions and Research Branch
BWS	Battered woman syndrome
CAPS	Child Abuse Prevention Society
CDC	Centres of Disease Control and Prevention
CMPDG	Counties Manukau Policing Development Group
CTS	Conflict tactics scale
CYFS	Department of Child Youth and Family Services
DPB	Domestic Purposes Benefit
DPMC	Department of Prime Minister and Cabinet
DVC	Domestic Violence Center
FST	Female sex traders
FSP	Female sex partners of IDU's
FVPCC	Family Violence Prevention Coordinating Committee
HAIPP	Hamilton Abuse Intervention Pilot Project
IDU	Injecting drug users
MOH	Ministry of Health
MOSD	Ministry of Social Development
MSM-ngi	Men who have sex with men, not identifying themselves as gay
MWA	Ministry of Women's Affairs
NCIWR	National Collective of Independent Women's Refuges
NGO	Non-government organisation
SAFTINET	Safer Auckland Families Through Intervention Networking
SAFPN	South Auckland Family Violence Prevention Network
SOC model	Transtheoretical stages of change model
SOEs	State-owned enterprises
POL400	Police reports of domestic violence incidences
PSTD	Post-traumatic stress disorder
TVNZ	Television New Zealand
UN	United Nations
UNIFEM	United Nations Development Fund for Women
WAVES	West Auckland Violence Education Services
WWR	Western Women's Refuge
YHR	Youth at high risk

INTRODUCTION

Domestic violence has a real and prevalent presence within New Zealand society. New Zealand's largest women's refuge body, the National Collective of Independent Women's Refuges, alone helps on average 17 000 women and children each year with sanctuary from abuse (Fact sheet: Women's Refuge national statistics for 2000/2001, n.d). In the last two years, Ministry of Health (2002) research has indicated that around 15-21 per cent of women in New Zealand have been physically and/or sexually abused by their male partner, with 44-53 per cent of New Zealand women also reporting psychological abuse from their partners.

This thesis is about domestic violence and the search for an effective public awareness/education campaign which could help to address the problem of domestic violence in this country. The primary aim of this thesis is to contribute research to the efforts in New Zealand surrounding domestic violence prevention.

There has been a common pattern throughout New Zealand, to approach societal issues by using mass media campaigns. Dr Emma Davies from the Institute of Public Policy discussed that when a non-profit organisation is offered the chance to develop a mass media campaign for a particular issue, in her experience they will usually accept this offer. She argued though, that mass media initiatives seldom target any specific audience. "These sorts of campaigns are like pouring water on sand, unless you keep doing it, keep doing it, it just disappears" (E. Davies, personal communication, 4 November, 2003).

This thesis proposes an alternative approach to mass media public awareness/education campaigns. Its central theme concerns community level approaches that can be used to help solve societal problems. Community-level interventions have been developed with the aim of reaching more at-risk people. As the Behavioural Interventions and Research Branch (BIRB) highlight in their 1996 report: *What we have learned: 1990-1995* (1996),

The operating assumption of community-based research is that persons acquire information, form attitudes, develop beliefs, acquire skills and practice behaviours within the normative context of the social networks or systems of which they are a part. The shared social networks or systems (communities) can be defined geographically, behaviourally and or culturally (p. 19).

I have therefore concentrated on community-level approaches to domestic violence prevention in New Zealand.

I have taken a model of a community-level intervention that was undertaken in America throughout the early 1990s, (that actually was focussed around the goal of HIV risk-reduction) and have conducted interviews with key experts in the field of domestic violence prevention, asking their opinion about whether the broad principles used within this American intervention could be integrated into a domestic violence campaign in this country whose aim would be to empower and help victims of abuse to seek appropriate help.

In brief, the American intervention was called the AIDS Community Demonstration Project (ACDP) and was implemented as an HIV risk-reduction public education intervention, funded through the Center of Disease Control and Prevention (CDC). It was developed in five stages that consisted of a detailed review of behavioural theory, formative research, the development of educational materials, the distribution of these and an evaluation process. Key to this project, though, was the use of community members of the at-risk populations as 'peer networkers' who distributed materials and discussed behaviour change (for example, consistent condom use during sex and bleach use to clean needle equipment) with the receivers of the intervention messages. Included in the material were role model stories that documented how people within the at-risk community had changed their behaviour to live a life safer from the risk of HIV infection. Therefore, the impetus of the project was the use of community members as motivational advocates of behaviour change. (Fishbein et al., 1997)

My thesis therefore is a critical analysis of whether the ACDP's broad principles could be successfully integrated into a victim-based campaign in New Zealand. Please note that I acknowledge the absolute disparities between HIV contraction and domestic violence, however it was the ACDP's broad principles that interested me. These principles include a strong behavioural theory framework, the integration of a site specific intervention, an extensive formative research stage, the development of small media material, the integration of community member role model stories into small media material and the use of 'peer networkers' at the distribution stage of the intervention.

This analysis has been based around a central research question:

Are the broad principles used within the ACDP suitable to be integrated into a victim-based domestic violence public awareness campaign in New Zealand? If so, to what extent? If not, why?

The interviews with experts in the field focussed on whether specific elements of the ACDP could be successfully integrated into a victim-based campaign in New Zealand. The community focus of my question was largely supported by my respondents, who additionally offered some important suggestions about long-term strategies in the prevention of abuse.

This thesis is divided into six chapters. The first chapter is an examination of current theoretical perspectives explaining why domestic violence occurs in our society. The second chapter is an important contextual section of this thesis. In this chapter, domestic violence is explained within a New Zealand context and within a sociological framework. The different areas of our society are explored within this chapter, for example, how government departments, police, courts and advocacy organisations deal with domestic violence intervention and prevention. I also provide an historical look at legislation and policy, a statistical snapshot of how domestic violence affects New Zealanders in 2004, and a critical examination of how effectively our social institutions, like the police, help to decrease domestic violence occurrences in this country.

Chapter three offers an historical account of the various public awareness campaigns that have been implemented in New Zealand since the early 1990s. I chose this time frame as previous to 1990, domestic violence was not discussed to any length within New Zealand's public arena (explanations for which are documented in chapter two). On the whole, successful community level interventions with long-term prevention sustainability have rarely occurred in New Zealand.

In chapter four, the ACDP is fully detailed and explained. This gives the founding information on which chapter five is based. Chapter five is my primary research methodology chapter. As I conducted qualitative interviews, I have mapped out within this chapter, how I actually completed this research stage. A full summary of respondents' feedback to my questions is provided. This feedback explores whether or not the ACDP community principles could be integrated into a victim-based campaign in New Zealand.

In chapter six I conclude with the final critical analysis of my research question: whether the ACDP principles could be integrated into a victim-based campaign in New Zealand. This final analysis is based on my respondents' recommendations and on the surrounding literature that has contributed to my first four chapters. My conclusion offers recommendations for sustainable long-term prevention of abuse in New Zealand.

The community-level focus of this thesis is in keeping with much policy, government and NGO discourse that is coming out this year. Therefore I believe this analysis is topical and useful in contemporary New Zealand.

(Please note that each chapter has its own methodology section that explains my research methods used for each of the six sections of this thesis.)

CHAPTER 1: Theoretical perspectives of domestic violence

For the purpose of this thesis it is important to provide a framework for defining the causes of domestic violence. Theoretical perspectives of domestic violence are wide ranging, as *Te Rito: New Zealand family violence prevention strategy* (Ministry of Social Development, 2002) suggests. This strategy emphasises that there is not necessarily one particular cause of domestic violence, therefore this approach will be the focus of my chapter. I will examine some of the key theories on domestic violence including feminist, sociological, socio-biological and psychological theory.

Methodology

This first chapter of my thesis is heavily theoretical in nature. Therefore most information has been sourced from either books or journal articles. I have integrated a few comments from my primary research stage, however mostly my sources were obtained from library catalogue systems and electronic databases, using search words like “domestic violence theories”, “approaches” and “perspectives”. I have also used government policy documents such as *Te Rito*, reports from the National Collective of Independent Women's Refuges and UN documents to further explore theoretical perspectives of domestic violence.

Feminist theory

As Christine Cheyne, Mike O'Brien and Michael Belgrave (2000) state, “the major purpose of feminist theories in every discipline has been to introduce the issue of gender” (p. 97). With regard to domestic violence, Kersti Yllo (1993) comments that “the most fundamental feminist insight into all of this is quite simple: domestic violence cannot be adequately understood unless gender and power are taken into account” (p. 47). These quotes indicate the importance that feminist theorists place on gender and power as crucial components in explaining domestic violence, and the issue of domestic violence has been addressed passionately by feminists throughout the western world for decades. As the Ministry of Social Development's (MOSD) 2002 document highlights, “perpetuators of the most severe and lethal cases of family violence are predominantly males (and) victims of the most severe and lethal cases of family violence are predominantly women and children” (p. 8). Therefore, contextually in New Zealand it is important to examine feminist theory within any discussion about domestic violence.

It is also important to outline the parameters of feminist theory. As Cheyne et al. (2000) outline, feminists have been divided into three groupings: liberal, socialist and radical feminists. Liberal feminism is based on the principle that policy should be anti-discriminatory and that women should have equal rights to opportunities in their careers and legislation. They feel that policy and

behaviours within society need to change to ensure that all women have equal participation in all the areas of life that men do. However, radical feminists argue that biological differences between males and females are the predominant reasons for gender-based oppression. They believe that there should be separate institutions and services within society that are solely for women. Radical feminists perceive the role of the state to be more negative than the other two feminist groups. Finally, socialist feminists follow the teachings of Karl Marx closely. They believe that domestic violence occurs because of the oppression of women by capitalism and the patriarchy. Therefore, they disagree with radical feminists by arguing that oppression is not just caused by biological differences, but also by the complex nature of modern capitalist society. They argue that if society developed into a socialist state, then all female oppression would end. Socialist feminists believe strongly in the establishments of structures that support women in the workforce, for example, unions and childcare services. They also endorse equity between males and females within domestic work (Cheyne et al., 2000).

As Lee Fitzroy (1999) outlines, it was not until the 1970s that feminist activists finally managed to place domestic violence on the social, public and political agenda in New Zealand. Yllo (1993) suggests that this was due to changes in society's functioning. She explains that when society started to prioritise numerous issues ranging from race relations to gay rights, the feminist movement gained recognition, and concerns like domestic violence were finally placed on the political agenda. In light of this struggle to make domestic violence a social policy issue, I feel that it is important to firstly examine feminist theories in this chapter in order to explain occurrences of abuse in our society. This is because these theories counteract the mainstream explanations of domestic violence that exclude gender as a constant factor in abuse (Fitzroy, 1999). Such mainstream explanations of abuse are embedded within social policy perspectives. For instance Gosta Esping-Anderson's (1990) categorisation of the three western welfare states (liberal, social democratic and conservative) theorises that occurrences of domestic violence are due to sociological concerns such as employment and income. Therefore, feminists argue that these mainstream theorists neglect gender as an important issue in society (Cheyne et al., 2000).

Feminist researchers acknowledge that women are often perpetual victims of abuse and these researchers focus on attempting to break the pattern of exploitation that women face in a male-dominated society. As Richard Gelles (1993) highlights, feminist activists supported advocacy channels to help victims of abuse break the pattern of exploitation, for example the Women's Refuge movement and the development of practical educational programmes. In empowering women through their theoretical perspectives and awareness raising, feminist activists have attempted to explain and prevent incidents of domestic violence.

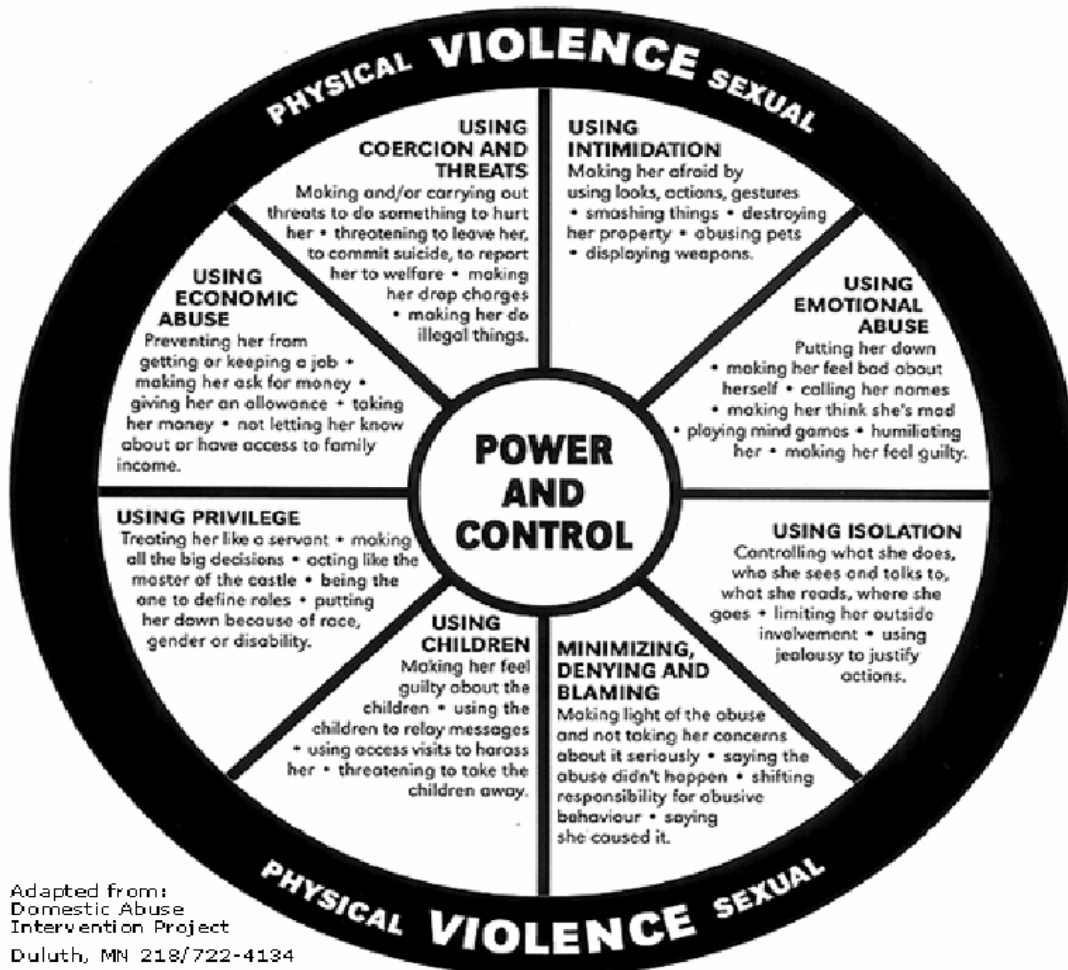
To explain the feminist view of domestic violence, Michele Bograd (cited in Loue, 2001) discusses the four elements of this perspective:

1. As the dominant class, men have differential access to material and symbolic resources and women are devalued as secondary or inferior.
2. Intimate partner abuse is a predictable and common dimension of normal family life.
3. Women's experiences are often defined as inferior because male domination influences all aspects of life, and
4. The feminist perspective is dedicated to advocacy for women (p. 25).

These factors demonstrate the idea of male dominance and power that is integral to the feminist approach to domestic violence theory. Central to understanding in New Zealand and especially within the Refuge movement in this country have been the 'power and control' model and the premise of gender inequality (please refer to tables 1.1 and 1.2) that explains the existence and perpetuation of domestic violence (Fact sheet: 'Power and control' wheel, n.d.; Fact sheet: Equality wheel, n.d.). During an interview with Sheryl Hann, she argued that interagency networking has been made more effective due to the acknowledgment by numerous helping organisations of the 'power and control' wheel's validity (S. Hann, personal communication, 17 December, 2003). This wheel is feminist in nature and was developed by the Duluth Abuse Intervention Project that is discussed in chapter three. It proposes that domestic violence occurs and is perpetuated because an offender uses key tools such as intimidation and threats, as well as tactics like controlling his partner's money and interaction with family and friends, as a way to dominate. In conjunction with physical abuse, an offender uses emotional abuse and other methods of dominance, such as threatening to isolate his partner from her children, to further his control and abuse within his relationship (Fact sheet: 'Power and control' wheel, n.d). This model is used extensively throughout the body of the thesis.

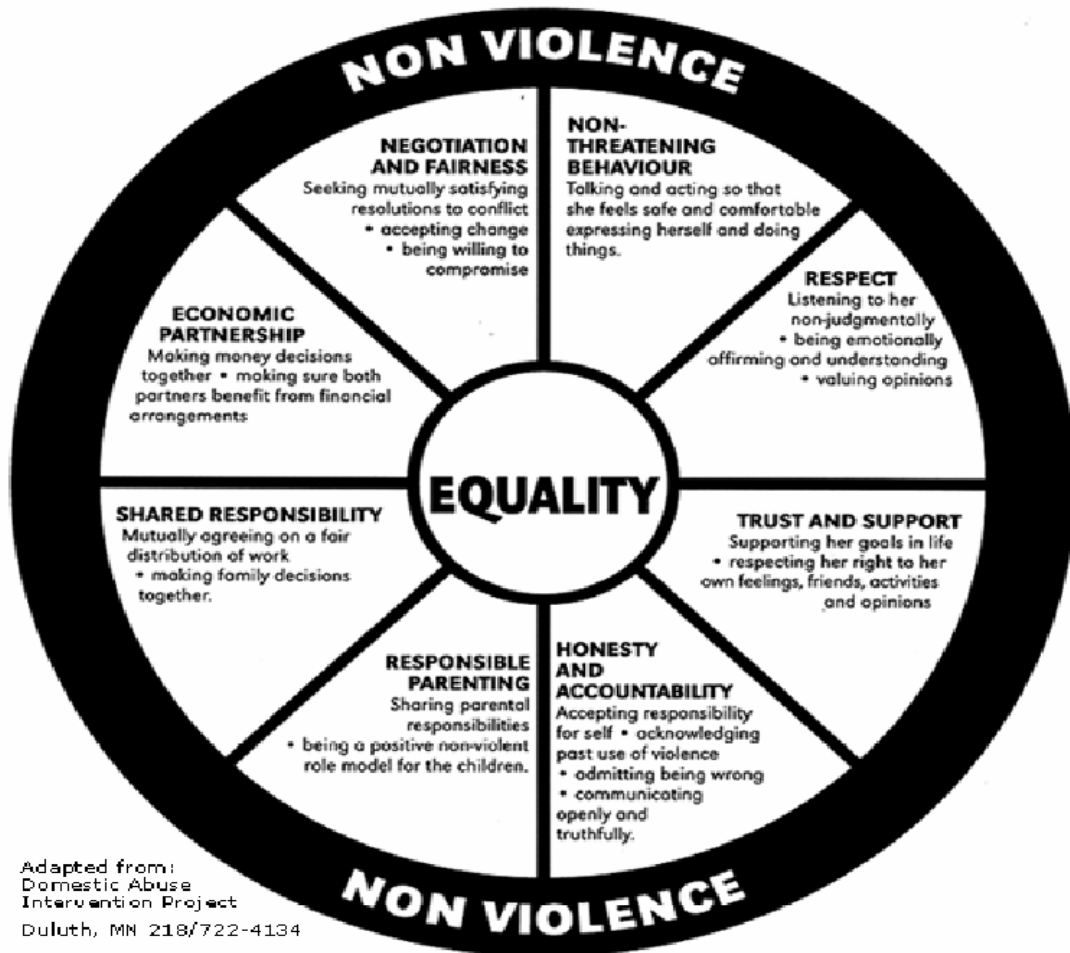
One of the basic premises of the feminist perspective on domestic violence is patriarchy theory. In Sana Loue's (2001) book *Intimate partner violence*, she cites Russell Dobash and Emerson Dobash, who highlighted in 1979 how this theory concerns male dominance in society and specifically how we live in a male dominated society that accepts instances of wife abuse. This male dominance and acceptance of abuse is also believed to extend to social agents such as police and the courts, which send out the impression that wife abuse is acceptable through such channels as inadequate reporting and insufficient enforcing of protection orders (L. Renner, personal communication, 10 November, 2003). These issues are discussed in detail in chapter two.

Table 1.1 'Power and control' wheel



(Fact sheet: 'Power and control' wheel, n.d).

Table 1.2 Equality wheel



(Fact sheet: Equality wheel, n.d).

However, not all domestic violence theorists support patriarchy theory. As Loue (2001) states, many theorists believe that “It’s an erroneous assumption that there is a direct linear relationship between the status of females in society and the rates of wife assault” (p. 28). She outlines studies which highlight that, even in strongly male dominated communities, it is still only the minority of men who abuse their wives. She discusses Judith Campbell’s argument that there are serious limitations in assuming that gender status inequalities in society directly correspond to instances of abuse against women. She further supports this premise by discussing Rodney Stark and James McEvoy’s argument that only the minority of men abuse their female partners, and equally that it is the minority of men who think that abuse is acceptable behaviour within a relationship. Therefore, these researchers emphasise that patriarchy theory over-simplifies and generalises the analysis of causes of domestic violence.

Another critique of patriarchy theory, and gendered theories of domestic violence in general, is that there is a lack of analysis of the causes of same-sex relationship abuse. Therefore, feminist theories have tended to be “hetero-sexist” (Loue, 2001, p. 28) in nature. Loue (2001) notes how patriarchy theorists defend their stance in terms of this critique by arguing that same sex relationships follow traditional structural roles, and are therefore included within a patriarchal theoretical framework. However Letita Anne Peplau, as discussed in Loue’s text, argues that this explanation is weakened by the growing research showing that many same-sex couples do not follow these roles within their relationships. This comment may suggest the need for more analysis by patriarchal theorists to explain domestic violence in all couple relationships (Loue, 2001).

Goldberg Wood and Roche (2001) suggest that domestic violence needs to be increasingly politicised in our society. They argue that,

Constructing individual episodes of rape and battery as isolated criminal attacks that can be fully explained by interpersonal relations depoliticises the gender-based political nature of the local events. When deconstructed, many laws, institutional structures and official practices are found to encode and enforce oppressive customs and beliefs regarding gender, privilege, power and accountability and perpetuate personal acts of gender violence. Woman blaming themes embedded in cultural narratives surround and support gender oppression (p. 2).

Therefore, as well as domestic violence being a gender and power issue, feminists saw it as a political issue, which was resonant of their efforts to place domestic violence on the political agenda in the 1970s (Fitzroy, 1999). As Gale Goldberg Wood and Susan Roche (2001) state, “the central issue in the feminist framework elaborated here is that male violence against women and girls is political as well as personal” (p. 584). Cheyne et al. (2000) comment that, “feminist theory has considerable ambivalence (opposition) about the role of the state in promoting

women's interests, but nevertheless it is generally recognised that market forces will not ensure a fair distribution of well being between women and men" (p. 100). Therefore, feminist perspectives often critique the state's involvement in perpetuating gendered inequalities. This will be discussed extensively in chapter six of this thesis.

However Gelles (1993), who predominantly supports the notion of viewing domestic violence through analysing sociological causes, emphasises that feminist theory is an important perspective to understand and has much validity in explaining domestic violence. Gelles emphasises that a number of valuable studies have been completed that support the validity of the feminist proposition that gender and power are predominate factors in domestic violence. These studies include Rebecca Morley's research in Papua New Guinea that concluded that wife battering was not caused by social disorganisation, instead by the husbands' perception that abuse was acceptable within the structure of the family. Murray Straus, as discussed in Gelles (1993), also concluded through his study of fifty US states that these patterns in Papua New Guinea of males perceiving abuse to be their right were also evident in America, hence supporting the feminist notion of male power and gender underlying domestic violence in society.

Even though Gelles (1993) states that theorists like Yllo, Dobash and Dobash do incorporate key sociological theory into their feminist analysis of domestic violence, he argues that the feminist lens has limitations in terms of not addressing other issues that mainstream theories address, for example, social problems like alcoholism and unemployment (Gelles, 1993). These sociological issues will be detailed in the following sections of this chapter.

Resource theory

Resource theory is a sociological investigation into why domestic violence occurs in our society. Similar to feminist theory, it is fundamentally based on the notion of power but, unlike feminist theory, it is not a gendered perspective (Levinson, 1989). As one of the founding researchers of the theory, William Goode (Loue, 2001; Bersani & Chen, 1988) emphasises that, if a partner has a substantial amount of power within society, there is less need for this person to exert power within the home through the form of abuse. However, domestic abuse can occur and be perpetuated by someone who does not exert power within society, and as a consequence they exert power within the domestic setting.

As David Levinson (1989) notes, it is usually the males within a partnership that strive for power in most circumstances, hence making them the main perpetrators of domestic violence. However this theory is not strictly gendered and can be used to explain same-sex partner abuse and abuse on men. Therefore, unlike feminist theory, it is not hetero-sexist in nature. Even though this theory

indicates a correlation between socio-economic status and abuse, Goode and colleagues needed to address the reasons for domestic violence occurring in higher socio-economic relationships. To account for some of these discrepancies within resource theory, Gelles and O'Brien (Levinson, 1989) revised this theory in the 1970s. They believed that this perspective could also be applied to a person whose power was inconsistent throughout their current life-situation, not necessarily solely within their employment and personal wealth. For example, someone who may exert much power at work, but little socially, may perpetuate violence in the home as a means to establish more power and control in their lives. Therefore, resource theory is sociological in nature and like the feminist perspective, addresses the causal issues of power when explaining domestic violence.

Social exchange theory

Firstly, it should be noted that social exchange theory is not solely concerned with domestic violence. Its general purpose is to explain how people make decisions in their relationships. Developers Gelles and Murray Straus (1988) outline that generally in all human relationships (healthy or abusive),

Social exchange theory assumes that human interaction is guided by the pursuit of rewards and the avoidance of punishments and costs. When an individual provides services to another, he obliges the other to fulfil the obligation to reward him. When the reciprocal exchange of services and rewards occurs, the interaction will continue. If there is no reciprocity, the interaction will be broken off, since the costs of the exchange for the first person exceed the rewards (p. 22).

It is therefore a sociological approach that has been used by Gelles and Straus (1988), to also explain why domestic abuse occurs. Their main argument is that perpetrators abuse because the cost of doing so does not compensate for the rewards. They attribute this to a lack of reporting, by victims and witnesses, of domestic violence incidences, and a lack of arrests and court prosecutions of offenders. Additionally they argue that victims do not report abuse because the benefits of being in the relationship (for example, access to resources) exceed the costs of the abuse. This latter example was highlighted by Dr Neville Robertson from Waikato University during an interview that I conducted for my primary research stage. He outlined how victims of abuse often stay in abusive relationships because, when their partner is not abusive, he is able to contribute to household life, for example, looking after children. Therefore leaving the relationship would create impossible costs for the victim, for example finding care for multiple children, whilst working (remaining employed and not a Domestic Purposes beneficiary) and paying all necessary bills. This highlights how, due to heavy financial constraints, victims of abuse can often view staying in an abusive relationship as being more viable than leaving, especially within a liberal

welfare state like New Zealand (N. Robertson, personal communication, 4 December, 2003). This will be discussed extensively in chapters two and six.

Gelles and Straus (1988) explain the development of an abusive relationship through a social exchange lens. They outline that when any dysfunction occurs within the family unit, many variables are present that makes this dysfunction complex and unique, for example connections with children, property and money. These complex ties within a relationship can elevate dysfunction to cause frustration, which in turn can lead to partner abuse. However, unlike the standard sanctions that one would receive in society for exerting violence on another person, family violence has relatively little cost to the perpetrator. As Gelles and Straus state, this is because domestic violence is largely a hidden issue, where emotional barriers (for example fear or shame) can prevent a victim of abuse from exposing their abusers. Therefore, within a social exchange framework, if the victim does not seek help, then the abuser feels as though they have been excused for their actions, hence the cycle of abuse is perpetuated.

Additionally within a social exchange construct, these theorists (1988) suggest that another factor contributing to domestic violence is the shortage of social agents, for example, correct police reporting and procedures, adequate advocacy resources and support systems. Chapter two of this thesis analyses these trends in detail, within a New Zealand context. To sum up, Gelles and Straus theorise that the “private nature” (p. 25) of family life, along with surrounding structural inadequacies, perpetuate domestic violence in society. They also highlight how social attitudes concerning violence in general perpetuate abuse in the home. For example, the overuse of violence in the media, the state’s role in violence (particularly seen in foreign policy), gun laws and the discipline of children, create ideologies that prevent victims of abuse from discussing this issue, which in turn perpetuates the abuse occurring within our communities (Moore, 2002).

Culture of violence theory

Taking a similarly sociological perspective, with an emphasis on criminology, the culture of violence theory states that there are portions of society that develop separate norms which permit the use of violence in family surroundings. Developed by Marvin Wolfgang and Franco Ferracuti (1967), this theory has been the basis for explaining why certain cultures generate more domestic violence statistics than others. Wolfgang and Ferracuti (1967) integrated EB Taylor’s 1980s definition of culture into their book *Sub-culture of violence*. According to Taylor, culture “taken in its wide ethnographic sense, is that complex whole which includes knowledge, belief, art, morals, law, custom and any other capabilities and habits acquired by man as a member of society” (cited in Wolfgang & Ferracuti, 1967, p. 95). Wolfgang and Ferracuti (1967) used Milton Gordon’s definition of sub-culture as, “a sub-division of a national culture composed of a combination of

factorable social situations such as class status, ethnic background, rural or urban residence and religious affiliation, but forming in their combination a functional unity which has an integrated impact on the participating individuals" (p. 95). Therefore, Wolfgang and Ferracuti propose that there are sub-cultures which perceive violence as acceptable, and posit that this helps to explain the occurrence of domestic violence in our society.

In addition, Loue (2001) outlines Wolfgang and Ferracuti's premise that within pluralistic diverse societies, smaller subcultures have been shown to develop norms and rules that accept abuse in relationships to a greater extent than the "dominant culture" (p. 21) of their society. An example that Wolfgang and Ferracuti (1967) posit of this was the subculture of African American men in the United States. In the 1950s they presented research that supported the notion that this culture was more violent than their white counterparts.

Therefore, if these subcultures exist, they become powerful channels for an ideology to be disseminated that violence is acceptable and normal. This, in turn, has the potential to be a particular problem in implementing proactive strategies for preventing or intervening in domestically violent situations, as the perpetrator, and in many cases the victims, feel that the behaviour is a socially accepted norm. These issues will be discussed in the following chapters.

However, a critical analysis of the subculture of violence theory is required. Brent Goff (1999), in his article in *Adolescence*, provides research on why youth become violent. His research, even though not about domestic violence specifically, concluded that adolescents become violent because it gives them membership to a group, it enhances their friendships and it gives them pleasure. This indicates two factors about the subculture of violence theory. Firstly, adolescents in this study (685 rural American students) perpetuated violence as it enhanced their belonging to their subculture, which supports Wolfgang and Ferracuti's theoretical argument. However, the second factor highlighted through Goff's study, was the added variable of pleasure as being a key motivator for being violent. This was not specifically to do with the subculture that the perpetrator belonged to.

Additional limitations of the subculture of violence theory have been documented. Liqueen Cao, Anthony Adams, Vickie Jensen (1997) comment on how the subculture of violence theory is one of the most predominant perspectives in sociology and criminology which endeavours to explain violence in society. However, they argue that it is the least evidential and tested theory within its field. In terms of Wolfgang and Ferracuti's premise that African American males are a strong subculture of violence, Cao et al. implemented a study that incorporated findings from the General Social Survey (implemented from 1983 to 1991), and they discovered that this premise

was incorrect. Their findings indicated that white males are considerably more likely to be violent in a “defensive situation” (p. 1) and that both black and white males were equally violent in “offensive situations” (p. 1). Even though Cao et al. (1997) acknowledged that this study did not discredit the entire framework of Wolfgang and Ferracuti’s theory, they did argue that their results provided valid and significant limitations to the subculture of violence theory. Therefore, it could be summarised that research shows how the subculture of violence theory is an over-generalisation at times and more variables need to be considered when analysing why violence occurs in society. James Clarke (1998), in his book *The lineaments of wrath: Race, violent crimes and American culture*, notes that if minority cultures (like African Americans) are to be classified as subcultures of violence, a wider historical context needs to be considered. He includes factors such as racial injustice, colonisation, slavery, and general white domination in the United States. As he states:

The problem of violent crimes has been attributed to a familiar list of causes: poverty, unemployment, broken homes, poor education, teenage pregnancy, gangs and drugs. These difficulties, in turn, as many have suggested, merely reflect the effects of a hostile social structure that denies opportunities and creates frustration that leads to violence (p. 3).

Therefore, he urges for a wider understanding of the hardships that certain subcultures face, and the need to address these difficulties in society.

Investment model

The investment model is an important approach, similar to social exchange theory, as it examines and incorporates other perspectives such as feminist theory in its analysis. Developed by Caryl Rusbult in 1980, it endeavours to explain the perpetuation of domestic violence in our society (Truman-Schram, Cann, Calhoun, & Vanwallendael, 2000). Rusbult’s theory suggests that if a victim of abuse perceives their dedication to a relationship as being considerable (hence an investment has taken place), then this will affect whether a decision to leave the violent situation is made. Therefore, the higher the commitment, the less chance a victim will leave an abusive relationship. Additionally, alongside commitment levels, someone will more likely leave a relationship if there are perceived relationship alternatives, low investments in shared possessions, time and children, and a lack of satisfaction within the relationship (Truman-Schram et al., 2000).

Within a critical analysis of the investment model, it must be acknowledged that studies have been conducted which support the premises of the model. The following comments of Dana Truman-Schram, Arnie Cann, Lawrence Calhoun and Lori Vanwallendael’s (2000) support this stance:

Support for this model was found in a study that examined the stay versus leave decisions of women who sought help at a shelter for battered women. It was found that a woman's decision to stay in an abusive relationship was based on perceived rewards and costs, investment size and perceived relationship alternatives (Frisch & MacKenzie, 1991). A more recent study by Rusbult and Martz (1995) reported that women who felt dissatisfied, perceived poorer alternatives, and had greater investments in their relationships were indeed more committed to these relationships. Additionally reported commitment levels were strongly related to whether or not and how quickly these women returned to their abusive partners after their stay at a battered women's shelter. In both of these studies the samples were predominantly comprised of married women (p. 2).

However, Truman-Schram et al. (2000) also comment that the investment model needs to be combined with other approaches to strengthen its analysis of why domestic violence is perpetuated within our society. For example, commitment to a relationship may result from the perceived gender role of the victim. This links the Investment Model with key feminist theory. Truman-Schram et al. (2000) suggest that the model can be better understood within the framework of feminism. Kristine Maybach and Steven Gold (as discussed in Truman-Schram et al.) highlight how women who exhibit a traditional female role within their relationship, which includes behaviour patterns of submission, compliance and emotional intimacy, are more likely to stay in a violent relationship. They substantiate this claim by commenting on the power rationale within a violent relationship, whereby the victim feels inferior to their abusive partner. Additionally, Maybach and Gold argue that women who do take on a traditional role, deal with violence through being compliant and submissive. These reasons in turn strengthen the chances of women staying in violent relationships.

Social learning theory

Social learning theorists argue that those exposed to harsh discipline in their childhood by an authority figure may in turn exert physical violence towards an intimate partner in adult life. Interestingly, social learning theorists argue that aggression is not an internal biological characteristic, instead it is a behaviour and reaction that is socially learned and one that occurs within certain social contexts (Levinson, 1989). Levinson notes that this approach is also known as the 'intergenerational transmission of family violence theory', and is a widely discussed perspective within the field of domestic violence.

In Steven Swinford, Alfred DeMaris, Stephen Cernkovich and Peggy Giordano's (2000) article in the *Journal of Marriage and the Family*, research is provided that investigates the reasons why intimate violence occurs. They developed their research within the framework of social learning theory (that Albert Bandura constructed in the 1970s) as well as other problem-behaviour theories, in order to assess more broadly the causes of intimate violence. In 1982, Swinford et al. (2000) formulated a research project that would span two decades. They began in the early 1980s by conducting interpersonal interviews with 942 young people aged between 12 and 19

years. They asked the respondents to offer information about their home life, particularly any physical punishment that they had witnessed and/or experienced. In 1992-1993, 76.5% of the original respondents were interviewed again. Respondents were now aged between 22-29 years. Original respondents were omitted from the 1992 interviews if they were not in an intimate relationship at the time. Questions were asked about how they dealt with conflict in their intimate relationships.

Their results concluded that experiencing harsh physical punishment as a child did correlate with increased use of violence in later intimate relationships. It was argued that problem behaviours, resulting from experiencing or witnessing abuse as a child, were a major indicator of likely violence in intimate relationships. Swinford et al. (2000) conclude with the following statement:

We have attempted to contribute to that effort in the current paper (2000) and have proposed a model in which problem behaviours in adolescence and young adulthood are the primary mediators of the link between child abuse and intimate violence. The model has substantial theoretical credibility, drawing on elements from social learning theory, Freudian theory and theories of deviance. Results were largely consistent with the model's predictions (p. 9).

An analysis of this research is important in order to critically evaluate the effectiveness of using social learning theory to explain domestic violence in our society. Swinford et al. (2000) comment that:

Although harsh punishment administered to children is intended to correct unwanted behaviours, it has several unintended didactic consequences. Children so treated learn that physical aggression is permissible within the context of intimate relationships and that violence is justified when someone is guilty of wrongdoing (and that research has indicated how) children typically modify their behaviour after punishment, giving them first-hand experience with violence as an effective behaviour-modification strategy (p. 2).

Instead of solely concentrating on social learning paradigms, Swinford and colleagues (2000) also discuss the validity of using the 'etiology of problem behaviours' to explain why people become violent within their intimate relationships. According to B. Guerney, M. Waldo and L. Firestone (cited in Swinford et al., 2000), Freudian theory needs to be integrated with social learning theory, in order to more thoroughly comprehend the cause of intimate violence. They argue that:

Harsh, abusive discipline practices engendered feelings of rage in children. Moreover, the inability to escape from the abuse leads to a sense of powerlessness. Because it would be dangerous to vent this rage against parents, who can easily overpower children, it is repressed. Nonetheless, unresolved feelings of rage demand release. Hence the individual seeks safe targets against which he or she can express these feelings and thus regain a sense of power by exerting control over others (cited in Swinford et al., 2000, p. 3).

This perspective indicates that intimate violence can also be caused by the need for victims of childhood abuse to recover power through becoming abusers towards their intimate partners. This suggests a Freudian philosophical explanation. However, Guernsey and colleagues also argue that gaining power through violence is socially learned by witnessing one's parents' behaviour of being violent to gain control. Hence an integration of social learning and problem behaviour theory is suggested in this instance (Swinford et al., 2000).

Another perspective that Swinford et al. highlight within the framework of social learning theory is Michael Gottfredson and Travis Hirschi's discussion of a person's antisocial orientation as a variable within intimate partner abuse. This idea stems from a criminological framework and Gottfredson and Hirschi argue that it is lack of self control that can cause a person to become violent towards their intimate partner. They theorise that low self control is a result of direct 'parental socialisation' on a child, whereby discipline techniques during child-raising can in turn influence how the child deals with their own control mechanisms in later life, particularly within a familial setting. It is the experience of harsh physical discipline as a child which in turn breaks down normal control responses to situations in later life. Therefore, a child that has been abused may experience frustration more frequently and also be unable to deal with conflict other than through physical abuse. As Swinford et al. (2000) comment:

The findings reinforce the notion that abusive discipline practices presage later intimate violence by virtue of elevating the risk for antisocial behaviour, beginning in adolescence. Harsh discipline teaches children that violence is justified when someone misbehaves and that it is acceptable in the context of intimate relationships. Because it typically modifies children's own behaviour, such a practice also demonstrates the effectiveness of aggression as a behaviour-modification strategy. Nevertheless, learning these lessons about violence does not imply that individuals will automatically practice what they have learned (p. 9).

Levinson (1989) also discusses how other contextual factors can enhance the effects of social learning within a person's life, for instance the particular characteristics of the individual, couple or society in general. These are contexts that Daniel O'Leary (as discussed in Levinson) particularly supports. Other variables that can enhance the effect of social learning as an influential process are situational factors such as conflict within the marriage and alcohol dependency. Therefore, to fully understand the effects of social learning theory on a perpetrator of domestic violence one must also integrate other contextual and situational factors into this framework.

Ecological theory

Ecological theory argues that wider social issues cause domestic violence. As Carl Bersani and Huey-Tsyh Chen (1988) highlight:

Some psychologists believe, like sociologists that human behavior can best be understood by taking into account aspects of the environment beyond the immediate situations containing the individual...a person's environment can be understood as a series of settings, each nested within the next broader level, from the microenvironment of the family to the macroenvironment of the society (p. 76).

This is a premise founded by psychologist Urie Bronfenbrenner. He (1979) believed human development comprised of the following:

The ecology of human development involved the scientific study of the progressive, mutual, accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings and by the larger contexts in which the settings are embedded (p. 21).

This ecological premise is widely supported throughout the field of domestic violence research (Bersani & Chen, 1988), and is a predominant causal theory used by the Ministry of Health in New Zealand (MOH, 2002).

Jay Belsky in the 1980s (Loue, 2001; Bersani & Chen, 1988) conceived a four-levelled ecosystem model to explain child abuse and neglect which, as Loue outlines, can also account for why intimate partner abuse occurs in society. This is a key framework within ecological theory. Within a partner abuse framework, the first level concentrates on the individuals within the intimate relationship. It concerns an analysis of the workings, decision making techniques and conflict resolution strategies of the intimate partnership. Within this level, known as the ontogenic level, the individual's childhood is assessed in terms of how conflict was resolved when they were young. The microsystem level is next explored, which highlights and evaluates the nature of the intimate partnership's immediate relationships, including the relations they have within the wider family itself, as well as with work, church and friendships. The exosystem level then examines the wider structures of the society that can influence the level of abuse within the intimate partnership, for instance the surrounding legislation, court procedures and police responses to domestic violence in the community. Finally the macrosystem is analysed, including the wider social and cultural norms and beliefs that impact on the intimate partnership, for example social norms regarding gender roles (Loue, 2001, Bersani & Chen, 1988).

In summary, even though Levinson (1989) and Loue (2001) conclude that considerable amounts of empirical research are needed to further substantiate ecological theory, researchers have discussed the importance of integrating ecological theory into future studies on domestic violence. As Sandra Kaplan, David Pelcovitz and Victor Labruna (1999) state,

Ecological theories, which consider maltreatment as the end result of complex interactions among potential risk factors within the abuser (e.g., psychiatric disorder), his/her family (e.g., single-parent families), and their environment (e.g., stress, social isolation), continue to require attention in the designs of future intervention studies (p. 1).

Evolutionary theory

As Loue (2001) explains, this approach to explaining domestic violence is based on anthropological theory and emphasises how societies have become more complex than in previous times. Kinship bonds have been severed through urbanisation and the nuclear network has replaced the extended family. These changes, evolutionary theorists claim, have created more stress on the family unit, which results in abuse occurring as an outlet for such feelings. This will be discussed in chapters two and six, with reference to the Ministry of Health's (2002) explanations for high rates of domestic violence incidences within Maori and Pacific Island families. As Herbert Barry, Ronald Rohner and Frederic Pryor (Levinson, 1989) argue, more complex societies evolving, there is a higher degree of obedience needed which ultimately formulates itself into instances of abuse. There are limitations to this argument however. For instance there are times when this theory did not substantiate itself. This was seen in Papua New Guinea when Morley's studies (as discussed previously) showed no indication of a shift in abuse from traditional culture to urbanisation (Loue, 2001).

General systems theory

This theory was devised by Murray Straus and Jean Giles-Sims (Giles-Sims, 1993; Gelles, 1993). General systems theory will only be defined briefly as it is similar to ecological theory and resource theory. This explanation of domestic violence is enveloped within a social systems framework. Giles-Sims (1983) outlines in one of the founding texts called *Wife battering: A systems theory approach* how:

A general systems approach assumes that discrete cause-effect analyses cannot capture the complexity of social behavior. Instead of linear cause-effect explanations, general systems theory focuses on the complexity of mutually causal events. Systems theory focuses on the processes that occur and the interrelationships between events, people or other elements of the system. The presence and level of a pattern of behaviour, such as wife battering, results from ongoing patterns of interaction within the system (p. 18).

Gelles (1993) explains how this approach suggests that domestic violence has many variable causes and that the statistics surrounding domestic violence occurrences in society are inaccurate, as many instances are never reported. The theory explains that abuse is learned especially from childhood experiences and that it is through socialisation and the media that abuse is stabilised within communities. The other premise that general systems theory is based

upon is the idea that abuse is concurrent or stabilised because the abuser gains emotional rewards from the abuse. Therefore, general systems theory incorporates many of the qualities of above theories, for example resource theory and ecological theory (Gelles, 1993).

Traumatic bonding theory

Within this particular perspective, many researchers have developed an understanding of what is commonly called 'battered woman syndrome'. This is a well-known theory about the cognitive behaviour of women who are victims of domestic abuse. There are two main theories that describe this syndrome: the cycle of violence and the theory of learned helplessness. The cycle of violence theory examines the three phases of violent behaviour and explains why many women do not leave their abusive partners. The first phase is the stage where conflict occurs between the batterer and the victim. Secondly an "acute" (Law Commission, 2001, p. 2) abusive attack will follow which is followed by the third phase whereby the batterer becomes incredibly repentant and loving towards the victim. This sequence continually is repeated unless the victim seeks help. It is the third stage of repentance that fuels the cycle to continue, making it psychologically hard for the victim to leave (Law Commission, 2001).

As the Law Commission (2001) outlines, Martin Seligman constructed the theory of learned helplessness to discover why women were psychologically prevented from leaving abusive relationships. This theory was modified by Dr Lenore Walker (cited in Law Commission, 2001), who argues that, "women who experienced domestic violence which they were unable to control would, over time, develop a condition of learned helplessness, which would prevent them from perceiving or acting on opportunities to escape from the violence" (p. 2). The theory suggests that continuing to stay with the abusive partner is perceived as safer than seeking help. Women can find it very hard to leave their abusive partners hence making it difficult for them to process anti-domestic violence messages. These components of traumatic bonding theory highlight some patterns that perpetuate the cycle of violence in society (Law Commission, 2001). Elements of this will be discussed in chapter six of this thesis.

Post-traumatic stress disorder is a revised version of 'battered woman syndrome'. Within the Law Commission report, Walker argues that this disorder has conclusive links with domestic abuse and causes depression, anxiety, substance abuse and many more damaging characteristics that prevent victims from empowering themselves and seeking help from domestic violence. This is a further argument as to why domestic violence is perpetuated throughout society (Law Commission, 2001).

There are, of course, critiques of the theory surrounding 'battered woman syndrome'. In 2001, the New Zealand Law Commission published a paper on the effects of 'battered women syndrome' in our society. They highlighted that this theory had no cultural context. Maori women experience more domestic violence than any other ethnic group in New Zealand. The Commission (2001) highlights that "the term 'battered women syndrome' no longer reflects the breadth of empirical knowledge now available concerning battering and its effects" (p. 4). Many also see the theory as concentrating too much on the victim as the problematic factor instead of looking at the wide range of issues at hand, for example, economic constraints and availability of advocacy and assistance (Law Commission, 2001).

Conclusion

As *Te Rito* (MOSD, 2002) suggests, the causes of domestic violence are wide ranging. Throughout this chapter, many perspectives have been highlighted which present valid causal theories. An understanding and acknowledgment of a wide range of theories is therefore vital in order to address intervention programmes and their development. Whereas feminist theory is a critically important perspective with valid arguments about the gendered nature of domestic violence and its relation to power in society, other perspectives such as ecological theory offer additional insight into the complexity of domestic abuse on a multi-levelled basis. Therefore an integration of various causal theories is relevant and imperative when addressing domestic violence research.

CHAPTER 2: A contextual background of domestic violence in New Zealand

Exploring the background of domestic violence in this country gives important social and political context to this thesis. This chapter will include statistics of domestic abuse in our society, as well as legislative, judicial, police, health and social policy in New Zealand which attempt to regulate domestic violence intervention. New Zealand advocacy organisations dedicated both to helping victims of abuse and rehabilitating offenders will also be discussed.

According to the Ministry of Social Development's (MOSD) recent document, *Te Rito: Family violence prevention strategy* (2002), there are five common forms of abuse that can occur in the family. These are partner abuse, child abuse and neglect, elder abuse and neglect, parental abuse and sibling abuse. Additionally, according to the Family Court (2003), domestic violence can also be defined in this country as abuse between flatmates and anyone who shares accommodation. For the purpose of this thesis however, partner abuse will be the main emphasis, but it is acknowledged that this has connections with other forms of abuse, particularly child abuse (Fact sheet: Women's Refuge national statistics for 2000/2001, n.d).

Every year, women's refuges affiliated with the National Collective of Independent Women's Refuges (NCIWR) in New Zealand help approximately 17 000 women and children who are victims of domestic violence, and between 2000-2001 they helped 1 169 women obtain protection orders against their abusive partners (Fact sheet: Women's Refuge national statistics for 2000/2001, n.d). Please note that these numbers will increase when factoring in women and children who were and are assisted by non-NCIWR refuges. Every year in New Zealand 10 children are killed in acts of such abuse, and one woman is killed every five weeks in a domestically violent situation (Family Court, 2003). As the Ministry of Health's (MOH) (2002) current guidelines highlight, from 2002-2003 an estimated 15-21 per cent of women in New Zealand had either been physical and/or sexually assaulted by their partners, and approximately 44-53 per cent of New Zealand women had been psychologically abused by their intimate partner.

It is recognised that males are predominantly the perpetrators of domestic abuse against women (MOH, 2002). In 2000 it was reported that 20 per cent of men had admitted to committing an act of domestic violence (Fact sheet: Women's Refuge national statistics for 2000/2001, n.d). Additionally, 90 percent of males who are domestic abusers are not violent to others in society (Devereux, 2000). There has, however, been considerable debate regarding the exclusion of discourse, within the public arena, regarding men being abused by women in the home. The 2001 Law Commission report on 'battered woman syndrome' dispelled this argument however, by critiquing the main source of the debate, which was a research project named the Conflict Tactics

Scale (CTS). This research outlined ways in which American families settle conflict and concluded that men were as abused in the home by their female partners as were women by men. The Commission outlined that a couple of key critiques in the 1990s discredited the CTS results. One important critique by Walter DeKeseredy and Martin Schwartz (1998) highlights how the CTS, which was developed at the University of New Hampshire by Straus (who is discussed in chapter one) had four main methodological flaws. Together with a lack of reporting and a failure to address the severity of psychological abuse and the ramifications of fear that an abuse victim can feel, no context about why the abuse occurred was presented. The latter is important because, as the Law Commission (2001) highlights, women often use physical force as self defence from their abusive male partner; within the CTS methodology, instances of self-defence would not have been differentiated from instances of unprovoked attack. Finally, the CTS research also failed to include issues of power and control dynamics within the results, only focussing on argument/disagreement-type occurrences. The CTS conclusions, as critics have argued, were thus vague and inaccurate in many ways. Therefore, this thesis will support the current discourse and focus on women as the predominant victims of domestic violence in New Zealand.

As Randye Semple (2001) comments, a 1999 Coopers and Lybrand research study for the Department of Social Welfare estimated that family violence costs the New Zealand society \$1.2 billion a year. However, a spokesperson from the department emphasised how this cost is likely to be closer to \$5.3 billion per year due to the extensive consequences of psychological abuse, that are less reported (and sometimes ignored by authorities) than physical and sexual assault cases.

In terms of the nature of domestic violence in this country, *Te Rito* (MOSD, 2002) notes that abuse is seen in all cultures, socio-economic groups and backgrounds. It however outlines the importance of developing strategies for Maori and Pacific Island families, who are over-represented in domestic violence statistics (MOH, 2002). The MOH discusses causal theories of Maori-related domestic violence. They argue that the process of colonisation and the consequent stresses of urbanisation and capitalism has led to the predominantly lower socio-economic status of Maori, and the resulting high levels of abuse. It is estimated that between 45 to 50 per cent of women who attend refuges are Maori. The Ministry also attributes the amount of Pacific Island-related abuse cases to the shift from traditional Island life and the stresses of urbanised life in New Zealand, predominantly in Auckland. This stress on the Pacific Island people is exacerbated by their low socio-economic position in New Zealand which is compounded by the pattern of having large families and the trend of sending money back to relatives in the Islands. It is estimated that 6 per cent of women attending refuges in New Zealand are Pacific Islanders, which is calculated as under-representative of the reality of abuse within this culture. This is due to the cultural norm of Pacific Island women being unwilling to report their abuse (MOH). However, the

MOSD and the MOH's guidelines do stress the importance of providing prevention strategies for all ethnic cultures in New Zealand, as domestic violence is a widespread problem in New Zealand.

Recent international reports have also been released concerning the high rates of domestic violence in New Zealand. The British Home Office in 1999 reported research that indicated that New Zealand had the highest rate of crimes of violence in the Western world (Stone, 1999). Similarly, a human rights report (US report gives grim view of violence in NZ, 2002) written by the United States government commented that New Zealand had a "serious and growing problem of domestic violence" (p. 1) with assaults by men on women increasing by 368 cases between 2000-2001, and 229 more breaches of protection orders within the same timeframe. However, the then Minister of Women's Affairs, Laila Harre (US report gives grim view of violence in NZ, 2002) was critical of the US's claim. She commented how "the incidence of violence is still incredibly high, but I doubt that we compare badly to the US itself, who haven't ratified the United Nations Convention on the Rights of the Child" (p. 2), and she emphasises that since the Domestic Violence Act of 1995, conditions for victims of abuse have improved, alongside the rehabilitation opportunities for offenders.

However it is still estimated that domestic violence cases in New Zealand are drastically under reported. As the North Health Funding Authority uncovered in 1998, it is estimated that only 10 per cent of domestic violence (either physical, sexual or psychological) cases are reported to the authorities by victims or witnesses (Crawshaw, 1998). Therefore, the need for increased empowerment of victims to report their abuse and seek appropriate help is vital in this country.

Methodology

This chapter is one of the founding contextual parts of my thesis. In order to put my analysis of the AIDS Community Development Project (ACDP) into a framework (to evaluate the compatibility of using the broad principles of the ACDP within a domestic violence campaign in the country) this chapter's purpose is to provide an understanding of all the sociological components of domestic violence in contemporary New Zealand. I am also adding historical accounts of elements such as policy development, social change, legislation, policing and so on. Predominantly, the basis of my research for this chapter is based on such sources as newspapers, policy documents, magazines, (for example, the *Listener* and *Metro*), journals, books and various other academic papers. Some of these have been sourced via the Internet, particularly in the form of PDF files. Many hard copies of media articles and books have been sourced from libraries. For an historical background to domestic violence throughout the 1990s, media articles have been invaluable and I sourced these from library search databases such as IndexNZ and NewsIndex.

Some primary sources have also been used within this chapter. For the purpose of my fifth chapter, I embarked on a series of interviews with key experts in the field of domestic violence prevention. During these interviews I described the ACDP and then asked my respondents about the suitability of using the broad principles of the ACDP within a domestic violence campaign in New Zealand, to empower victims to seek appropriate help. Key insights from my respondents were gained regarding the sociological and political aspects of domestic violence in this country. I have included some of these insights within the body of this chapter.

The liberal welfare state and domestic violence

Firstly, it is important to define the type of welfare state that constitutes this country's social infrastructure, as this is integral to understanding New Zealand's approach to domestic violence intervention. According to Gosta Esping-Anderson (1990), New Zealand has liberal welfare state characteristics similar to Canada, Australia, Britain and the United States. Esping-Anderson is a renowned mainstream sociologist (mainstream theorists exhibit a certain stream of sociological thinking that is predominantly patriarchal in nature). He is recognised for his development of welfare state categorisation, during the 1980s. Within *The three worlds of welfare capitalism*, Esping-Anderson (1990) classes western nations as displaying either liberal, conservative or social democratic welfare systems. Even though these classifications have been critiqued for being broad in nature (Baker & Tippin, 1999), for the purpose of this chapter, this is a useful paradigm to contextualise New Zealand's current approach to welfare and consequently domestic violence.

Liberal states (except in extreme cases when a citizen has no assets or financial support from family networks) favour an emphasis on market forces over government intervention in terms of providing citizens with welfare. These regimes exercise means-tested systems. For example in New Zealand, eligibility for the Domestic Purpose Benefit (DPB) requires strict means testing in regard to the income and the domestic situation of the recipient. Liberal welfare states believe that the market is better able to assist its citizens with regard to their wellbeing, than the state. Consequently, these states view citizens not as people, but as customers or clients (Baker & Tippin, 1999).

The welfare state in New Zealand was put in place in the 1930s, under the first Labour Government. This saw the development of the 1938 Social Security Act, which put in place the social wage, whereby all citizens in need could receive a means tested benefit. In 1946, mothers could receive a means tested benefit to compensate their lack of paid work due to their domestic roles. As Baker and Tippin (1999) outline, "New Zealand established one of the most comprehensive social security systems in the world and by the 1950s was considered to be a

model welfare state” (p. 154). However, by the time the fourth Labour Government was elected in 1984, the welfare state was about to be radically changed due to the neo-liberal approach of deregulation.

Throughout the 1960s and 1970s, the New Zealand economy experienced many instabilities. Our economy was largely based on agricultural exports, particularly of dairy and meat. However the economy was affected greatly by the oil price rises of this time, and especially by Britain’s admission into the European Community, which created a decrease in agricultural trade. Therefore, New Zealand was experiencing higher unemployment and an increase in public debt by the early 1980s (Baker & Tippin, 1999).

As the public began to doubt the Keynesian principles on which our economy had been based, the fourth Labour Government, even though politically left of centre, drastically restructured the whole economy by taking all state assets and deregulating them into State Owned Enterprises (SOEs); in essence a new right initiative. Unfortunately, as Baker and Tippin (1999) highlight, “the assumptions about gender within new right ideology remained traditional: women were still expected to be carers while men had responsibilities in the workforce” (p. 166). There were no significant child care subsidies, that if in place would have had great potential to enhance independence and employability for women, and to therefore decrease patriarchal control through society (S. Hann, personal communication, 17 December, 2003).

In essence, the SOEs were to have made previously regulated assets into profit making companies, still owned by the Government. This was a hugely liberal market driven move on Labour’s behalf. With the election of the National Government in the early 1990s, the process of deregulation and drastic social and economic reform was furthered as the state privatised most of the SOEs, selling them to private, local and eventually foreign investors. Hence by the early 1990s our welfare state was market driven and a fully liberal rather than social democratic system (Baker & Tippin, 1999).

Many of these market-driven liberal welfare states display developed cycles of poverty to varying degrees. As Scott Boggess and Mary Corcoran (1999) highlight, welfare systems can perpetuate cycles of negative social attitudes and practices, for example, abuse. They state that “the key prediction of the welfare culture model is that welfare will be passed on ...[and that] welfare ‘traps’ recipients and their children by perversely affecting their attitudes, values and behaviours” (p. 62). Therefore, with regard to domestic violence, the liberal impetus in New Zealand relies on the state intervening only after an abusive incident has occurred. For example, legislation in New Zealand

emphasises convictions of offenders and issuing of protection orders instead of promoting more preventative measures.

The liberal impetus, particularly with respect to domestic violence in New Zealand, is also displayed in the under-funding of domestic violence prevention strategies. As Stone (1999) highlights, “the (family violence) intervention budget is insignificant when compared to the tax payer investment in road safety, yet the economic impact of violence and road crashes is similar” (p. A15). Therefore, while the Government gives \$169 million towards preventing road crashes, family violence prevention only receives \$11 million. Edith McNeill (Stone, 1999), of the Family Violence Advisory Committee, additionally expresses concern about the amount of funding that is given to anti smoking and dieting education campaigns (compared to the much lower funding received by domestic violence campaign developers). Key NCIWR workers Pippa Nicholson and Mary Clare Barnett (1996) support this claim:

The greater (social) awareness and recognition of the magnitude of the effects of domestic violence has meant a four-fold increase in the use of our (NCIWR) services. This does not, unfortunately, translate into an equivalent increase in (government) funding. Such is the nature of the beast (p. 41).

This indicates the need for more state financial assistance for the development of fully resourced prevention strategies.

Nicholson and Barnett (1996) also emphasise the following effect of New Zealand's liberal economic policies on domestic violence and women's lives in this country:

The effects of the economic policies of the past decade have weighed heavily on vulnerable families, whanau and communities. Many families and whanau have spiralled into a 'cycle of poverty' in a spiritual as well as an economic sense. The increase in domestic violence is a symptom of violent economic and political policies, such as the 1991 Benefit Cuts and tax reforms which plagued the 'have-nots' and benefited the 'haves' (p. 41).

So in terms of our market-driven state, there are many serious ramifications for families, and in particular for women.

With the passing of the Domestic Violence Act of 1995, the Department of Prime Minister and Cabinet (DPMC) released the *New Zealand crime prevention strategy*, which included a specific call to address family violence in this country, and as a result in 1995 the government requested all departments to devise specific policy for preventing family violence in New Zealand (MOH, 1998). Since then there have been specific policies come out of certain departments regarding family violence prevention. The two most prominent that will be discussed in this chapter will be the MOSD's (2002) *Te Rito* and the MOH's (2002) *Family violence intervention guidelines: Child*

and partner abuse. Additionally in this chapter, the New Zealand Police response to the DPMC's 1994 strategy will be discussed.

Ministry of Social Development and Te Rito: New Zealand family violence prevention strategy

The MOSD's 2002 guidelines were developed as a result of the previous *Review of family violence prevention in New Zealand: plan for action* (2001) and were written in collaboration with other government and non-government agencies within the framework of *tatou tatou - working together: a model for government/non-government collaboration initiative*. The objective of the review was to discover which measures needed to be taken to improve family violence prevention strategies and it promised a government funded and interagency commitment to preventing family violence which is due to be fully actioned by 2005. The MOSD (2002) outlines that:

The strategy captures the essence of the plan of action, provides the detail for achieving the family violence reduction goal of the Government's Crime Reduction Strategy and builds on the previous Government Statement of Policy on Family Violence. It sets out the government's key goals and objectives and a framework for action for maximising progress toward the vision of families/whanau living free from violence. The strategy also establishes a set of principles that will guide the implementation process and any future approaches to family violence prevention. The strategy has been developed by government and non-government agencies working together in partnership. There has also been significant input from a wide range of individuals and different sectors in the communities (p. 3).

Structurally, the strategy is set out in five segments. These comprise an overall vision accompanied by nine principles, five goals and objectives, and thirteen actions.

The visions and underlying principles of the strategy (MOSD, 2002) stress the importance of firstly ensuring that every person in New Zealand lives free from violence. Additional visions and principles outline the need for all perpetrators to be held accountable for their actions and for more holistic approaches to prevention to be sought. There is a strong community and family/whanau component to the strategy that highlights how they need to be involved in the prevention process in New Zealand. This section also recognises the need to address all cultural groups in New Zealand and to identify how to best reach them with prevention material. Finally, there is an overall imperative of actioning early intervention as a main prevention strategy (MOSD, 2002).

The strategy's (MOSD, 2002) goals and objectives discuss how to prevent domestic violence in New Zealand. The five goals consist of a need to change attitudes towards domestic violence through all cultures in New Zealand, alongside an improvement to the functioning and accessibility of the services that provide help and advocacy for all those involved in domestic violence (that is, victims, families involved in and perpetrators of abuse) to ensure a more holistic prevention approach. The goals also highlight a great need to educate all people, including those in their

formative early years and their respective families/whanau, about preventing domestic violence and to make sure that all education material and other approaches to domestic violence prevention are culturally relevant to all groups in New Zealand. Finally, the MOSD developed thirteen actions in order to achieve the above goals. These actions all have a five-year timeframe for complete implementation and, importantly with regard to my thesis, Action 13 pertains specifically to the need to raise public awareness.

Te Rito (MOSD, 2002) is a significant document for my thesis. Even though the strategy highlights the need for public education initiatives, which involve the integration and use of families/whanau in New Zealand, *Te Rito* (2002) does not specifically focus on an in-depth community-level public education intervention. An intensive community-level focus is therefore the core of my thesis.

With regard to new government policies, Dr Emma Davies (Larson, 2003), from the Institute of Public Policy, argues that the state is not always reliable in acting on their social strategies. Being involved in the Agenda for Children policy that promised the Government's support and commitment to preventing child abuse, Davies knows first hand the reality of state proposals that fail to come to fruition. Some are sceptical of the reality of putting the *Te Rito* strategy into practice. Holly Carrington, the Community Liaison from the Domestic Violence Centre (DVC) in Auckland, comments, like Davies, that she will only believe in the reality of *Te Rito* when the government shows evidence of giving adequate funding towards it (H. Carrington, personal communication, 19 November, 2003).

Ministry of Health and *The family violence intervention guidelines: Child and partner abuse*

Alongside *Te Rito* is another prominent government policy that addresses the need for enhancing family violence interventions. The MOH's first substantial policy was developed in 1998 and called *Family violence: Guidelines for health sector providers to develop practice protocols*. Further guidelines were released in 2002. Both documents (1998 and 2002) concern health providers' responses to family violence as an opportunity for intervention and prevention. In summary,

These *Family violence intervention guidelines* are a practical tool to help health providers make safe and effective interventions to assist victims of violence and abuse. It has been written as a generic health professional guideline, setting out principles of intervention that will apply to a number of health professions and a number of clinical settings. It is expected that in due course individual health professionals may formulate their own profession-specific child and partner abuse guidelines (MOH, 2002, p. 6).

The guidelines present to health providers a six step routine for dealing with domestic violence victims (both of child and partner abuse). These steps are to firstly identify that a patient is an abuse victim, to give support and instil empowerment within the victim to seek help, to then

assess the risk that the victim is in and to then enact a safety plan for the victim and to assess whether immediate referral to the police or an emergency shelter is required for the victim as well as their children, if applicable. The last two steps involve fully documenting the victim's situation and the steps that have been enacted and finally referring them to an appropriate organisation, for example the DVC in Auckland, to receive help (MOH, 2002).

There is support for health providers to develop effective intervention protocols for family violence. Carrington comments that sound health protocols are very effective, as at some point all people visit a health provider (for example, a GP, nurse, Accident and Emergency doctor etc) and therefore domestic violence victims will come in contact with professionals who can provide safety from their situation. Carrington also comments how her organisation (DVC) already has two case workers within National Women's Hospital and Auckland Hospital working on effective protocols that will put into practice the MOH guidelines (H. Carrington, personal communication, 19 November, 2003).

Domestic Violence Act 1995

The Domestic Violence Act 1995 defines domestic violence as, "any physical, sexual and psychological abuse, the last of which includes, but is not limited to intimidation, harassment, damage to property, threats of violence and committing acts of violence in front of children" (Law Commission, 2001, p. 2). Until the mid-1990s, domestic abuse in general was considered a private matter in New Zealand, and so did not have a permanent place within public policy (Chapman, 1997).

This is similar to many other western countries. For example, Stefania Abrar, Joni Lovenduski and Helen Margetts (2000) discuss how the women's liberation movement in the 1970s in the UK led to a more detailed understanding of domestic violence and its effects on people and society. Abrar et al. (2000) highlight how the first wave of feminism in the nineteenth century raised awareness about the effects of male alcohol consumption, which was then believed to be the sole contributor to abuse. They urged women to only wed men who had vowed not to drink alcohol. However, in the 1970s, a more accurate understanding of the causes of domestic violence became known. Feminists during this time urged policy makers, and society as a whole, to support victims of abuse. Out of this broad grouping of feminists came two main factions: the radical feminists, who believe strongly that men abuse because of their biological makeup and nature; and the socialist feminists, who believe that capitalism is to blame for male domination and abuse of women. These definitions, even though brief, are relevant to 2003, as these two factions still exist. Interestingly Abrar et al. (2000) argue that it was the radical feminists who were the most persuasive in changing policy and ideologies about abuse in society during the 1970s-2000s.

Strategies used by both groups of feminists included the development and teaching of women's studies in Universities, as well as campaigns, novels, plays, documentaries and film.

Before 1995, New Zealand's structural protocols for dealing with domestic violence were in disarray. Only married couples were recognized under the 1982 Domestic Protection Act, a law that for the first time provided counseling for the abused, but only granted broad and ambiguous types of protection orders. If you were in a de facto or homosexual partnership, you were not covered under this Act. In the early 1990s, Pamela Stirling (1992) commented in the *Listener* how the courts actually permitted abuse in non-marital relationships.

At times the permission (to abuse) is explicit. Peter Howse was told by a judge in Palmerston North 10 years ago: "The only reason I will not send you to jail this time is that the woman you assaulted was your de facto wife and by that fact, she is no good and I'm not too upset you assaulted her". Howse has since been convicted over the death by stabbing of his next partner (p. 18).

Subsequently, the Domestic Violence Act of 1995 covered de facto, gay and lesbian relationships. This means that now all cases of domestic abuse have to be heard through the Family Court system, and all abused partners have access to counseling and are granted protection orders.

Prior to the Act, victims often did not end up testifying in court against their abusers. They feared retribution from their offenders if their case went to court. Before 1995, there was no system in place to ensure that abused partners were granted protection orders. This prevented many police officers from following through with a domestic violence incident by writing a report, as they perceived that the case would never go to court anyway (Busch & Robertson, 1993). When the 1995 Act was passed it outlined how a victim could not retract her charge and that all cases would be heard in court in front of a Family Court judge. And with regard to Police, mandatory reporting was introduced under the Act. These reports are known as POL400s and are permanently kept on record so that Police and advocacy agencies can quickly refer to a previous case (Barwick, Gray & Macky, 2000).

Additionally, one protection order replaced all the ambiguous and fragmented orders that were present under the 1982 Act (Chapman, 1997). All victims of abuse were now granted a non-violence order that covered themselves and their children. A non-contact order was also granted to those who wished not to live and/or make any contact with their abusers. This is detailed in a following section of this chapter. Therefore a victim could now conceivably have solely a non-violence order and still cohabitate with their partner, as financial circumstances might make this necessary (Family Court, 2003). As a result of an important 1993 discussion paper, which outlined the importance of obtaining input from key authorities in society about ways to deal with domestic

violence in New Zealand, the Domestic Violence Act was passed in 1995 and came into action in July 1996 (Barwick, et al., 2000). While replacing all previous legislation surrounding domestic abuse, it also sparked a new wave of social and political awareness surrounding this issue in New Zealand (Chapman, 1997).

In summary, the 1995 Act redefined the boundaries of what constitutes a relationship in New Zealand. De facto, gay and lesbian couples are now included in legislation regarding partner abuse. To combat the ambiguities of the various protection orders that the courts could issue, one order has been created that covers all protection circumstances. Additionally, children who are either abused or are witnesses to partner abuse are now covered within these orders automatically. This has symbolised a change in mindset in this country, as the psychological effects of abuse have now become officially recognised in legislation. The Act also comprises a counselling emphasis for the victim, the children involved and for the abuser. Access to courts has become quicker, less expensive and the need to have a lawyer has been dismissed from court proceedings. Like previous legislation, abusers still face conviction but the ability of the victim to follow through with this process is a lot easier, for example, by including all relationships within law, making orders more simple to issue and court proceedings more accessible (Barwick, et al., 2000).

Clearly this marks an improvement with regard to dealing with domestic abuse cases. Nicholson and Barnett (1996) support the 1995 legislation:

Because of the new Domestic Violence Act, there is now greater need for our movement to be re-evaluating the violence and power and control wheel, which has been Refuge's analysis model. The Act is now more comprehensive, taking into account same sex partners and elder abuse and other household relationships (p.42).

However, an article in the *NZ Herald* by Andrew Stone outlines important suggestions made by Dr Astrid Heger, an LA paediatrician, regarding the need for more political commitment to preventing family violence in New Zealand. She has made some observations of how our state and subsidiary networks/advocacy organisations interact and has commented that often, New Zealand abuse intervention agencies work in isolation. Heger has, for the last few years, been meeting with key advocates in New Zealand and discussing how this country can enhance interagency networking and communication, so that victims of abuse can begin to receive quicker and more easily accessible assistance. In 1999 Dr Emma Davies (cited in Stone, 1999) led this group of key New Zealand advocates and was very positive about the interagency networking approach that Heger was proposing. In 2001, the emergence of the Institute of Public Policy's Building Tomorrow programme (which Davies helped to develop) was an attempt to enhance interagency support of child abuse victims in New Zealand (E. Davies, 4 , November, 2003). Chapter Three

discusses this programme in more depth. Similarly *Te Rito* (MOSD, 2002) has emphasised the need for increased interagency networking.

The formal evaluation of the Act was completed by Barwick et al. (2000). They were largely positive about the Act's presence in New Zealand legislation and policy, however they also commented on some practices that still needed work and revision.

The role of Family Court and the protection order

As the Family Court (2003) outlines in their brochure *Dealing with domestic violence*, "At the heart of the Domestic Violence Act 1995 is the protection order, (which) names the person who is abusive (known as the 'respondent') and states what behaviour is illegal under the order" (p. 4). It is the Family Court in New Zealand that deals with domestic violence cases and the issuing of protection orders is done by the Family Court Judge. The court has an informal atmosphere with no jury and no public attendance at the hearings. They issue orders on the grounds of any of the following criteria: physical abuse, sexual abuse and psychological abuse, which also includes the damaging of property in order to enact revenge at someone, as well as threats and constant humiliation as an attempt to control the victim (Family Court, 2003).

The Family Court recommends victims deal with domestic violence in three stages. The first is choosing to act, which should be followed by seeking appropriate help and support from family and/or certain channels in our society. As noted in *Dealing with domestic violence* (2003), such channels include the Family Court, the Police, the Department of Child, Youth and Families Service (CYFS), Women's Refuge, Victim Support and lawyers. For example, women's refuges in New Zealand support victims of abuse by making sure they can leave their property safely and providing them with safe accommodation for emergency sanctuary from abuse. Refuges in this country are also equipped to provide a wide-range of advocacy from legal advice to budgeting and financial information. They can also help victims of domestic violence find an appropriate lawyer, who will in turn assist them to prepare a protection order application to submit to the Family Court, which is the third desired stage that the Family Court recommends victims take. If a victim of abuse cannot afford a lawyer, the Family Court in this country can provide a Family Court Coordinator to help victims apply for a protection order. In New Zealand all of these services are listed in the white pages (Family Court, 2003).

Applying for a protection order has been designed to be a more efficient and quick process than prior to the 1995 Act (Family Court, 2003). This is supported by the evaluation in 2000 of the Domestic Violence Act (Barwick, et al., 2000). The applicant must submit an application form, preferably with the assistance of a lawyer. The lawyer's role is to write a sworn statement

(affidavit) about the abuse that has taken place. The presiding judge then considers this application and the order will be granted, usually on the same day. The next stage of this process involves a bailiff issuing the order to the respondent. This can also occur with the added presence of the police. The bailiff must explain fully what the order entails and the consequences that will occur if the respondent ignores any conditions of the order. In addition to obeying the order, the respondent must attend compulsory stopping violence workshops. If the respondent does not attend, then the order will be considered breached (Family Court, 2003).

Protection orders are a temporary measure of three months. If the respondent disobeys any aspect of the order, he/she will be arrested without bail for a period of 24 hours. Depending on the aspect of the order that was breached, the respondent can also be imprisoned for a maximum of six months or fined \$5000. However more severe breaches of the order will equate to more severe punishments. Additionally, once an order is breached, the conditions of the order become final until a time when the Court may discharge the order. The applicant can allow for the order to be dismissed at anytime and the respondent has the right to contest the order at any time also. If the latter occurs, then a Court hearing will take place and the respondent will have a chance to state his/her defence. Any respondent in New Zealand has access to free legal aid with the Court system (Family Court, 2003).

Often the respondent does not need to know that his/her partner is applying for an order and usually the respondent does not have to be present at the hearing. Their presence will only be required if the Judge feels it would be beneficial to hear from both parties. In this case the respondent has between 24-72 hours to attend a court hearing at the Family Court. Finally, a copy of each order is also sent to the Police station nearest to where the applicant is dwelling (Family Court, 2003).

A protection order in New Zealand has the possibility of two components. The first is mandatory and concerns non-violent conditions. These conditions explicitly prohibit any physical, sexual or psychological abuse towards the applicant and the applicant's children. They also prohibit any damage to the applicant's property or encouragement by the respondent to get someone else to harm the applicant or the applicant's children. The other component to an order is optional and concerns non-contact conditions. These conditions prohibit the respondent from entering the applicant's property, entering the applicant's neighbourhood, contacting the applicant or the applicant's children through phone, fax or writing, unless in an emergency situation. These conditions also prohibit the respondent from preventing the applicant or the applicant's children (as well as anyone close to the applicant) from entering or leaving the applicant's property. Other conditions can be included within an order, for example, prohibiting the respondent from having

contact with the other parties when the applicant is collecting his/her children from school or family members' dwelling. The reason why these conditions are optional is because some applicants choose to still live with the respondent and feel that having only a non-violent condition is more appropriate to their particular situation. However, the applicant can reinstate a non-contact condition at any time. This can be done without a Court hearing taking place (Family Court, 2003).

Victims of abuse can also apply for a furniture order and a property order, which ensure that they can obtain these assets without being affected by the respondent. The final component of a protection order confiscates all firearms owned by the respondent as well as any firearm licence that the respondent may have. Additionally the authorities must be made aware of any channels of access to firearms that the respondent may have (Family Court, 2003).

In terms of custody issues, in New Zealand both parents are able to apply for custody. This is only applicable if both parents are not considered abusive towards their children. If one parent is at risk of harming their child(ren), then sole custody will be granted to the other party. In this case, supervised contact can be issued to the abusive parent. However this parent must pay for a supervisor. A protection order also outlines that the appropriate schools, daycare etc channels, must be informed of the custody and supervision agreement for the safety of the child(ren) (Family Court, 2003).

As much of this information about the Family Court process has been cited from the official Family Court publication, *Dealing with domestic violence* (2003), it is important also to discuss critically the effectiveness and efficiency of court procedures. One of the main critiques was from Warren Heap (2000), the chairman of the Separated Fathers Support Trust. He argues that the Family Court is too gender focussed and as a consequence, overly supportive of women in terms of custody battles and abuse allegations. He maintains that the courts are pro-female and anti-male when they grant protection orders. He highlights how orders are granted from only the testimony of the 'alleged' victim, and do not require witness testimonies or an investigation into the allegation of abuse. Heap argues that this has created many situations whereby a father can lose access to his child(ren) due to a false allegation by his partner. He (2000) states,

Our law excludes the public and therefore the press from all deliberations of the Family Court. The law also prevents the media from identifying individual cases. The competence and training of the Family Court judges and officers is never scrutinised by the public, yet their power is enormous (p. A15).

An article for *North and South* written by Lauren Quaintance (2001), argues with Heap that the sole problem with the Family Court lies in the Guardianship Act, which grants sole custody of children to the mother as long as she presents a testimony of abuse occurring within the home.

Heap and the Separated Fathers Support Trust have lobbied Government for a more US style of Family Court protocol, whereby there are no clear winners in a custody battle. All custody is shared between parents unless valid evidence is presented to the judge for sole custody of the child(ren) to one parent.

However Catriona MacLennan (2000), a South Auckland Lawyer, is very critical of Heap and Quaintance's criticisms of the workings of the Family Court. She points out that our legislation and judicial protocol has been regarded as superior to other countries in the western world. She cites Marianne Hester's research as evidence of this. Hester is the co-director of the International Center for the Study of Violence and Abuse at the University of Sunderland and commented that in 2000 the UK were considering changing their legislation and court procedures to be in line with New Zealand's, because of our maternally protective practices. These female-orientated supportive characteristics of the Family Court are the crux of Heap's dissatisfaction with New Zealand's Family Court system.

MacLennan (2000) argues that "the Law is gender-neutral. Judges will put in place exactly the same protections when dealing with a violent mother" (p. A:15) and cautions that an amendment to the Guardianship Act could be detrimental to the children of New Zealand. She further maintains that in custody cases where there has been contention, the final ruling of custody has been awarded 50 per cent maternally and 50 per cent paternally.

A more indepth critical analysis of court protocol in New Zealand needs to coincide with an evaluation of the New Zealand Police and how efficiently they enforce the protection orders that so many women in New Zealand hold as their only security against further abuse from their partner. The next section of this chapter will explore these ideas.

Police intervention

As well as legislative and judicial measures, effective police protocol plays an important role in domestic abuse intervention. It is important to acknowledge that police intervention has improved significantly since the early to mid 1990s. In 1993, offenders of abuse were breaching protection orders regularly. In a 1992 *Listener* article, Pamela Stirling highlighted that a man could breach his protection order regulations on numerous occasions, and the only retribution would be a \$150 fine. Clearly social and judicial deterrents were by no means effective at this time. As mentioned before in this chapter, police in the early 1990s commonly viewed abuse cases as 'domestic disputes', which they believed, should predominantly be solved within the family, not by the authorities. Police often commented that filing reports of domestic violence cases was pointless, seeing that most victims of abuse withdrew their statement before the case went to the Family

Court. Many critics of this, for example the then CEO of the Family Violence Prevention Coordination Committee, Raewyn Goode, and the then Coordinator of the Hamilton Abuse Intervention Pilot Project, Roma Balzer, commented in the early 1990s that these police practices were ironic in light of the 1987 Roper report, which aimed to address policy for Police intervention of domestic violence cases (Stirling, 1992). Even though the Roper Report stated in 1987 that police intervention in crimes of abuse was of paramount importance because “family violence is the cradle for the perpetuation of violence and crime in a community” (Veale, 1995, Q1), Goode and Balzer commented at the time that enforcement of the Roper Report policies by the police force was ineffective (Stirling, 1992).

However, with the inclusion of the Domestic Violence Act into public policy in 1995, police protocol towards domestic violence intervention did change. New police initiatives emerged which aimed to ensure the safety of the victim, and they became paramount within all Police practices. Importantly, reporting of all domestic violence incidences became mandatory. These reports are known as POL 400 statements, and are kept on record permanently for the use of police and advocacy agencies to ensure the safety of the victim. Additionally, a close working relationship with victim support agencies like Women’s Refuges is now a prominent characteristic of police protocol (Veale, 1995). To coincide with this new reform, victims are no longer allowed to withdraw their statement about their abuse, so all reports filed by Police are heard in court.

Also in 1994, the Crime Prevention Strategy document stated that:

Changing the public’s attitude to violence and a coordinated and systematic programme of treatment for the offender along with the appropriate support for the victim may lead, initially, to increased reporting of family violence and ... to a reduction in actual levels of violence (cited in Veale, 1995, p. Q1).

It emphasised the intolerance to domestic violence within the police force as well as the recognition of the psychological effects of abuse and the need for counselling for the abuser and a wider education for the public. This strategy also aimed to change police policy within New Zealand, which it has achieved to a certain extent. Six years on, MacLennan (2000) and Merapeka Raukawa-Tait (Run of the mill, 2000) have both commented on increased police efficiency since the Act was passed and in particular, police effectiveness in the last few years. However they both argue that the main problem now within the police force is the enforcement of protection orders. MacLennan posits that too many women are still not receiving the security from protection orders, that the New Zealand Police should be providing. She makes the following suggestions for improvement.

Firstly, MacLennan (2000) urges police to further their education about the nature and dynamics of domestic violence. She feels that many younger and less experienced police officers do not understand the complex psychological implications of abuse. She highlights that when an offender gifts his victim with flowers, many officers view this as reconciliation, whereas research has shown that these gifts are often symbols of more control and power that the offender is trying to exert over his partner, therefore not at all a sign of peace-making or reconciliation. When police officers misinterpret these important signs, they, as MacLennan argues, fail to understand the volatile situation and can in turn neglect to enforce a protection order thoroughly.

Secondly, she (2000) emphasises that police should be seriously addressing all breaches of a protection order. All too often, police fail to address the minor breaches and as MacLennan comments this can send a message to offenders that they can in turn breach more serious elements of their orders without retribution. This can create a sense of fear and lack of protection within the victim and therefore perpetuates the cycle of power and control that an offender has over his partner.

MacLennan (2000) attributes many of these inefficiencies to a lack of police resources. She gives the example of a woman trying to contact the police in the middle of the night and being told by the 111 dispatcher that there are no officers that can attend her situation until the next morning. This lack of commitment to intervention by the police force once again instils fear within victims of abuse and allows offenders to perpetuate the power and control cycle more effectively. In 2000 the Deputy Judge for the Police Complaints Authority, Ian Borrin, commented that the definition of domestic violence within the police force is still ambiguous (Run of the mill, 2000). For an effective police intervention of protection order breaches, the force needs to be able to define what domestic abuse is. This would be enhanced with MacLennan's suggestions of further and more in depth education of police about domestic violence and its complexities.

The Counties Manukau Policing Development Group (CMPDG) also discuss policing discrepancies, especially within the area of Counties Manukau. The group (2002) outline how "the government and the community have clearly signalled that Domestic Violence should be considered as a serious offence requiring a greater response from police than what is currently being afforded" (p. 2). The CMPDG's research and subsequent comments are especially interesting within a critique of police intervention in New Zealand because Counties Manukau in 2002 was recorded as having the highest percentage of women victims of domestic violence in the whole of the country. Several issues of policing negligence are highlighted by the group. Firstly, the inadequate filling in and completion of POL400 reports, which police are required to do mandatorily when attending any domestic violence incidence. Most importantly, protection orders

that have been breached are not being indicated on these reports in the Counties Manukau region.

The CMPDG have also critiqued the advocacy role of police in dealing with and helping victims of domestic violence, for example, victims in the Counties Manukau region are not being referred satisfactorily to agencies like Victim Support. Similarly, police management of the abusers is not adequate either, as there is no sound protocol in place for police to use in dealing with offenders. As a result of these findings, the CMPDG (2002) has developed guidelines for the management of domestic violence cases in the area. The guidelines outline a more proactive response by police to dealing with abuse in the home, including enhancing communication with victims and offenders, as well as increasing interagency networking within Counties Manukau, for example, with agencies like Victim Support and SAFPN.

However, Heap (2000), in a discussion of the inconsistencies within the granting of protection orders, critiques the Police in a very different light from MacLennan. He maintains that:

All complainants need do is swear an affidavit that they or their children have been assaulted, threatened or felt threatened. This system is wide open to abuse because there need be no corroborating evidence, no police investigation or independent witnesses to the allegations for the order to go ahead (p. A15)

He feels that police are too pro-female and overtly anti-male in their approach to assisting victims' process through the judicial process in New Zealand. Interestingly, while talking to Lou Renner (from the Auckland District Health Board), she stressed that in her experience as the Family Violence Prevention Adviser, women still in 2003 cannot be guaranteed safety from their abuser by police or any other protective body with regard to adequate enforcing of protection orders (L. Renner, 10 November, 2003).

Advocacy organisations

New Zealand has a wide variety of advocacy organisations dedicated to family violence prevention. These organisations are varied in scope and set up to assist, not only victims of abuse, but also offenders. The following sections of this chapter will discuss a variety of such organisations. However, one of the most widely recognised organisations committed to assisting victims of abuse are the women's refuges working around the country. In New Zealand, refuges either belong to the centralised national body, known as the National Collective of Independent Women's Refuges (NCIWR) or they are known as non-affiliated refuges. The NCIWR refuges all receive government funding, however are under funded and therefore often lack valuable resources needed to assist the growing number of women requiring refuge help. Those refuges not affiliated with the national body are often in worse financial positions as they are not

connected to a centralised body. Therefore, within our liberalised welfare state, both NCIWR refuges and non-affiliated refuges face financial constraints in their effort to provide women and children with abuse advocacy.

All women's refuges (affiliated and not affiliated) follow the gender inequality/'power and control' wheel as their basis for understanding domestic violence in New Zealand (Fact sheet: Power and control wheel, n.d). However in terms of their working principles, NCIWR and non-affiliated refuges have some differences. NCIWR are based on the following premise:

Women's Refuge is a woman-based organisation which has, as its guiding principles, a policy of creating a violence-free environment and community of providing support and ensuring empowerment of all women and children, the establishment of parallel Refuge facilities for all by Maori women, and the development of culturally appropriate and complementary services within Refuge's own structure for women of different cultures, which enables each to develop services that are both culturally appropriate and complementary. The National Collective of Independent Women's Refuges recognises and accepts Tino Rangatiratanga mo te Iwi Maori¹ (Fact sheet: Code of ethics and statement of purpose, n.d).

However, non-affiliated refuges are not connected to any substantial centralized body. These refuges are non-affiliated to the NCIWR because of differences in the way groups believe that refuge should be run. For example, NCIWR refuges follow a "parallel development" (p. 83) model. As Barbara Lambourn (1990) from the NCIWR stated in the 1990s, "It is an agreement between Maori women and women of other cultures in Refuge which enables each to develop services which are both culturally appropriate and complementary" (p. 83). Therefore, NCIWR Refuges have separate houses and services for Maori women and their children. Other non-affiliated Refuges do not share in these exact same philosophies and base their working on different approaches, hence are not a part of the National Collective.

NCIWR spans all of New Zealand, with 51 local refuges that are members of the national body. Most of the 51 refuges are run by two paid workers as well as voluntary workers to help with daily tasks. Often each separate refuge has committees that overlook the daily managerial and administrative aspects of the refuge, for example fundraising and daily finances. Every worker must be fully trained in providing advocacy for women in need of refuge and, under the NCIWR, refuges must interact with each other and provide support (About women's refuge: Structure, n.d).

¹ "Rangatiratanga mo te iwi Maori means Maori self-determination and the right and ability for Maori to make choices and decisions for and on behalf of Maori. It also means control over our own pathway such as strategic planning and policy development and decision-making. It in no way demeans the path to self-determination for pakeha or any other ethnic group that lives in our country nor does it mean that we will not work with others. On the contrary a person who respects him or her self is better able to respect others" (11th South Pacific Nurses Forum, 2002, p. 16).

Leadership of the NCIWR and its 51 refuges is undertaken by the Core group and in a more administrative role, the National Office. The Core Group has eight nominated women, who meet every three months and manage the overall strategic direction of the NCIWR as well as the structural components of the national body, for example, the development and adherence to the NCIWR code of ethics and the workings of the National Office. The National Office is located in Wellington. The National Coordinator is the past coordinator for the Hamilton Abuse Intervention Pilot Project (see chapter three), Roma Balzer. With a staff of about eight paid workers, the National Office looks after all the 51 refuges under the NCIWR umbrella and provides them with advice and assistance as well as with training and Maori development for all refuge workers throughout New Zealand. The National Office also deals with administration and policy issues concerning refuge in New Zealand. Within the Wellington body is the National Fundraising Unit, that coordinates the annual and Christmas appeals. The National Office is also responsible for tasks such as liaising with Government over policy and funding issues, as well as contributing to family violence research in New Zealand (About women's refuge: Structure, n.d).

Besides Women's Refuge, there are many other key organisations in New Zealand working towards and committed to domestic violence intervention. For the purpose of this thesis, I am not going to include an exhaustive list, however I will supply an array of services to demonstrate networking and structural components in New Zealand that are set up to provide family violence intervention. In Auckland, one of the most prominent is the Domestic Violence Centre (DVC). With a staff of approximately 18, including both full and part-time workers, the DVC contributes towards facilitating men's programmes as well as providing child and women crisis advocacy. The DVC is also working closely with the health sector in developing key health provider protocols for enhancing the effectiveness of domestic violence intervention (H. Carrington, personal communication, 19 November, 2003). Victim Support also provides an array of services throughout New Zealand, which include particularly advocacy, information and counselling support (About us, n.d).

In the Auckland region, key networks such as SAFTINET (Safer Auckland Families Through Intervention Networking), SAFPN (South Auckland family Violence Prevention Network), WAVES (West Auckland Violence education Services) and North Harbour Family Violence Network exist to offer additional services and interagency assistance (L. Renner, personal communication, 10 November, 2003).

Other notable advocacy organisations in New Zealand committed to assisting victims of abuse and helping to rehabilitate offenders are wide-ranging. Within the Institute of Public Policy's Dr Emma Davies and Dr Ian Hassall have developed the Building Tomorrow project, which is

committed to enhancing interagency effectiveness and public awareness to combat child abuse in new Zealand. CYFS has funded Family Start, which “contracts community groups to take parenting skill and support to high risk families, building relationships over a long duration” (Larson, 2003, p. 38). Stone (1999) comments how Family Start is the “biggest intervention programme” (p. A15) in New Zealand. However with a limited budget of only \$41m over three years, the programme can only provide help for 2 700 families across New Zealand, out of an estimated 40 000 families who need assistance.

Relationships Services runs most of the Stopping Violence programmes. These are compulsory for convicted offenders who have been processed through the Family Court (Masters, 2000, p. A:15). Anger Change is an organisation that has been set up for mothers across New Zealand who have problems with aggression when interacting with their children. The Auckland-based manager is Fay Lilian, and the programme is designed for mothers. Sessions allow women to discuss their aggression, and facilitators can refer them to counseling networks (Masters, 2000, p. A16). With regard to police based interventions, Senior Sergeant Dave Ryan was in 1999 the Family Violence Coordinator for Waitakere, North Shore and Rodney District police, and was successful in integrating key family violence intervention programmes throughout these regions (Rudman, 1999, p. A:15) Additionally, Presbyterian Support are committed to family violence assistance through the development of programmes and funding to help prevent abuse in the home (Fleming, 2000).

Child Youth and Family Services (CYFS)

In a clear description set out by the NCIIWR, “Child Youth and Family Services is a government agency that works with whanau/families to protect children and young people under 17; manage young offenders; provide care for children and young people; and oversee adoptions” (Fact sheet: Child, Youth & Family Services, n.d). However in 2003, as in previous years, the effectiveness of CYFS has been placed under considerable scrutiny.

Ideally CYFS is supposed to be active in society, through receiving reports of child and family abuse and enacting advocacy and safety options for victims. When an abuse is lodged with CYFS, the service is in place to issue a social worker or a police officer to visit the family and to assess safety and decide whether the victim should be put in foster care or with other family/whanau members. A CYFS worker is meant to keep records of the child and family once a report is made, regardless of whether the child has been taken into care or not. If the a child is removed from the immediate family home, CYFS is required to apply for a custody order through the Family Court (Fact sheet: Child, Youth & Family Services, n.d).

However, as has been discussed recently in the public arena, it cannot be guaranteed that these processes will be carried out by CYFS. A few recent examples of high profile child abuse cases have uncovered this. Two specific case studies involve the abuse of sisters, Olympia Jetson and Saliel Asplin and the recent case of Coral Burrows. These examples both highlight inadequacies by CYFS in protecting these children.

Olympia and Saliel were murdered by their stepfather Peter Howse in 2001. During 2003, reports have uncovered that CYFS' social workers, who were monitoring this family (before the murders) for abuse-related incidences and evidence of sexual abuse by Howse, had failed to follow correct protocol. CYFS' social workers did remove the two sisters from their mother and Howse into the care of a grandparent, however they were later returned to the family home, even though the social worker responsible for this action was "reluctant" (Gregory, 2003, p. A3) to do so. The girls remained in the care of Howse and mother, Asplin, even though the primary school of the girls were aware of sexual and physical abuse testimonies made by Olympia. And in the final breach of protocol with regard to this case, a social worker sent a letter to Asplin about these allegations, which was intercepted by Howse. After Asplin discovered this letter and addressed this with her partner, Howse killed both girls at their Masterton home (Gregory, 2003).

Another more recent case involved the murder of Coral Burrows by her step-father, Steven Williams. Ruth Berry (2003) writes how in October of 2003, Coral's biological father, Ron Burrows announced that he had filed a claim with CYFS regarding Williams and allegations of abuse. Burrows was never assisted by CYFS and consequently the claims were never addressed and the abuse continued. Each year CYFS receives calls that range from people notifying the service of abuse cases, to people ringing for advocacy and information type requests. It is estimated that 65,000 telephones calls to CYFS are made each year, with social workers talking to approximately 11,000 callers. CYFS' reasoning for these protocol discrepancies is resource constraints due to the increased use of the service, which resulted in CYFS going over budget (Berry, 2003). Carrington (2003) alludes also to another issue regarding poor protocols by CYFS in protecting children in New Zealand. She argues that the primary training of social workers within academic institutions is flawed and inadequate with little, if any specialist training in dealing with partner and child abuse incidents. She claims that the education of social workers and also counsellors needs to drastically change in order for services like CYFS to increase its effectiveness in preventing abuse in society.

Conclusion

With reference to the 2002 *Te Rito* strategy, the New Zealand Government is attempting to proactively address the prevention and intervention of domestic violence in this country. As statistics

indicate, domestic violence is a profound issue in our society. Therefore a planned action by the state in collaboration with non-government agencies is an important political and social move. New Zealand does have in place legislative, judicial and policing policies to assist victims of abuse. There has been a major increase in intervention initiatives within the last 20 years. Seeing that domestic violence is widespread throughout all cultures and class groups within this country, the future, as the Ministry of Social Development highlights, will need to focus on the active prevention of domestic violence situations, instead of state intervention taking place only after an abusive incident has occurred.

CHAPTER 3: Domestic violence public awareness/education campaigns in New Zealand **pre- and post-Domestic Violence Act 1995**

Public awareness/education campaigns are forms of publicly communicated messages that aim to inform about, empower and/or motivate behaviour change amongst people in society. Messages to motivate behaviour change can be disseminated on a mass media scale. At the other end of the spectrum, campaigns can be developed at a community level with more interpersonal methods used and with the production of smaller media materials, for instance pamphlets and posters.

On an international scale, the United Nations (UN) takes a vested interest into ways of preventing domestic violence. Within their 1993 document, *Strategies for confronting domestic violence: A resource manual*, they stress the importance of countries offering education and creating and implementing prevention strategies, alongside raising public awareness in communities. They define public education campaigns as a “basic prevention strategy” (p. 88). They outline how “public education campaigns seek to prevent domestic violence in direct or indirect ways” (p. 88). The UN (1993) highlights the specific goals for public education campaigns on domestic violence:

Raising public awareness of the existence and prevalence of domestic violence, providing specific information on where to go for help, changing public attitudes and values towards the problem, promoting action to solve the problem, making victims and offenders aware of the role of the criminal justice system and providing other relevant information, such as on rights under family laws (p. 87).

The United Nations Development Fund for Women (UNIFEM) released a booklet in March 2002 called *Picturing a life free of violence: Media and communications strategies to end violence against women*. This contains material from varying organisations throughout the world which raised awareness of domestic violence in their communities. The publication displays an overwhelming collection of campaigns that have been developed cross-nationally in an attempt to prevent domestic violence and offer victims (and offenders) access to appropriate help.

In New Zealand however, the need for public awareness campaigns has been addressed by many different bodies in the country. As the Ministry of Social Development (MOSD) states in their recent document, *Te Rito: New Zealand family violence prevention strategy* (2002),

Any strategy to prevent violence in families/whanau needs to raise awareness of the devastating effects family violence has on individuals, families/whanau, communities and society as a whole and enhance society's capacity to more effectively and appropriately understand, identify and respond to it. The media, written literature and information, education

in schools and community advocacy, are key instruments through which a comprehensive communication/education strategy could be delivered (p. 42).

On a policy and government level, the need for public awareness is recognised as an important part of any prevention strategy.

Methodology

This chapter will highlight domestic violence campaigns that have been developed in the last two decades in New Zealand. New Zealand does not have a strong history of national domestic violence campaigns (S. Hann, personal communication, 17 December, 2003), therefore the predominant focus of this chapter will be in analysing the three main campaigns that have been developed since 1990. Even though this thesis has concentrated on partner abuse as its research scope, due to the lack of partner abuse awareness/education campaigns in this country, this chapter will also include information and analysis on significant family violence campaigns in general, including child abuse education campaigns.

The predominant campaigns that will be highlighted are the Hamilton Abuse Intervention Pilot Project (HAIPP), the Department of Children, Young Persons and their Family Services' (as it was called in 1994) Breaking the Cycle campaign and the New Zealand Police Family Violence Prevention campaign. I chose this time-frame (1990 onwards), as previously domestic violence was discussed relatively little in the public arena (Chapman, 1997), therefore there was a lack of prevention communication.

I have sourced my information from books, newspapers, magazines (both Pakeha and Maori) and journals. I have also used library databases, for example, Index NZ, ProQuest, Newztext, Emerald and Extended Academic ASAP. Additionally, the Internet (through www.google.co.nz) has been a helpful tool in accessing hard-to-locate documents, principally in PDF format, from campaign developers and general commentators. Keywords used in all my searches included public awareness campaigns, public education programmes, prevention campaigns or programmes, social marketing, social awareness and raising awareness. The following key words were also used in conjunction with the former: wife abuse, domestic violence, family violence, abuse, battering and child abuse. As part of my primary research stage I conducted interviews that pertain mostly to chapters five and six, however some information provided by my interviewees has been important to include within this chapter.

Through my research I have also discovered many other smaller-scale projects that have been implemented in New Zealand. Even though my list is not exhaustive, I will provide an overview of these types of smaller, more regional public awareness endeavours since 1990. All campaigns

that will be discussed in this chapter have targeted different audiences and used varied messages and methods to communicate prevention strategies. For example, through the last two decades, campaigns have targeted batterers, victims, health professionals, policy makers, the police and children.

Additionally, due to word count limits, I am not able to analyse comparable international campaigns. Even though I am aware of such examples, particularly within the UNIFEM's 2002 document, these will not be included within this chapter. Only New Zealand campaigns dedicated to domestic violence prevention will be discussed.

Hamilton Abuse Intervention Pilot Project

As researchers Ruth Busch and Neville Robertson (1993) highlighted, the Hamilton Abuse Intervention Pilot Project (HAIPP) was developed in the early 1990s in an effort to change policing, legislative and judicial procedures to preventing and intervening in domestic violence situations. It was an important and widely documented intervention programme that began in 1991, spanned four years, and was coordinated by Roma Balzer, the now national coordinator of the National Collective of Independent Women's Refuges (NCIWR) (Telford, 1995). Busch and Robertson (1993) highlighted how during the first half of the 1990s policing, legislative and judicial procedures, as well as services available to assist domestic violence victims were in disarray. Police avoided arresting abusers and courts often dismissed charges. The system in place to assist victims during this time was still heavily patriarchal and not supportive. One instance of this was reported by Deborah Telford (1995), who noted that, prior to the HAIPP, there was little New Zealand research exploring ways to prevent domestic violence. The issue was largely avoided in the public arena. Pamela Stirling outlined in 1992 how, even though the Roper Report of 1989 aimed to ensure mandatory arrests of domestic violence offenders, still in 1992 domestic 'disputes' were often simply calmed down by police instead of arrests being warranted. Chapter two gives more detailed accounts of the handling of domestic violence pre-1995. Therefore, the HAIPP's aim was to address many of these dysfunctions through research and action.

During this time, the Family Violence Prevention Coordinating Committee (FVPCC), was also attempting to have domestic violence addressed on a wider scale. The then-executive officer of the FVPCC, Raewyn Goode, commented in Stirling's (1992) article how her organisation was committed to ridding the country of the patriarchal system that affected many elements of social, political and economic life in New Zealand. For example, in schools in the early 1990s, teaching was still gender biased with a male dominated syllabus and teaching often encouraging male-student involvement over female-student input. The FVPCC argued that this was contributing to

the power and control cycle of male dominance and subsequent abuse towards females in New Zealand.

Therefore, alongside the FVPCC, the police, government departments and other wide-ranging advocacy agencies (from Refuges, to Men for Non-Violence) all contributed to the implementation of the HAIPP in July 1991 (Telford, 1995). Funded by the Ministry of Justice and the Department of Social Welfare, its main goal was to reorientate “the response to domestic abuse by focussing on the protection of women and children and intervening to make offenders accountable” (Telford, 1995, p. 25).

HAIPP was both a victim and an offender based programme. *NZ Herald* reporter, Andrew Young (1995), highlighted how the HAIPP coordinated support for victims of domestic violence at the onset of police intervention. A women’s refuge worker would meet with the victim immediately to discuss her safety and to offer advocacy and sanctuary, if needed. If charges were laid, then a court advocate would be assigned to the victim, to offer future support throughout the judicial process. The HAIPP also provided advocacy for offenders through the development of stopping violence programmes. When appearing before the Hamilton District Court (or at the point of leaving jail), offenders were referred to a 26-week batterer’s programme. These were compulsory to attend, and if not attended, were considered a breach of the Court’s ruling. The HAIPP adopted an inter-agency approach, whereby police, courts and advocacy organisations worked together to assist victims and help offenders in an attempt to develop effective intervention protocols in Hamilton.

With regard to police protocol, the HAIPP recognised the important role that police should play in ensuring the safety of citizens. Firstly, police in Hamilton were required to warrant mandatory arrests to offenders if there was evidence of abuse. Prior to the beginning of HAIPP, police were already required to arrest domestic violence offenders under Section 194(b) of the Crimes Act which called for offenders to stay in jail until their court hearing. Even though this had officially been police policy since 1987, it was not being coordinated effectively in the early 1990s. Enforcement of this now became a firm strategy that was implemented in Hamilton. The second police strategy implemented under the pilot required police, when first attending a domestic violence incidence, to call the HAIPP crisis line to notify the project of the case and to make sure a Women’s Refuge worker saw the victim immediately. HAIPP co-ordinators also ensured that police were trained effectively to deal with domestic violence incidents, and police communication with victims was audited throughout the period of the HAIPP (Busch & Robertson, 1993).

Women's Refuges in Hamilton were also a focus of the HAIPP. Refuges were required to work in collaboration with police, the courts as well as with the crisis line set up to field calls from victims seeking help. In terms of court procedures, both Family and District protocols were revised in Hamilton during the development and implementation of the project. Prior to the HAIPP, court procedures throughout New Zealand were not as advantageous for victims as many had hoped. Key developers of the project therefore improved protocol throughout the District Court in Hamilton to ensure that a) victims could not withdraw a charge of assault on their partner (this often occurred due to threats and intimidations experienced by victims from their partners), b) as soon as offenders were in jail, the courts were required to put an instant stipulation on their bail preventing any association with the victim, c) all convicted offenders were required by the Court to attend compulsory HAIPP men's education programmes which, if unattended, would result in further prosecution, and finally d) an introduction of court advocates emerged, whose role it was to assist victims in all their court/judicial encounters. Interestingly, the HAIPP also required the court advocates and probation officers assigned to a particular case to follow the path of the offender through his judicial encounters, ensuring offenders complied with all requirements of their sentence (Robertson & Busch, 1993).

With regard to the men's education groups, offenders were either referred by the courts or self-referred. Within two years of these groups being in process, 900 men had been referred and were taking part. Busch and Robertson (1993) stressed that these group programmes were neither treatment focussed nor rehabilitative in nature. No counselling was offered, instead they were educational, in an effort to empower offenders with knowledge about the destructiveness of their behaviour. In the group sessions, men were asked to question their inherent beliefs and attitudes toward violence and control over women. These programmes were "co-facilitated" by one male and one female (Robertson & Busch, 1993, p. 25). Similar programmes are seen today, for example the Domestic Violence Centre in Auckland runs a men's stopping violence programme (H. Carrington, personal communication, 19 November, 2003).

Additionally, it was the Family Court in Hamilton, under the HAIPP, that enforced these mandatory men's education programmes for offenders and the court encouraged victims also to attend the female-victim-based programmes. During the HAIPP, the new protection order reforms of 1995 were passed, therefore protection orders under the Domestic Protection Order Act (which had been largely neglected by the courts of New Zealand) were compulsorily enforced (Robertson & Busch, 1993).

Comprehensive victim-based programmes were also developed under the HAIPP. These were wide ranging, offering one-on-one support to victims. Even though time consuming, HAIPP

developers believed this to be important in restoring independence within victims. Victims also attended group support programmes which allowed them to be exposed to others and to fuel interactivity since their abuse may have caused them isolation from friends and family. One of these programmes was called the HAIPP orientation group, which provided women with information about what their abusers were being taught in the men's education programme sessions. This was a means of further empowering victims with knowledge about their abusers' activities. Another HAIPP programme was the court order group, which aimed to teach victims about the entire judicial process, a process that all victims of reported abuse within the Hamilton region would come into contact with (Robertson & Busch, 1993). However, as Busch and Robertson (1993) commented during the implementation of the HAIPP, "Despite the HAIPP's clear priority in terms of victim advocacy services, the men's education programme is frequently seen by the justice system's representatives as the most important part of the project" (p. 10).

The project developed some innovative protocols that have become common practice throughout New Zealand. For example, with the inclusion of the Domestic Violence Act (1995) into New Zealand's legislation, police reporting of all domestic violence incidents attended by the Police became mandatory (Barwick, Gray & Macky, 2000). Forms that police complete are known as POL400 reports and copies are meant to be given to the relevant agencies, for example Women's Refuge (Counties Manukau Policing Development Group, 2002). This was a strategy implemented by the HAIPP staff within Hamilton (Busch & Robertson, 1993). Similarly (as discussed in chapter two of this thesis) protection orders under the Act provide non-contact and non-violence orders for the protection of victims of abuse, as well as mandatory attendance by offenders to education programmes, run by the Family Court (Family Court, 2003).

Even though many have praised this project as linking agencies together and addressing domestic violence prevention and intervention issues on a more public scale than previously experienced in this country, there have been some important critiques made over the last ten years. Robertson, in 1999, wrote a detailed paper for the *New Zealand Journal of Psychology*, questioning whether stopping violence programmes (as seen in the HAIPP's men's education groups) benefit or disadvantage victims of abuse. He analysed two stopping violence programmes in Duluth, Minnesota and Vancouver, Canada, commenting how there was still a significant percentage of men going through these two programmes who re-offended. These statistics were recorded as being 40% and 23% respectively. He argues that developers of stopping violence programmes should not just attribute any positive outcomes that are achieved (for example, offenders not re-offending) as solely a result of their programme. As Robertson discusses, five women involved in the HAIPP programme, when interviewed, stated that even though the violence at home had decreased, this may have occurred for various reasons, for

instance, the issuing of a protection order against the offender, the victim threatening to leave the relationship, or the warranting of an arrest by the police.

Robertson (1999) also critiques HAIPP-type stopping violence programmes in a more serious and direct manner. He argues how offenders can actually become more abusive as a result. For example, victims interviewed commented how their partners learnt new ways to implement abuse in their relationship through discussing violence and power strategies with other offenders in the education programmes. Others emphasised how the assertive skills taught to offenders, enabled them to exact more complex psychological control over their victims. Some offenders were reported as trivialising their own behaviour, arguing that others in the programme were far worse than they were, thus condoning and repeating their own abusive behaviour at home. Some victims even reported how their partner would still abuse them, but would ask for their feedback afterwards, citing the education process (learning more about how their partner/victim felt after the abuse) as their reasoning.

These effects (that is, awareness raising and education having negative outcomes) seem similar to the reported dangers of suicide awareness programmes in schools which made media headlines in 2003. The high profile Yellow Ribbon campaign was criticised early in 2003, as glamourising suicide and so making more youth perceive it as a possibility in their lives. The University of Auckland presented a report in May. Commissioned by the government, the report made some specific criticisms of the Yellow Ribbon campaign. First of all, there was a use of high profile New Zealanders with little or no knowledge of suicide, or more specifically suicide prevention, and secondly there was an overly-commodified marketable brand awareness of the campaign coupled with an insufficient number of trained facilitators. What concerned the advocates of the report was how the campaign, instead of being the symbol of youth suicide prevention, became the visual representation of the act of youth suicide. Amongst the critiques were comments that little research regarding the potential risks of such a campaign had been done, and overall the Yellow Ribbon campaign did not follow the guidelines in New Zealand for mental illness awareness education (Espiner, 2003).

In response, the developers of the Yellow Ribbon campaign, in May that year, negated all critiques and began their own research regarding the issues proposed in the University's report (Espiner, 2003). Even though a 2000 report within a US-based publication *Suicide and Life* written by Elaine Thompson, Leona Eggert and Jerald Herting commented that "recent studies, indicate that school based programs can be effective in enhancing knowledge, altering faulty attitudes about youth suicide and promoting expectations for engaging in help seeking behaviours" (p. 1), the methods adopted by the Yellow Ribbon campaign in New Zealand have

resulted in the programme being halted. Similar concerns about the disadvantages outweighing the benefits of stopping violence programmes have been raised within the field of domestic violence prevention, and the search for more suitable methods seem vital when dealing with these serious and destructive social issues (Robertson, 1999).

Therefore Robertson (1999), writing half a decade after the completion of the HAIPP, advises that other methods of treatment for offenders would be preferable in light of the critiques mentioned in this chapter. He firstly suggests that we should look at the deeper social and cultural causes of battering and thus improve policies and services to combat abuse. He argues for a more grassroots approach to prevention and comments how the ideology that domestic violence is acceptable needs to be abolished. He highlights how Balzer, in a 1997 study of Maori key informants involved in the HAIPP, emphasised how there was a concern amongst Maori that the justice system, being a predominantly Pakeha institution, did not serve indigenous interests due to cultural differences. Balzer's research even highlighted how Maori women often faced retribution from their community for reporting their abuse and forcing their partner through a Pakeha and seemingly racist court process. Therefore, she and other key advocates of domestic violence prevention argue that a more meaningful approach to offender-focussed stopping violence programmes is required. For instance, with regard to changing Maori offenders' behaviours, a more community-focussed approach to their treatment may be more meaningful to them, than an individual-group programme run through a predominantly Pakeha, impersonal institution like the justice system.

Robertson (1999) concludes his article by stating six procedures for optimum treatment for offenders of domestic violence:

Arguments against batterer programmes persist. They have been opposed because they endanger women, because they divert resources away from services for battered women, which are held to be more effective in ending battering and because they give the impression that something is being done about the problem, diverting attention from the need for fundamental social change (p. 13).

He argues that if batterer programmes were to improve and thus continue existing, they should encompass the following qualities: (directly cited from Robertson, 1998, p. 12-13)

- i. Incorporate an explicitly feminist analysis of battering as a means by which the batterer maintains power and control over his partner
- ii. Prioritise the safety and autonomy of women over the confidentiality of participants
- iii. Have a primarily educational approach (as opposed to therapeutic) in which cultural and social context of battering is addressed
- iv. Within that framework, incorporate cognitive-behavioural techniques to help men learn non-violent behaviours

- v. Emphasise the need for participants to take responsibility for their own behaviour
- vi. Monitor participants, particularly their use of violence
- vii. Have well developed links with battered women's organisations by whom they [offenders] are held accountable
- viii. Are well integrated with the criminal justice system (or indigenous mechanism of social control), such that there are clear consequences for the use of violence.

Other authors have highlighted the shortcomings of the HAIPP. Andrew Young reported in 1995 how government funding for the project had decreased from \$400,000 annually to just \$180,000 a year. His article commented on the financial desperation of HAIPP developers at a time when the project was coming to an end. He also highlighted other critiques of the HAIPP that were being discussed in the mid 1990s, similar to those discussed by Robertson in 1999. One offender, who had been through the men's education programme run by the Hamilton project, commented on his negative experiences, citing reasons being the overly feminist agenda that constructed the education. The offender argued that the facilitators blamed solely the offenders and gave no discussion about the women's role in the abuse, for example, aggravation and provocation. Similar to the concerns raised by Balzer from talking to Maori victims, Young (1995) noted that many offenders felt that the HAIPP's men's programme only worked for "white middle-class and employed" men (p. 1:7). In other words, some felt there was a lack of meaning for Maori whose community-ties and cultural practices were not addressed within the men's programme. An anonymous Department of Corrections officer, even though broadly supportive of the HAIPP's intentions and successes, also commented on the lack of positive responses by offenders who participated in the men's programme in Hamilton. Another anonymous commentator, a Waikato-based social worker, who also praised the HAIPP's intentions, argued that the offenders within the men's programme ended up being blamed unfairly for everything related to their abuse.

Balzer responded to the concerns raised in Young's article. She acknowledged that many of the sessions had been confrontational between the offenders and the facilitators due to these dysfunctions, but she highlighted more qualified facilitators had been hired to professionally run these education programmes throughout the three years. However as Young emphasised, Balzer makes no apologies for the hard questions put to participants during the men's programme. He (1995) quoted Balzer as saying,

For many of the guys, they have never been asked why they think in a particular way and I think that's particularly painful for them. Since they are being reflective on their lives, they begin to realise that they are a major contributor in their lives. For most of us, we want to blame someone else or another experience (p. 1:7).

Therefore, even though a government report in the mid-1990s commended the HAIPP for achieving its main goal of decreasing domestic violence in Hamilton, making men reflect on their behaviours and increasing the efficiency of the interacting of refuge, police and the courts; the

report did recommend that the Crime Prevention Unit research other programme models before implementing a national programme based on the workings of the HAIPP (Young, 1995). Interestingly, Sheryl Hann, research policy adviser for the NCIWR, argues that many programme developers throughout New Zealand are trying to get back to a HAIPP model of domestic violence intervention, due to its effective interagency approach (S. Hann, personal communication, 17 December, 2003). Within Hamilton, HAIP (Hamilton Abuse Intervention Project) still exists as a domestic violence intervention initiative. "One of the oldest ongoing New Zealand stopping violence programmes, the Hamilton Abuse Intervention Project (or HAIP), is an education course based on a power and control analysis of domestic violence" (Morris, n.d, para. 2), that still exists in the 2000s but within a very localised setting.

Children, Young Persons and their Family Services' Breaking the Cycle campaign

Two other more mass media focussed campaigns will be discussed in the next section of this chapter. Firstly the nationwide Children, Young Persons and their Families Services' (CYPFS, as it was named in 1994) family violence public awareness campaign called Breaking the Cycle and secondly the New Zealand Police Family Violence Prevention campaign.

As Susie Hall and Sue Stannard (n.d) highlighted in their paper *Social marketing as a tool to stop child abuse*, "in 1994, the New Zealand Government introduced a statutory responsibility for CYPFS to educate professionals and the public about child abuse as an alternative to mandatory reporting" (p. 2954). This strategy proposed a more preventative approach to solving child abuse problems in New Zealand. Instead of solving the problem through the reporting of child abuse cases, which would be a reactionary outcome, the Government's goal was to stop the problem at the root cause, which was identified as the behaviours of parents and caregivers. This 1994 strategy was timely in light of the discussions within government and society in general regarding the proposal of the Domestic Violence Act (which would be passed one year later, in 1995). The Government allocated the responsibility of developing a public education programme to CYPFS in order to meet the needs of the strategy (Stannard & Hall, n.d). 1994 was also an appropriate year to launch a new Government strategy regarding family violence prevention, as it was the UN General Assembly delegated International Year of the Family (Logo for 1994 year, 1994).

In 1994, CYPFS named their five-year programme Breaking the Cycle. It was based on child abuse awareness and parental education. This education consisted of methods to care for and discipline children other than in an abusive manner. Abusive behaviours addressed within this campaign were smacking, emotional abuse and neglect of children. The campaign was developed into a multimedia public awareness programme, whereby TV, radio and print were used as methods of communication. The campaign also initiated a free phone information

service, where people could access free counselling and referrals to different support services. Breaking the Cycle was implemented alongside community education programmes throughout the country (Stannard & Hall, n.d).

CYPFS' rationale for their choice of campaign strategies was as follows:

In NZ, as in many countries, Government agencies are seeking new and creative approaches to resolve long-standing social problems. As the public sector focuses on increasing the effectiveness, efficiency and accountability of taxpayer funded programmes and services, there becomes increasing interest in the preventative strategies and methods, which encourage voluntary compliance (ie. behaviour change within the public). For these reasons, social marketing as the application of private sector marketing concepts to influence the voluntary behaviour of target audiences is now being applied to a wide variety of issues, including child abuse (Stannard & Hall, n.d, p. 2954).

Breaking the Cycle adopted a social marketing approach and CYPFS, together with Colmar Brunton Social Research implemented² the campaign (Stannard & Hall, n.d). The definition of social marketing includes traditional marketing concepts, such as consumer-focussed communication and the aim to 'sell' an idea to your target audience. However, social marketing in addition aims also to encourage voluntary behaviour change through a process of targeted communication, while still integrating promises of rewards and targeting emotion as a means of influence. Social marketing experts argue that their field differs from conventional marketing in its lack of the coercion present in the selling of goods and services, instead encouraging or influencing people to change a certain behaviour. Social marketing has been used to educate and influence people regarding many diverse causes, ranging from HIV risk reduction techniques (as displayed in chapter four's case study), to the dangers of heart disease and, in relation to this chapter, the preventing of abusive behaviours in the home (Hutton, 2002).

Breaking the Cycle was also based on the transtheoretical stages of change (SOC) model, which had been devised by Prochaska and DiClementi in 1986. The SOC model is based on the belief that motivating behaviour change within people follows a five-stage process. The first stage, referred to by Prochaska and DiClementi, is the precontemplation stage. This stage refers to the period in a person's life, when they have no intention to change their at-risk or disadvantageous behaviour, for example, a parent being abusive to a child. The second and third stages of the SOC model outline how a person begins to contemplate their behaviour change and then actually moves into a preparation stage, whereby they seek strategies to enact their behaviour change. The fourth phase of this model is known as the action stage. The optimum goal of any behaviour change campaign is to empower/motivate people to reach the fifth stage, known as the

² Even though the campaign was conceived in 1994, it was not until the following year that CYPFS began to implement parts of Alan Andreason's model of social marketing. This will be discussed shortly.

maintenance stage, which involves a person sustaining their new more beneficial behaviour over a period of time. This maintenance stage is important and involves wider support networks affirming the person's new behaviour (Stannard & Hall, n.d).

Stages one and two:

CYPFS' campaign created strategies for moving the target audience (abusive parents and caregivers) through the five SOC phases. The campaign initially aimed at educating the public (especially those in the precontemplation stage, so parents and caregivers who abused their children but had no intention of changing their behaviours) about child abuse. As Stannard and Hall (n.d) highlight, this was done through stressing alternatives to abusive behaviour that people could adopt.

The campaign then developed communication strategies which planned to reach people who had moved into the contemplation and preparation stages for non-abusive behaviour change. These strategies included empowering these target people through knowledge about the benefits of increasing non-abusive behaviour. This was done through highlighting the personal benefits (including the emotional bonuses) of being non-abusive, such as increased happiness and feeling less guilty. Other specific messages disseminated during this phase outlined the social consequences of abusing children, for example, the increased likelihood of criminal prosecution during the mid 1990s (Stannard & Hall, n.d).

Developers also aimed to ensure that those within the target audience who had moved into the action stage (of the SOC model) were reinforced with information to sustain their non-abusive behaviours. For example, communication was provided that outlined methods for increasing one's self-control and so remaining non-abusive within the home. Additionally, the campaign paid specific attention to nurturing those target audience members within the maintenance stage. The campaign disseminated messages to these people reinforcing the benefits and support networks within the community to assist them in sustaining their new healthy behaviours towards their children (Stannard & Hall, n.d).

The campaign's methods of communication were a combination of mass media and some community approaches. The campaign commenced with the launching of two national television advertisements in May of 1995. The ads aimed to raise awareness about the effects of emotional/verbal abuse and physical abuse of children. Even though there was much public debate regarding the money spent on the multimedia campaign, it still went to air and was documented as having provoking and shocking effects amongst the New Zealand public. The two advertisements were called *Backwards/Forwards* and *The Vicious Cycle*. Alongside these TV

productions, were radio ads, once again raising awareness about abuse. Additionally, an 0800 freephone counselling and referral service was made available and parenting booklets in various languages plus some print ads were developed during this time. All were developed and funded by CYPFS and the Government and these were created with the help of community consultations (Stannard & Hall, n.d).

Stages three and four:

The third stage of Breaking the Cycle involved an increased concentration on the detrimental effects of verbally abusing children, which included using degradation, humiliation and putting down techniques as well as parents fighting in front of their children. This stage, with a much stronger social marketing focus, was implemented in May of 1997. This was when Alan Andreason's model was fully implemented into the campaign (please see table 3.1). The target audience of this third campaign stage were parents who emotionally abused their children (therefore, an audience in the precontemplation stage). During this third stage, research regarding behaviour change was completed. Alarming (in my opinion), the results are highlighted in the following quote by Stannard and Hall (n.d):

It has been assumed that in terms of behavioural change, parents were primarily concerned about the benefits to their children. The qualitative research results highlighted the fact that parents in the target group were primarily concerned about benefits to themselves. Consequently the key theme for the stage three advertising was a change in behaviour can change the behaviour of your child and make your lives more enjoyable (p. 2957).

Similar to stages one and two, the third stage included television ads (using the help of members from different communities), alongside radio messages, parenting booklets in various languages and a toll free support phone service. Therefore, even with a community focus, Breaking the Cycle was a heavily mass media-based campaign.

Stannard, Hall as well as researchers from Colmar Brunton Social Research, Joan Young and Jocelyn Rout (1999), in a later paper about the campaign's progression throughout the late 1990s, describe how CYFS (as they were renamed in the late 1990s) implemented the fourth stage of their campaign in May 1999 called the Neglect Prevention Programme. This was developed because neglect was becoming more recognised as an important issue requiring public awareness in New Zealand. Similar communication strategies were implemented during this stage as those displayed during the former parts of the campaign.

Table 3.1 Breaking the Cycle model adapted from Alan Andreasen's 1995 model of marketing social change

<i>Behaviour stages (Stages of Change model)</i>	<i>Communication Task</i>	<i>Breaking the cycle</i>
1. Pre-Contemplation	1. Education	Increase awareness of the option of non-abusive parenting.
2. Contemplation & 3. Preparation	2. Increase the benefits of non-abusive behaviour 3. Decrease the costs of non-abusive behaviour	Show benefits of not abusing children (eg happy, healthy children, feeling like a good parent, not feeling guilty, enjoying life). Decrease the costs of not abusing children (eg as parents fear losing control, help them understand they do not always have to be in control and show them positive disciplinary techniques).
4. Action	4. Increase social pressure for non-abusive behaviour 5. Increase behavioural control 6. Improve ability to act abusers and victims.	Build on the high awareness and condemnation of child abuse, for more active reporting of suspected abuse from those most likely to detect it (eg teachers, neighbours, relatives, friends). Make abusers realise that if they abuse children in any way, they are likely to be caught. Help people to recognise signs of abuse and to act upon them, feel comfortable asking for advice or help from friends or family, or contacting an organisation. Help overcome barriers to changing behaviours. Improve awareness of services available to help
5. Maintenance	7. Reward/remind non-abusive behaviour	Reward people for not abusing their children and reinforce the social benefits of non-abusive behaviour to the community.

(Hall & Stannard, n.d, p. 2955-2956)

Effects on Maori:

Anton Black (1999) writing for *Social Work Now*, discusses the effects of the Breaking the Cycle campaign on Maori. He highlights firstly that the Maori response to the campaign was overwhelmingly positive, for example in 1997, 38% of Maori reported behaviour change regarding adopting new non-abusive techniques to raising their children, hence moving along the SOC continuum. Maori involved in the evaluative research for the campaign commented that these results were due to the campaign. This is a significant qualitative result as campaign commentators have acknowledged that many of their results could also be attributable to other high profile media cases of abuse, raising awareness and spurring behaviour change amongst target audiences in New Zealand (Stannard & Hall, n.d).

In September 1998, as part of the Breaking the Cycle campaign, CYFS launched a national sub project called Alternatives to Smacking. However the developers wished to create a specific Maori-focussed strategy for this project and interestingly, as Black highlights, that the name of the Maori-focussed part of this project had to be altered, as research discovered the word 'smacking' to be a predominantly Pakeha term. Therefore, in 1998, the Maori based strategy was renamed Alternatives to Hitting, as Maori responded more so to the term 'hitting' as meaning an abusive behaviour and did not regard 'smacking' as meaning something abusive. This highlighted the importance of research and the additional imperativeness of targeting audience appropriately according to their culture (Black, 1999).

Black (1999) also outlines how this Maori strategy was given media time on *Te Karere*, airtime on iwi radio and was the topic of a feature article in *Mana* magazine. Some mainstream media coverage was implemented, which was predominantly in the *NZ Herald*. But Black argues that more mainstream coverage may have enhanced the success of Alternative to Hitting, seeing that Maori do access conventional Pakeha media.

As part of CYFS' fourth stage of the campaign called the Neglect Prevention Programme, a Maori strategy was also developed. As discussed, CYFS focus in this phase of the Breaking the Cycle campaign was to motivate target families to seek help in breaking the cycle of neglect in their homes. Black (1999) comments that, similar to the Alternatives to Hitting programme, there was a separate Maori strategy in place whereby specific messages targeted at Maori were disseminated through media in New Zealand (this time, more mainstream). Included in this strategy was the development of billboards placed in rural areas, as well as a community-focussed education project with the specific message that neglect was predominantly a Maori issue that needed immediate addressing. On May 26 1999, a front-page article in the *NZ Herald* was printed alongside a lead item on *Breakfast* raising awareness about this issue to Maori. A Maori spokesperson was chosen to highlight important statistical evidence of Maori neglect, Maori ads similar to Alternatives to Hitting were made. As a result, debate arose in the public arena that Maori-based neglect was an issue of limited Maori access to resources such as education and welfare. Subsequent messages were revised to highlight how neglect in Maori families is an issue that the whole of New Zealand should be addressing, socially, economically and politically (Black, 1999).

Results

The results (table 3.2) taken overall from these stages of the Breaking the Cycle campaign portrayed some positive trends resulting from the national programme. CYFS monitored the

campaign's effect from 1995 onwards through an evaluation of 611 New Zealanders over the age of 15. These 611 people were also categorised into four groupings, identifying either as being Pakeha, Maori, Pacific Islander or another ethnic group (Young et al., 1999, p. 6).

Table 3.2 Breaking the Cycle results

Advertisement	Contemplated Behaviour Change		Reported Actual Behaviour Change	
	% Aware of ad	% of total population	% Aware of ad	% of total pop.
Backwards/Forwards TVC	56	44	20	16
Vicious Cycle TVC	47	43	18	16
Parenting radio ads	48	19	12	5

Advertisement	Reported actual behaviour change for % of total population		
	Overall	Maori	Pacific Island People
Backwards/Forwards TVC	16%	32%	44%
Vicious Cycle TVC	16%	38%	51%
Parenting radio ads	5%	11%	15%

(Young, Rout, Hall & Stannard, 1999, p. 6)

When the population was broken down into ethnic groups, the most significant results were from the Maori and Pacific Island communities. This supports Black's (1999) comments regarding the positive results of the CYFS programme.

I feel it is important to discuss the use of social marketing techniques within social awareness raising programmes. Developed in America, and used in New Zealand during the mid 1990s, this approach is known as social or cause-related marketing. It is an approach that was born from conventional commercial sector marketing in the 1970s. However, the integration of marketing techniques into the arena of raising awareness of social issues has been heavily critiqued by theorists, who argue that such an approach changes social issues and citizens into commodities, therefore detracting from distinctions between commercial and non-commercial entities in society. Critic James Hutton (2002) believes that even though broad marketing philosophies can benefit by educating and motivating behaviour change regarding a social issue, there are certain notions that are entirely inappropriate to use in public awareness campaigns.

Hutton (2002) discusses how the "misapplication" (p. 10) of marketing philosophies into the field of social marketing is therefore the predominant problem. He gives examples of the disadvantages of educational institutions treating students as consumers rather than citizens in

their new social marketing approach adopted over the recent years. One main disadvantage that Hutton emphasises is the constant ideology thus communicated to students that “everything has a price and everything is fodder for the marketing tie in” (p. 10).

With regard to health issues and the integration of marketing philosophies, Hutton highlights how patients (like students in the above example) become treated as consumers. One clear example of the disadvantages of this recent occurrence is the way antibiotics are over-prescribed in the U.S. by an estimated 150-million courses of treatment each year (Hutton, 2002). Hutton argues that this is due to the customer-ideology that doctors have adopted when dealing with their patients; they over-prescribe in order to keep the ‘customer’ happy (a clear traditional marketing technique). In conclusion, as Hutton (2002) argues, “the customer metaphor has become so pervasive that many Americans, especially younger Americans, have developed a keen sense of entitlement and have difficulty thinking of themselves in terms other than marketing” (p. 19).

Additionally, many believe that mass media campaigns are cost and time inefficient and ludicrous to use when trying to target specific groups. Dr Emma Davies, from the Institute of Public Policy, argues that many organisations that are provided with funding do tend to invest in media time, but such techniques simply do not target specific groups. The rhetoric at present within government and (non-government organisations) NGOs is to invest in more interpersonal and community development projects (E. Davies, personal communication, 4 November, 2003). This will be focussed in depth within chapters five and six.

However some do argue that mass media campaigns can complement community initiatives that are being implemented at the same time. Breaking the Cycle did have some community programmes to run alongside the mass media ads which was a very positive aspect that many supported. However, as will be highlighted within my final chapters, campaigns that target individual behaviour will not be as long term or effective as moves to change structural dysfunctions in society that allow abuse in the home to continue. In the primary research stage of this thesis, overwhelmingly respondents argued that a significant reduction in abuse will not occur without structural changes taking place. My respondents addressed issues such as changing welfare state dysfunctions, for example changing child care subsidies and attempting to help women trapped in welfare cycles (N. Robertson, personal communication, 4 December, 2003; S. Hann, personal communication, 17 December, 2003), addressing police responses (L. Renner, personal communication, 10 November, 2003), addressing female inequality in society, reintroducing gender back into society and the public arena, and discussing what constitutes healthy relationships and healthy masculinity (L. Renner, personal communication, 10 November, 2003, N. Robertson, personal communication, 4 December, 2003). Some respondents also

highlighted the need to address violence in sports and therefore male role models demonstrating negative behaviour on the rugby field (J. Elvidge, personal communication, 15 December, 2003). These ideas will all be analysed in chapters five and six, therefore I will not discuss these indepth in this chapter.

New Zealand Police Family Violence Prevention campaign

Alongside Breaking the Cycle, the other major domestic violence awareness programme implemented in the 1990s was the New Zealand Police Family Violence Prevention campaign. Similar to Breaking the Cycle, the New Zealand Police campaign used social marketing techniques, for which they were awarded a TVNZ Marketing Award in 1995.

Its developers first envisioned the New Zealand Police Family Violence Prevention campaign in the early 1990s. This was synonymous with police underreporting domestic violence incidents in New Zealand, with victims feeling too intimidated and unprotected to press charges and attend a court hearing, and with Court processes and legislation in New Zealand being inadequate to properly protect and assist victims of domestic violence. Please refer to chapter two for an extensive discussion of these problems.

In 1987 the Roper Report was introduced into policing protocols in this country, with recommendations for new procedures for addressing crime in New Zealand. It commented that the police force was one of the main bodies that could prevent the cycle of violence and crime within families and it recommended more effective intervention protocols by the New Zealand Police. This report was issued in 1987, however there was little response to these new protocols within the police force. There were a number of reasons for this. For instance, there was a lack of awareness and education within the police force about domestic violence, and a lack of thorough judicial and legislative procedures in place to prosecute offenders of abuse and protect victims. This was very characteristic of the pre-Domestic Violence Act era in New Zealand in the early 1990s, which has been covered in detail previously in this thesis. Consequently, during the first half of the 1990s, the New Zealand Police developed a new five-year family violence strategy. This strategy predominantly addressed the issue of police responses to domestic violence incidents in New Zealand. The New Zealand Police Family Violence Prevention campaign was a key element of this five-year strategy (Veale, 1995).

As Jo Mackay (1995) outlines, the main impetus for this campaign was to shift public opinion from the overly patriarchal viewpoint that family violence is a private issue, to the more critical point of view that it is in fact a criminal act, whereby domestic violence incidents need to be reported to the authorities so that offenders can be held accountable for their actions. The central message

of the campaign was “Family violence is a crime- call for help” (p. 14). The goals were: a) primarily to raise awareness of the serious nature of family violence, and thus to empower victims and their support people to seek help (that is, a call to action), b) to change societal attitudes away from the paternalistic view that male dominance in homes is acceptable and c) ultimately to reduce the number of domestic violence incidences through an increased reporting of cases to the Police.

Additionally, the campaign endeavoured to improve the interaction between the services in society committed to preventing domestic violence, for example, between the Police, Women’s Refuges, Victim Support, Men for Non-Violence and the HAIPP. This was similar to the approach taken by the HAIPP. As Veale highlighted, “partnerships with other agencies have been vital to the success of the campaign” (cited in Mackay, 1995, p. 14).

The development of the New Zealand Police Family Violence Prevention campaign followed a typical communications programme, in tune with Candy Tymson and Bill Sherman’s (1996) model of a communications campaign. Firstly, research was carried out to gain knowledge about why domestic violence was not being addressed by the courts during this time in New Zealand. Domestic violence causal theories were also researched to find out why such abuse occurs in our society. The campaign developers were then able to understand the complexity of this issue, and the campaign (like many others in New Zealand and throughout the world, for example the Duluth Abuse Intervention Project and the HAIPP) was based on a few key theoretical approaches. These were causal theories concerning power and control, gender inequalities and dysfunctional relationship dynamics (as well as generational and cultural acceptance of family violence), all of which have been discussed in chapter one (Mackay, 1995).

After research was conducted, the predominant target audiences were identified. There were four target audiences: 1) victims of abuse, 2) offenders of abuse, 3) witnesses to such abuse and 4) the Police force. These groups were targeted by the campaign in order to “build an intolerance within the whole community” of family violence in New Zealand, with the message that “Family violence is a crime- call for help” (p. 14) disseminated to all four groups. This broad message aimed to achieve a few key communication objectives, firstly to shift public opinion from family violence being just a ‘domestic dispute’, to such abuse being criminal and unacceptable in New Zealand. The message also aimed to hold offenders accountable for their actions and to urge victims and witnesses to seek assistance (Mackay, 1995).

The messages were sent out through a variety of media. In March 1994, the campaign was launched at the Beehive, Wellington, with much media attention. Developers liaised with and

prepared the media for the launch through press kits and releases. NZ On Air gave \$175 000 for the production of two documentaries. The first aired in March 1994 was called *Not Just a Domestic*; it was hosted by Temuera Morrison and provided education and raised awareness about family violence. A helpline was additionally set up. An estimated 563 000 New Zealanders viewed this first production with 1300 calls made to the helpline within a few days of the documentary being aired. The second documentary, once again hosted by Morrison, was aired in December 1994 and was the updated edition of the March production. It was estimated that 469 000 people viewed this screening with 700 calls made to the helpline. With regard to the helpline, developers evaluated that 50 per cent of those who called were disclosing information about their abuse for the first time in their lives. The majority of callers in both March and December were women (Mackay, 1995).

Alongside the two documentaries were articles that were written in women's magazines and advertisements produced for print publications raising awareness about the campaign. A campaign song, called *Can't Call That a Home*, was recorded by then New Zealand music celebrity Matty J, reinforcing the message of Family Violence being a crime and that those involved should seek help. The campaign song featured on an additional 10 TV advertisements developed by the Police and funded by Carter Holt Harvey, with an 0800 helpline number attached. The campaign slogan "Family violence is a crime- call for help" (p. 14) was also disseminated through posters around sportsgrounds and on buses (Mackay, 1995).

Mackay (1995) documented the results as being "dramatic" (p. 18). Alongside the results from the two TV documentaries already discussed, Women's Refuge documented a 35 per cent increase in casework during the campaign's duration. Men for Non-Violence also acknowledged an increase in attendance of their stopping violence programmes. Evaluative research conducted in September 1994 discovered that, without prompting, 20 per cent of respondents were aware of the campaign, however with prompting, 88 per cent displayed knowledge of the campaign and importantly 66 per cent disclosed that the campaign has altered their attitudes to family violence and 50 per cent were able to directly quote the campaign's slogan. Overall the TVNZ Marketing Awards judges highly acclaimed the campaign's techniques.

However, there are criticisms of the New Zealand Police campaign. Firstly, the same critiques made about Breaking the Cycle can be made about the New Zealand Police campaign. As discussed earlier in this chapter, an over-use of mass media techniques will not aid in the long term prevention of domestic violence. Secondly, with regard to the New Zealand Police campaign, there are continuing structural dysfunctions within the policing system that still need to be addressed even though they fronted this family violence campaign in the 1990s. An example

of this is police not adequately responding to breaches of protection orders (see chapter two). The report from the County Manukau Policing Development Group (2002) highlighted the low importance placed on family violence responses by police. Dr Ian Hassall has stressed that there are some police groups that are excellent in responding to family violence, for example he noted how the West Auckland and North Shore Police had been very proactive to their protocols for family violence intervention. However he also outlined how other police centres in New Zealand do not take this issue as seriously (I. Hassall, personal communication, 21 October, 2003). Lou Renner of the Auckland District Health Board also stressed that women who leave their abusive partners are not guaranteed that they will be safe. She argued that no public awareness campaign can work unless it can be ensured that men will stop abusing. At present authorities are not responding to protection order breaches in every case, and still the highest homicide rate for women in New Zealand is in the two years after separation from an abusive partner (L. Renner, personal communication, 10 November, 2003). In support of that comment, Sheryl Hann of the NCIWR noted how, on average, one women is killed by their abusive partner every 12 ½ days in New Zealand. Therefore, protection of women through police enforcement of protection orders is crucial and still an unresolved issue in 2003 (S. Hann, personal communication, 17 December, 2003).

Other 1990-2003 campaigns/programmes

This section will aim to highlight some of the smaller scale campaigns and projects that have been implemented in New Zealand through the last thirteen years. This list is not exhaustive, but gives an overview of what other NGOs and local governments throughout the country are doing with regard to raising awareness and providing education about domestic violence.

In the 1990s, the Children's First Foundation began the development of a nation-wide child abuse prevention campaign. This initiative will not be discussed in detail as it was never implemented. This was due to an unfortunate choosing of the campaign's front man, Rangi Whakaruru (James Whakaruru's uncle), who was exposed by family members during the first stages of the campaign as a domestic violence offender. This turned into a heavily mass media focussed issue which derailed the entire campaign (Zander, 2001).

On a much more successful note, Dr Emma Davies and Dr Ian Hassall from the Institute of Public Policy designed, coordinated and implemented the Building Tomorrow project, which was born from a need requested by Davies and Hassall to develop an awareness and interagency networking programme to help child victims of abuse and their families. Its first major media coverage was a *NZ Herald* supplement in November 2001, dedicated solely to the programme. It is still an ongoing child abuse prevention initiative (Building Tomorrow, 2001).

To reiterate an earlier point made, Hann states that in actual fact there has not been a significant national public awareness programme targeting partner abuse in this country. Even though this is partly due to funding, she argues that it is more to do with implementing successful networking between agencies that are committed to domestic violence intervention and prevention (S. Hann, personal communication, 17 December, 2003). However, every year, the NCIWR runs its fundraising street appeal. As Hann emphasises, this doubles as a public awareness annual campaign for the NCIWR and its services. Hann commented that a stand alone public awareness campaign has not been implemented due to funding constraints. She stressed that the use of the fundraising appeal as an awareness raiser is not very effective as specific audiences cannot be targeted (S. Hann, personal communication, 17 December, 2003). However, it should be briefly noted that in June 2004 the NCIWR, together with The Bodyshop, launched the “Help stop violence in the home” campaign. With front person, Nicki Watson, the campaign’s aim is to raise awareness and gain signatures for a petition to Government requesting increased funding for the NCIWR (New and events, n.d).

In October 1992, during a time of limited discussion and commitment by New Zealand authorities to domestic violence prevention, an Oprah Winfrey-hosted documentary called *Scared Silent* was aired on TV ONE and focussed mainly on the issues surrounding child abuse. Pamela Stirling, in a 1992 article for the *Listener*, emphasised how the response to this documentary in New Zealand was quite unexpected. For example, TVNZ set up an 0800 helpline service to be made available during the screening of this programme, and approximately 1600 calls were made to this service within a few hours of the documentary being screened. The phone service was run by advocates and counsellors in the field of abuse and callers phoned for advice and information about advocacy channels they could use to get help/counselling as a result of their experience with abuse. The CBS executive producer in 1992, Arnold Shapiro, was so taken with the New Zealand response that he offered to allow TVNZ to screen the programme again for no cost. Ironically, TVNZ expressed concern at this offer, as New Zealand’s support services for family violence could not have supported the response that a second screening may have had. This was due to the lack of resources and police/government support to domestic violence prevention during the early 1990s in New Zealand. As Robyn Rummins (Educational and Resource Coordinator of Child Abuse Prevention Society: CAPS) outlined, “what the response to *Scared Silent* showed very clearly is that there just aren’t enough resources in the community to cope with the problem, especially in the field of prevention” (cited in Stirling, 1992, p. 19).

In 1994, during the production of the two New Zealand Police Family Violence Prevention Campaign documentaries, Temuera Morrison also appeared as the lead role, Jake the Muss, in

the New Zealand film *Once Were Warriors*. Scriptwriter Ian Mune argues that although it is a film about domestic violence and deprivation in a Maori urban community in New Zealand, it was not made with a public awareness-raising goal, instead it was developed as a highly emotive social comment. Within this social comment were messages of hardships, of poverty and lives affected by domestic violence. In an interview with *Illusions* writer Lindsay Coleman (1994) Mune commented, "I think it's a universal story. I wrote to a journalist the other day, that maybe it's time we started writing about the wife-abusing doctor in Remuera" (p. 21).

Opinions about the film and the impact on its viewers were varied. Dr Brian McDonnell (1994) provided a summary of the opinions that were raised during the time of the film being released. Denis Phelps, writing for the *Dominion* in September 1994, argued that the film was politically 'naive', however many key Maori commentators argued that the movie had positive attributes. For instance, Sue Sarich, writing for the Maori newspaper *Kia Hiwa Ra*, emphasised in an article three months prior to Phelps Dominion piece that *Once Were Warriors* was "powerful and especially relevant in the Year of the Family" (p. 11). She felt that the story needed telling and disagreed with those in the Maori community who did not want the movie and its messages released. Therefore, this mid 1990s era was a particularly active time with regard to domestic violence discussion in the public arena in New Zealand (all cited in McDonnell, 1994).

Additionally, some important Maori-based strategies have been implemented in New Zealand through out the last 15 years. Stirling (1992) reported on one called Ruanga Tane O Aotearoa that aimed at educating men about stopping violence in the home. One of the key contributors to the programme, Keni Johanni-Piahana, highlighted how it was an iwi-focussed programme, with a community focus on stopping violence in the home. Amokura-Whanau Kaitiakitanga Against Violence is another more recent community-focussed programme aimed at supporting communities, therefore iwi, hapu and whanau to develop non-abusive practices in the home. Key advocate Edith McNeill stresses that the foundation of this programme is based on the belief that the best way to prevent abuse is to start with the family as the place to build an acceptance about the negative effects of violence and to form better and more healthy behaviours in preventing it (Amokura-ready to fly, 2001).

Hann outlined some other smaller, less media driven programmes that have occurred within New Zealand. For example the Wapara Rise Above It campaign, Safer Community Council initiatives and Palmerston North's Just Say no To Family Violence project. Hann stressed that these are "the breeding ground for local campaigns", however she did highlight that due to a lack of funding and resources, these campaigns tend not to be long term and sustainable in their effects (S. Hann, personal communication, 17 December, 2003).

It must also be acknowledged that most individual refuges and agencies that are dedicated to domestic violence intervention develop their own small scale campaigns within their area. I have first hand experience of this. In 2000, I helped to develop a small scale campaign for the Western Women's Refuge (WWR), a non-affiliated refuge in West Auckland. The aim was to raise awareness about their new counselling and outreach service called Viviana that provided a day-time service for women in need of help from abuse. My team and I developed a pamphlet, poster and business card for the Refuge with messages about the availability of their services and general information about abuse and the positive consequences of seeking help. We distributed these to local doctors, pharmacies, Citizen Advice Bureaus, libraries, shopping areas and other key places where victims of violence could access information about Viviana and WWR's wider services, for example, shelter. In my experience, it is a common occurrence for agencies to develop such materials. In most of the key areas that we distributed the WWR material to, one could find similar small media material raising awareness about other services available in the area.

Conclusion

Even though this account of campaigns is not exhaustive, it gives the scope and climate of programmes that have been developed within the last 15 years for domestic violence prevention, with the national ones being largely mass media in scope. As chapter six particularly will highlight, within the field of domestic violence prevention, current opinion is that there is a need for New Zealand to develop more intensive community development programmes, in the effort to sustain an abuse-free climate.

CHAPTER 4: The AIDS Community Demonstration Project (ACDP) model

My thesis' research question concerns analysing whether the broad principles from a particular community-level public education programme implemented in the US, could be suitably integrated into a domestic violence public education campaign in New Zealand, whose aim would be to help victims seek appropriate help for their situation.

The first two chapters of this thesis provided a contextual background on domestic violence. Chapter three provided an examination of the various domestic violence public awareness campaigns that have been implemented in New Zealand. This chapter will provide a description of the US community-level programme that I have chosen to analyse. This programme is known as the AIDS Community Demonstration Project (ACDP) and was an HIV risk reduction awareness campaign that was implemented in five US cities throughout the 1990s. It is the broad principles of the ACDP that are being focussed on within this thesis. HIV and domestic violence, apart from being related to health issues, are of course very different. As chapter three highlighted, much of New Zealand's efforts in raising awareness about domestic violence have concerned the implementation of mass media campaigns. I chose the ACDP as the basis for my analysis because of its community focus.

Therefore my research question is as follows: Are the broad principles used within the ACDP suitable to be integrated into a victim-based domestic violence public awareness campaign in New Zealand? If so, to what extent? If not, why? This chapter will describe and provide a critical analysis of the ACDP, including the benefits and limitations of its implementation. It will also provide a context for chapters five and six, which will aim to directly address the research question of this thesis.

Methodology

My initial sourcing of information about the ACDP came from Martin Fishbein, Carolyn Guenther-Grey, Wayne Johnson, Richard Wolitski, Alfred McAlister, Cornelis Rietmeijer and Kevin O'Reilly's chapter: *Using a theory based community-level intervention to reduce AIDS risk behaviours*. This chapter was included in Marvin Goldberg, Fishbein and Susan Middlestadt's (1997) book *Social marketing: Theoretical and practical perspectives*. In publications such as the American Journal of Public Health and Public Health Reports, the ACDP developers discussed this project extensively. I was able to source many of these articles from the ProQuest database. I also wished to gather a more independent and critical analysis of the ACDP, as many of the previously mentioned articles were written by those involved in the ACDP. Therefore I emailed Richard Wolitski at the Center for Disease Control and Prevention (CDC) and asked advice about

where to source suitable material that would provide an independent review of the project (R. Wolitski, personal communication, 13 February, 2003). I was recommended Jeffrey Kelly's 1999 article *Community-level interventions are needed to prevent new HIV*, which I sourced from ProQuest. Kelly's critiques are the foundation for the critical analysis section of this chapter.

CDC (Centres for Disease Control and Prevention)

In America, the CDC financially supports many HIV/AIDS education programmes (please refer to appendix 1, for information regarding HIV worldwide and in the US). It is a federal agency whose mission statement is "to promote health and quality of life by preventing and controlling disease, injury and disability" (Center for Disease Control and Prevention, n.d, p. 1) and its goal for the 21st century is to achieve this mission statement by finding channels that will aid in the prevention of disease, injury and disability (Center for Disease Control and Prevention, n.d). One key channel is through public awareness/education campaigns.

This chapter will be presenting information and an analysis on one particular public awareness campaign known as the AIDS Community Demonstration Project (ACDP). This project implemented a theory-based community-level intervention model of public education and has three distinctive characteristics: the use of members of the at-risk target community known as peer networkers to distribute material and interact with those who would benefit from adopting new behaviours that could save the lives of themselves and others; the use of role model stories as part of the prevention material design; and the interaction of both interpersonal communication and small mass media communication (Fishbein et al., 1997).

Community-based formative and intervention research

Community-level interventions have been developed with the aim of reaching a greater number of at-risk people than other forms of communication. As the Behavioural Interventions and Research Branch (BIRB) highlighted in their 1996 report, *What we have learned: 1990-1995* (1996),

The operating assumption of community-based research is that persons acquire information, form attitudes, develop beliefs, acquire skills and practise behaviours within the normative context of the social networks or systems of which they are a part. The shared social networks or systems (communities) can be defined geographically, behaviourally and or culturally (p. 19).

The community-based formative and intervention research approach has been used in other HIV risk reduction projects, which have also been funded by the CDC. Therefore alongside the ACDP, some other projects with this focus have been:

- The Alexandra Youth Project
- Development and Pretest of HIV/STD Intervention Strategies of Targeting Minority Heterosexual Males

- Evaluation of HIV Prevention Street Outreach Program for IDUs and Youth at High Risk
- Evaluation of Experience of African American and Latina Women with Sexual Decision Making and the Female Condom: An Ethnographic Study
- Men who have Sex with Men: Minority Behavioural Assessment Project
- Sociocultural Factors and HIV/AIDS Risk Reduction Programs in Young African American Homosexual and Bisexual Men (cited directly from BIRB, 1996, p. ii-iii).

The ACDP

Fishbein et al. (1997) discussed how the project was developed in the US in the 1990s and was implemented in five target cities during the period of 1991-1994. The five cities were Dallas, Denver, Long Beach, New York and Seattle. It should be noted here that in each city, two geographic areas were identified. One was used as a distribution site and the other was a control community (Fishbein et al., 1997). The project was adapted from previous campaigns, one being the North Karelia Project in Finland that implemented a community-level intervention to educate people about the prevention of coronary heart disease (Fishbein et al., 1997). The essence of the ACDP was summarised in a case study chapter by Martin Fishbein and colleagues (1997) during the evaluation period of the project. They stated that,

The ACDP is evaluating the effectiveness of using community volunteers to deliver a theory based intervention designed to increase consistent condom use and or consistent bleach use in a number of ethnically diverse, traditionally hard to reach, high risk populations (p. 123).

Fellow developers Guenther-Grey, Deborah Noroian, Jamila Fonseka and Donna Higgins (1996) similarly summarised the ACDP efforts in the following paragraph:

Researchers at the CDC and all project sites, with expert consultants, developed a common intervention protocol based on behaviour change theories for conducting a community-level intervention. The projects produced intervention materials consisting of condoms, bleach kits and small media (brochures, pamphlets, fliers) with HIV prevention messages in the form of personal stories of community members (role-model stories) (p. 3).

The following section of this chapter will explore the different characteristics of the ACDP that are mentioned above.

The elements of the ACDP

The ACDP consisted of five key developmental stages. These were i) determination of a firm theoretical framework to base the project upon, ii) a detailed process of formative research to ethnographically define the at-risk population, iii) the development of small media materials, iv) the distribution of small media materials with the use of community of volunteers (peer-networkers) and v) an evaluation of the outcomes of the project.

Theoretical framework

The ACDP had a strong behavioural-theory basis, consisting of the health belief model (Irwin Rosenstock), social cognitive theory (Albert Bandura), theory of reasoned action (Fishbein and Icek Ajzen), and the transtheoretical stages of change (SOC) model (James Prochaska and Carlo DiClementi). As public awareness/education campaigns are developed with the purpose of reaching and motivating people to change certain behaviours, an understanding and integration of these three key behaviour theories and the SOC model was an important part of the development of the ACDP (Fishbein et al., 1997). The following descriptions of the ACDP theoretical framework will be summarised from Fishbein et al.'s 1997 chapter.

Rosenstock's health belief model (developed in 1974) is based on the premise that people will be motivated to change their risk-behaviour if they are informed of their susceptibility to a certain disease or illness and that their health and lives would be negatively affected if they were infected. Rosenstock theorised that a person's motivation to adopt a new risk-reduction behaviour comes from being aware that the new behaviour will prevent them from experiencing the severe consequences of contracting a particular disease or illness. With regard to the ACDP project, I believe that this is an important theory to understand due to the severe consequences of contracting the HIV virus, when practising unsafe behaviours.

Bandura is known for his social cognitive theory, developed in 1986. He supports the notion of self-efficacy as being a major driving force in one's motivation for self-behaviour change. Self-efficacy is a belief that a person possesses. This belief affirms within a person that they have the ability to change one of their behaviours, for example, using condoms during sex. The ACDP's use of role model stories was a way to highlight self-efficacy in people of the at-risk population, the notion being, 'If that person can do it, so can I'. The development of and effectiveness of the role model stories will be explained further in this chapter.

In 1975 Fishbein and Ajzen developed the theory of reasoned action. This theory suggests that "individuals' performance of a given behaviour is primarily determined by their intention to perform that behaviour" (p. 125). This intention is based on their attitudes, and the subjective norms of their particular circumstances and relationships.

As well as these three theories, the ACDP was strongly based on the SOC model that was designed by Prochaska and DiClementi in 1986. It is based on a continuum. The different stages of the continuum are: precontemplation (no intention of change); contemplation (considering change); preparation (making actions to change); action (adopting new behaviour) and maintenance (maintaining the new behaviour). It posits that people move through these stages

(and may experience a relapse) but ultimately aim to reach the maintenance phase. As Fishbein et al. noted, “to help people change their behaviour, it is first necessary to determine where individuals are on the continuum of behaviour change and then develop interventions to help them move to subsequent, more advanced stages” (p. 126).

The characteristics of the ACDP were designed to reach people from all different positions on the continuum and particularly those in the precontemplation stage. Strategies and tactics of how this was done will be detailed in the following sections of this chapter. The ACDP used the philosophy of the SOC model to attempt to increase the self-efficacy, motivation and intention of change within people of the at-risk populations. In brief, developers of the ACDP did this through distributing small media materials that included comprehensive information about HIV/AIDS, alongside real-life role model stories of people within their community who had adopted risk-reducing behaviours, for example, condom use, and bleach use for needle users. Condoms and mini-bleach kits were included with education about how to use these items to prevent HIV contraction. The ACDP also used peer-networkers to distribute intervention materials and talk to at-risk people about behaviour change (Fishbein, 2000). These strategies will all be explored and analysed through out this chapter.

Fishbein et al. (1997) discussed how effective the theory-stage was to the ACDP. During the post-ACDP period, they noted that,

The intervention is based on a theoretical foundation containing elements of several behavioural theories and the transtheoretical SOC model. Providing the projects with a firm theoretical base enhanced the development of the intervention and established a basis for both the implementation of the intervention as well as evaluation of these outcomes (p. 127).

An analysis of the effectiveness of this project will be discussed in the latter stages of this chapter.

Formative research

After formulating the theoretical framework, the next stage was the development of formative research. This was an important stage, particularly because one of the main aims of this project was to develop a “site-specific and population-specific communication level intervention” (Fishbein et al., 1997, p. 124). The developers and researchers (from the CDC) understood it was imperative to create a firm base of knowledge about the target populations, who were at-risk of HIV contraction. This formative process consisted of ethnographic research. It was a six-month process, undertaken by research staff in each of the five cities. The information was then used in the development process of the ACDP to understand who the populations were that needed to receive the intervention material, and where these people could be located (Fishbein et al., 1997).

The five imperative aims of this intervention were: 1) to expose the target at-risk population to the intervention material, 2) to increase condom use with main partners, 3) to increase condom use with non-main partners, 4) to increase use of bleach for needle hygiene and 5) to increase the carrying of condoms by people within the at-risk community. The formative process determined the key target audiences to be: injecting drug users (IDU); men having sex with men, not identifying themselves as gay (MSM-ngi); female sex partners of IDU's (FSP); female sex traders (FST); and youth at high risk (YHR). These groups were identified by research as the most prominent target populations that needed to enact behaviours safer from the risk of HIV contraction (Fishbein et al., 1997).

The following was the methodology used to gain information during the formative research stage, which ascertained who the target populations were and where they were located. According to Higgins, O'Reilly, Nathaniel Tashima and Cathleen Crain (1996), the research team began this process by brainstorming possible target audiences as well as widely reading literature about the various target populations. Staff undertook interviews with both local-based AIDS researchers and members of the health department. These groups were asked about their knowledge of the ethnography and demography of HIV/AIDS at-risk groups. People from, for example, drug treatment clinics and even shop keepers within the local community who had contact with the target populations, were also interviewed (Fishbein et al., 1997). As Higgins et al. (1996) comment, researchers asked these particular groups open-ended questions about their knowledge of the target at-risk populations, the ethnography of any subgroups and locations where these populations could be sourced. Interviewees were also asked about their knowledge of how the target populations perceived the risk of HIV contraction. Then, they were consulted on anything that might prevent at-risk people from adopting safe behaviour changes and their opinion on how to break down these barriers. Information was also sourced from these interviews about other projects similar to the ACDP in the target areas and the results of these programmes.

From the above information, gatekeepers were identified. According to communication theorists, Stewart Tubbs and Sylvia Moss (2000), gatekeepers are "[people] who, by selecting, changing, and/or rejecting messages, can influence the flow of information to a receiver or group of receivers" (p. 449). These people were either individuals within the target populations who were still performing risk behaviours, or those outside the target populations who had adopted new risk-reduction behaviours. They were considered vital links between the project's communication process and at-risk people. Gate-keepers were also valued as a source of important information about ethnographic details of target populations (Fishbein et al., 1997). Similar questions were

asked of the gatekeepers as were asked of interviewees, mentioned in the previous paragraph (Higgins et al., 1996).

From all the information sourced from the above steps, subgroups of the target populations were identified. Next, locations of where at-risk people were either gathering or living were determined. Researchers participated in unobtrusive observation. The aim was to discover more information and confirm data already sourced about the target at-risk populations. Also, project members could become visible in the target locations in order to gain familiarity and earn trust. Additionally, specific locations of where risk-behaviours took place were determined. For example, maps were constructed of places where discarded needles were found by researchers (Fishbein et al., 1997; Higgins et al., 1996).

Fishbein et al. (1997) outlined how extensive interpretation of all information gathered in the previous steps was collated and then people within the at-risk target populations were interviewed. An incentive of between \$US5-25 was given to the interviewees. Questioning occurred in two ways: through individual interviews and through focus groups. As Higgins et al. (1996) highlighted, staff at the CDC who were conducting this formative research were trained extensively in how to facilitate focus groups and interviews. Questions were open-ended, and covered information about the interviewees' daily lives, their activities and time spent in certain locations. Their media consumption was questioned, as well as their perception of the risk of contracting HIV. Additionally they were asked theoretical questions about what would make them adopt new behaviours such as condom use, and the positives and negatives of changing their risk behaviour. Any peer pressures to not adopt new behaviours were ascertained through questioning, alongside the interviewee's access to AIDS/HIV services. The CDC researchers then collated this information (Higgins et al., 1996).

The developers of the ACDP, then used this formative information to start creating intervention material that catered for the different ethnographic characteristics of the target populations.

Development and distribution of small media material

In all five cities:

The intervention protocol emphasised development of small media material depicting positive changes in beliefs, attitudes, intentions and behaviours of local target population members (role model stories), distribution of role model stories by peer volunteers from the local community who were trained to reinforce acceptance of the attention to the intervention messages as well as successful and unsuccessful attempts to change behaviour and environmental facilitation through the distribution of condoms and bleach (Fishbein et al., 1997, p. 129).

The development of intervention material consisted of the following components: traditional small media materials, for example, pamphlets, fliers, posters; the development of role model stories; the distribution of material and kits and the training of peer networkers (volunteers).

Firstly though, it needs to be acknowledged that each city, due to its unique characteristics, had their own intervention tailored to suit their particular target populations and the specialised ethnography of their geographic area. For example, while Denver received an intervention to reach IDUs and later MSM-ngis, Long Beach's intervention was tailored to IDUs, FSPs and FST. New York also targeted FSP, whereas Seattle's campaign was based around reaching IDUs, MSM-ngis and YHRs. Therefore, each city had a unique target population that they were endeavouring to reach through the ACDP (Fishbein et al., 1997).

The ACDP created materials that were in a traditional format of pamphlets, community newsletters, brochures, fliers and baseball cards. These materials contained comprehensive information about AIDS/HIV. The level of English had to cater for a wide range of literacy levels in the target populations. These materials also contained instructions on how to use condoms and bleach effectively and safely as well as sections on upcoming events that may interest the readers. Included in these materials was also information about health services that may be of use to the target audience, for instance drug treatment centres or homeless shelters. However, most importantly, these materials contained role model stories (Fishbein et al., 1997).

As Nancy Corby, Susan Enquidanos and Linda Kay (1996) note, "this intervention (the ACDP) employed written materials containing stories of risk-reducing experiences of members of the priority populations" (p. 1). According to Fishbein et al. (1997) using role model stories within the intervention material is a technique derived from behavioural journalism. McAlister, Johnson, Guenther-Grey and Fishbein (2000) commented that this technique is of great use to public health education because of its journalistic format. This technique of role model stories has been utilised successfully within the North Karelia Project as well as some cancer education projects implemented in Texas, USA.

As Corby et al. (1996) posited, "the use of role model stories in behaviour change efforts is an example of a well-researched theoretically based strategy that has demonstrated its utility in a range of situations" (p. 1). They continued to reinforce how being informed about another person's behaviour change and the related benefits of that change, may effect one's norms, beliefs and attitudes towards changing their behaviour, which in turn could prompt them to adopt a new safer behaviour. This idea supports Bandura's theory of social cognitive learning, whereby

the viewing of these role model stories could persuade an at-risk person that they too are capable of achieving a new behaviour.

Finding appropriate role model stories was implemented in a systematic manner, as Corby et al. (1996) highlight. Through the process of researching the target populations and their behaviours, ACDP researchers and developers then sought out 'potential' role models to write stories for the small media materials. One way of locating role models was at associated HIV/AIDS, STD or drug treatment facilities. Corby et al. (1996) wrote that, "good role models don't have to be perfect practitioners of the target behaviours. The appropriate role model is an individual from the priority population who has made some change in a positive direction" (p. 3).

Importantly, the stories also had to exhibit a movement by the role model along the stages of change continuum (Corby et al., 1996). After possible role models were sought, interviews took place to ascertain the appropriateness of the candidate. Once again, interviewees were paid for their time and open ended questions were asked about their past association with risk behaviours and the steps that they took to adopt safer behaviours. After this process, the story was written either in first or third person. The format either included a story and photo, a photo novella or a comic strip explaining the role models' endeavours. The language used was comprehensible to people at all levels of literacy. These stories were anecdotal, with the use of appropriate language at a grade one level standard, and accompanied by a photo (Corby et al., 1996). Additionally, stories were site specific, so that people within a certain community could read about role models from their particular area (Guenther-Grey et al., 1996).

In summary, the small media materials were in the format of fliers, pamphlets, posters and baseball cards and contained information about AIDS/HIV as well as instructions on how to use condoms and bleach effectively and safely. A section on upcoming events that may interest the readers was included, alongside information about health services available to the target populations, for instance drug treatment centres or homeless shelters. In addition to the informative section of the material, there were role model stories that gave testimonies of people who were in the at-risk category, but who had adopted new behaviours in order to lead a life safer from HIV contraction.

One of the unique characteristics of the ADCP was the distribution technique used. 'Peer networkers' were recruited as distributors of the small media materials. As Guenther-Grey et al. (1996) stated, "across cities, the project successfully recruited persons in one or more community networks to distribute small media materials, condoms and bleach kits and encourage risk-reduction behaviours among community members" (p. 1).

They defined a peer networker as,

A person who a) is from the population or community at-risk of HIV infection, or who frequently interacts with at-risk persons, b) may share the norms, attitudes, beliefs or behaviours of those at-risk, and c) is recruited into a community or network created by a health promotion program for the purposes of distributing health promotional information and materials within the community (p. 2).

Therefore, the ADCP developed small media materials and encouraged interpersonal interaction and communication between peer networkers and the at-risk population. Like the recruitment of role models, the finding of peer networkers was methodical and organised. Appropriate networkers were identified through the process of formative research. These candidates could then bring their friends and peers to be considered as peer networkers. The training of peer networkers was an important process. In order for this technique to be effective, networkers had to learn how to identify target at-risk people effectively, and to approach them with the small media materials (Guenther-Grey et al., 1996). In addition, peer networkers were also required to discuss the role model stories with respondents. Guenther-Grey et al. (1996) highlighted that the networkers enjoyed their volunteer work and found that they could form bonds with each other.

An additional group of networkers was used in all sites, except New York. These people were members of the local business community, community leaders and others who interacted with the at-risk populations. They were therefore not true peers, but instead people who had daily interactions with at-risk people, for example, shop keepers, pub owners etc. The main emphasis was to use people who the at-risk community members trusted, and who they would listen to as distributors of intervention material (Fishbein et al., 1997).

Evaluation

Outcome evaluations were used during the final stages of the project's duration to gauge the effectiveness of the ADCP. It was categorised as a multi-site evaluation and Fishbein et al. discussed in 1997 (towards the end of the ADCP's duration) how the "process evaluation measures examined the implementation and diffusion of the intervention throughout the target community to determine if the intervention was reaching individuals in the target groups" (p. 123). The following paragraphs will outline the evaluation methodology that was used by the ADCP. Later in this chapter, an analysis of the project's results will be outlined.

Evaluation of the intervention was completed in stages. Firstly, potential respondents of the campaign were sought by anonymous field research interviews. These respondents were asked to complete a brief screening interview where they were asked about their demographics, their

risk of HIV contraction, and their overall ethnography. Those who met the criteria of being part of the target populations were then asked to attend a more extensive interview where they were questioned about their exposure to the intervention, and any behaviour that they had modified. Cash incentives were given to those respondents who gave up their time to complete the interviews (Fishbein, Higgins, Rietmeijer & Wolitski, 1999).

The evaluation stage used specific measures to assess the movement through the stages of change by respondents with regard to consistent condom use or bleach use and the consistent carrying of condoms at all times. In terms of gauging the respondents movement along the SOC model for consistent condom and bleach use, they were asked during the interview process for input of any observations that they had personally made in terms of information about HIV risk-reduction behaviour. Additionally, they were questioned about the source of the information in order to gauge how memorable the ACDP materials were, as well as whether they had actually talked to anyone from the ACDP project about risk-reduction behaviours. In order to gauge the percentage of at-risk people who had adopted the behaviour of constantly carrying condoms with them, respondents were also asked whether they were carrying a condom and if so, to show the interviewer evidence of this. 15 205 respondents were used to gauge the results of the ACDP project (Fishbein et al., 1999).

In addition to the interviews, it was important to get information about the retention levels of the peer networkers as well as the process of producing and distributing the small media materials during the project. Information was also gathered about the daily outreach activities provided to at-risk people. Comments made by 'key observers' (people who were not part of the at-risk populations but still interacted with them) about the changes within the at-risk populations due to the ACDP were also recorded during the evaluation stage (Fishbein et al., 1997). These, combined with the respondent interviews, were the basis for evaluating the effectiveness of the ACDP.

The results: A critical analysis

The first part of this section will include the ACDP results, which have been substantially sourced from the main outcome paper of this project (Fishbein et al., 1999). An analysis of these results, alongside a critical look at the ACDP, will follow this section, which will include sources that are not affiliated with those in the project team.

Part one: The empirical results

The outcome paper divided the results into five categories: exposure to the intervention, use of bleach and clean injection equipment, condom use with a main partner, condom use with a non-

main partner and observed condom carrying. The CDC/ACDP researchers, using the evaluation techniques detailed in the above section, formulated the following results (Fishbein et al., 1999).

Exposure to the intervention increased throughout the duration of the project. During the second month of the intervention, only five per cent exposure was recorded, in comparison with 54 per cent during the 27th month of the intervention. Therefore, it was concluded that over half of the at-risk target population had been reached within the five sites that implemented the ACDP intervention. It must be noted, however, that there was a small degree of cross contamination. It was calculated that between three to six per cent of people within the control communities had been exposed to the intervention (Fishbein et al., 1999).

Not all sites were able to give accurate information about the outcomes of the project. The main results gathered gauged condom use during vaginal sex for both the main partner and the non-main partner groupings. Under the main-partner category, information from 9 457 respondents was gathered. At the beginning of the intervention, most respondents were in the precontemplation stage of the SOC model for condom use with a main partner. In the final stages of the intervention it was recorded that there was a 41 % increase in consistent condom use with a main partner. There was only a 21 % increase in the comparison communities. Therefore, it was concluded that there were significant positive changes within the target population that had been exposed to the intervention. In terms of the SOC model, these results were evidence of a movement along the continuum, which was credited to ACDP exposure (Fishbein et al., 1999).

“The intervention addressed condom use with non-main partners in all of the intervention communities except the two FSP community pairs” (Fishbein et al., 1999, p. 9). In total, 7 760 respondents were used for these results and it showed that those in the exposed communities adopted safer behaviour five times more often than those in the comparison communities. The ACDP intervention was therefore very successful in terms of motivating people to move along the SOC model with regard to consistent use of condoms with a main and non-main partner.

With regard to whether respondents were carrying a condom at the time, this category also displayed significant positive changes. At the beginning of the intervention, it was noted that 17.4% of people in the communities carried condoms with them. By the final stage of the intervention, it was discovered that 30.2% were carrying a condom with them. However, in the comparison communities, only 18.9% were consistently carrying condoms with them, compared to only 18.5% at the beginning of the intervention period. Therefore, these results indicate that those who were not exposed to the ACDP, had no significant increase (only 0.4%) in carrying a condom with them at all times (Fishbein et al., 1999).

Even though Fishbein et al. (1999) summarised, “Across all waves, respondents who had been exposed to the intervention had higher scores than those who had not been exposed” (p.7), the results for consistent bleach use for cleaning needles were not considerable or significant. Those exposed to the intervention that adopted safe bleach use only increased by 8%. However, there was a decrease in safe bleach use by 10% in the comparison (control) communities. So those exposed to the intervention did change behaviours more successfully than those not exposed to the ACDP.

As a concluding note, even though the evaluation of respondents’ answers was implemented largely through a system of self-reporting (which can be inaccurate at times), for example, that respondents had consistently used a condom for the last three months during sex, the results gathered from the observed condom carrying evaluation corresponded well with the results from the categories that relied heavily on self reporting. This substantiated the self-reported results (Fishbein et al., 1999).

Part two: A critical analysis

Fishbein and colleagues (1999) commented in detail about their perception of the ACDP results. These were documented within the project’s main outcome paper, which was issued in the *American Journal of Public Health*. They (1999) highlighted how “these findings indicate that the ACDP intervention reached the target population and motivated them towards adopting HIV risk-reduction behaviours” (p. 9). Seeing that the two main aims of the ACDP were to reach target populations and motivate people to move along the SOC continuum, Fishbein and colleagues concluded that the project was a success. They believed strongly that use of the SOC theoretical model in the project design was effective in changing behaviours. They felt that this was vital to the success of the ACDP. It was particularly commented how effective the use of community members (peer networkers) was in the delivery of the risk-reduction material (Fishbein et al., 1999).

McAlister et al. (2000), who were also part of the ACDP development team, highlighted that “other reports of the success of the ACDP in promoting community-level progress towards consistent risk-reduction have been published” (p. 8-9). These reports have acknowledged that there were few, if any practical problems with implementing the campaign within the given communities. Similarly, only a moderate amount of training was needed for the peer networkers, which proved to be time and cost efficient. McAlister and colleagues (2000) also praised the use of behavioural journalism within the ACDP project. They stated that in “behavioural journalism, theoretical determinants of behaviour change are used to formulate questions for interviews with

early adopters or peer models” (p. 2). McAlister et al. were also positive about the suitability of the role model stories within this project.

However, staff and developers of the ACDP did highlight, through various reports, some of the limitations and downfalls of the project. In a 1996 volume of the *Public Health Reports*, Guenther-Grey et al. (1996) highlighted the problems that the staff had with the peer networkers. One was the high turnover of the volunteers, due to the various lifestyles of the peer networkers. There were times when some had been imprisoned, which obviously prohibited them from their volunteer work, and peer networkers often displayed a lack of motivation at times. However, Guenther-Grey et al. (1996) highlighted how the staff became proactive about this problem. For example, staff organised facilitation meetings, which included some extra training for the volunteers, to refresh their knowledge of the materials and motivate them to continue disseminating messages to the public. The staff also began to offer advocacy for the volunteers, ranging from advice on drug rehabilitation units to classes on budgeting and saving schemes (Guenther-Grey et al., 1996).

Another difficulty that staff experienced with facilitating the peer networkers training sessions, was seen during the use of role-plays. Role-plays were used to guide the volunteers on how to best interact with the target populations when disseminating materials. It was noted by staff that the volunteers did not enjoy this process and felt uncomfortable at times. It was a concern, therefore, that this awkwardness would permeate into the peer networkers’ interactions with people during the distribution of materials. This may highlight that improvements to the training sessions were needed to optimise the learning that volunteers had to go through in order to effectively distribute and advocate the intervention material to the public (Guenther-Grey et al., 1996).

However, Guenther-Grey and colleagues (1996) summed up these limitations by stating that on the whole, staff felt that the peer networkers did disseminate a wide variety of very useful and appropriate information. As it will be substantiated later in this chapter, researcher Jeffrey Kelly (1999) praised the ACDP for involving the community in this way, as he believed that it optimised the benefits of any risk-reduction campaign. Further input from the ACDP staff was voiced through Fishbein and colleagues (1999) who highlighted that the presence of the peer networkers was important as, “they served as a steady reminder of the risk reduction messages disseminated by the ACDP and provided ongoing reinforcement of behaviour change efforts” (p. 9). Therefore, it can be concluded that the use of peer networkers was an important and, on the whole, an effective tool for disseminating material. There were, however, a few facilitation problems with the training and retention of the networkers, but Fishbein et al. (1999) highlighted that staff acknowledged these concerns and made efforts to remedy them.

A further limitation of the ACDP, which was documented as having surprised staff, was the minute increase in motivation change within the IDU population with regard to consistent bleach use to sanitise needles (Fishbein et al., 1999). As stated in the 'empirical results' section of this chapter, there was only an 8% increase in consistent bleach use within the intervention-exposed target group. However this was a better result than those collected from the control communities, which actually only displayed a 10% decrease in using bleach. Fishbein et al. (1999) stated that during the intervention, federal changes in policy regarding bleach use were issued, which affected the messages disseminated by the ACDP. They suggested that this could have been a reason for the insignificant results as there were inconsistencies in bleach use intervention messages overall in America at the time.

As many of the comments made in this 'results' section have been made by those actively involved in the ACDP, a more independent review of the project is needed for this chapter. In my correspondence with CDC worker and ACDP contributor Richard Wolitski, I was advised to read and comment on an article written by an independent researcher called Jeffery Kelly (R. Wolitski, personal communication, 13 February, 2003). Kelly published his review in the same 1999 edition as the main ACDP outcome paper in the *American Journal of Public Health*.

Kelly's 1999 report made mention of the ACDP specifically as well as discussing and analysing the principles behind community-level interventions (especially HIV risk reduction campaigns) overall. The report was, on the whole, a very positive and encouraging response to the ACDP. Kelly (1999) stated early in his report that, "its success adds to our confidence that sexual and injection-related risk behaviour practices can be changed through theory-based, culturally-tailored approaches directed toward community population segments that remain at-risk of HIV infection" (p. 1). He also highlighted how any integration of a community-level intervention with the use of peer networkers has the fundamental potential to be both cost efficient and wide-reaching with regard to the dissemination of its risk-reduction messages. Therefore, he generally supported the suitability of the distribution techniques used within the ACDP.

However, Kelly (1999) commented how campaigns that solely counsel and educate individuals about the reasons for adopting a new behaviour, are not thorough enough. He posited that in order to effectively change individual behaviour about many societal issues, community norms, beliefs and attitudes had to be changed. This would then act as a more powerful force in motivating individuals to adopt safer behaviours. Kelly gave the example of recent statistics in America about an increase in smokers quitting their habit. Kelly highlighted how this trend was not, in his understanding and experience, due to individuals contacting advocacy groups for

information and support. It was instead due to the increasingly negative social attitudes throughout communities, and changes in overall social policy that emphasised how smoking was unhealthy and not acceptable, thus motivating individuals to quit. The same principle applies to HIV risk reduction. Even though Kelly praised the ACDP for adopting measures that targeted the community as well as the individual (for example, by peer networkers distributing role model stories from members of the community who had adopted safer behaviours) he argued that more structural changes were needed to ensure the long term sustainability of issues like HIV risk reduction.

Kelly (1999) extended his analysis to comment on the need to structurally enhance community-level approaches.

All HIV prevention community interventions reported to date in the literature, regardless of their level of statistical outcome analysis, have examined the risk behaviour characteristics of target population members as study endpoints. This is certainly appropriate, because of the behaviour of individuals either creates HIV risk or protects from risk. However, community-level HIV prevention programmes, if they are to have truly enduring effects, should do more: they should also durably changes the services, social structures, resources, capacities and policies of a community in ways that can sustain risk reduction. Community-level interventions with this broader focus, in addition to the promotion of individuals' behaviour change, might also try to bring about change in key indicators of community AIDS safety (p. 3).

Kelly (1999) also highlighted that in order to structurally address HIV prevention, more knowledge is required about those groups or communities that remain 'vulnerable' to HIV. He advised, for example, that not all IDU communities are similar. They have varying and complex demographics and psychographics and cannot be uniformly targeted.

In his final comments, Kelly (1999) argued that community-level HIV interventions must be owned by the at-risk populations (within the community) not imposed on them, to ensure optimised empowerment and motivation. The ACDP demonstrated elements of this, for instance, the extensive research, interviews and analysis of the at-risk groups, the development of role model stories and the implementation of peer networkers. "We often view communities vulnerable to AIDS in terms primarily of their problems. Yet, these same communities have many strengths, the most important of which may be the altruistic desire of many community members to actively join in HIV prevention efforts to protect others" (Kelly, 1999, p. 3). This final comment draws together Kelly's belief about community-level interventions as being powerful mediums for motivating change, but unlike the ACDP, he argued that added sustainable structural changes within society are also needed to prevent many societal problems.

Conclusion

In conclusion, Kelly emphasised how HIV interventions like the ACDP need to be more multi-levelled to direct changes, not just in individuals, but their partners and families as well as their wider social constructs and institutions. Additionally, change needs to occur within policy and society as a whole, for risk-reduction interventions to be optimised. Therefore, for the ACDP to be a more thorough and effective intervention, wider structures in society would need to support and actively promote HIV risk reduction behaviours.

CHAPTER 5: Expert opinion- The suitability of integrating ACDP principles into a domestic violence public awareness campaign in New Zealand

Throughout the previous four chapters, I have explained and contextualised the foundations of my thesis. A theoretical framework of the causes of domestic violence has been outlined, alongside the sociological background of abuse in New Zealand. Chapter three highlighted the various public awareness campaigns that have been implemented since the early 1990s and chapter four importantly described and analysed the AIDS Community Demonstration Project (ACDP), which is the primary basis of my research question, which asks whether any of the broad principles of the ACDP could be used within a domestic violence awareness campaign in New Zealand. The type of campaign that I have chosen for the scope of this research question is one that would aim to empower victims of abuse to seek appropriate help from their situation. For purposes of clarity, I will refer to this as a 'victim-based campaign'. This chapter therefore will outline my primary research, including its methodology, a summary of my findings and the successes and limitations of this stage in my thesis.

In order to address the research question, I conducted a series of interviews with experts in the field of domestic violence prevention and after giving them information on the ACDP and its broad principles, asked questions to gauge their opinion about the suitability of using these principles within a victim-based campaign in New Zealand.

I decided on this particular research question because (as stated previously) evaluating the suitability of implementing the ACDP principles into a New Zealand victim-based campaign has not been undertaken before. In February 2002, the Ministry of Social Development (MOSD) released a policy document, *Te Rito*, which outlined the government's strategies to address domestic violence in this country. Action 13 of this policy document involved a public awareness/education strategy that began its development in July 2002, with an overall development period of four years. *Te Rito* did suggest the involvement of communities within the prevention communication, however, there was no focus on using community members and forming detailed role model messages across multiple key demographic groups, which was the main impetus of the ACDP. Therefore, this research question appears to have many topical and useful elements.

In my analysis of the ACDP, I concluded that the project gained some significant positive results. I was most interested in the comments by Jeffrey Kelly (1999), who gave a valuable critical analysis of the ACDP. His article in the *American Journal of Public Health*, is considered by CDC staff as the only critical analysis of the ACDP to date, and is especially useful as Kelly was not

affiliated with any of the project's development (R. Wolitski, personal communication, 13 February, 2003). In chapter four, I have acknowledged the limitations presented by Kelly, but felt that the positive feedback that he contributed was substantial enough to further my analysis of the suitability of implementing the broad principles of the ACDP into a victim-based intervention in New Zealand.

Methodology

The first methodological stage of my primary research was the completion of the AUT Ethics Committee (AUTEC) application form, which is required by any student or staff member at AUT to complete when proposing research that has elements which the committee feels need ethical consideration. Please refer to http://www.aut.ac.nz/research_showcase/pdf/guidelines.pdf for the complete AUTEC guidelines. The application was divided into eight sections that sought information about my proposed primary research ranging from Treaty of Waitangi considerations and implications, rationales for my investigation, detailed information about my research as well as my methodology, for instance the type of questionnaire or interview that I was proposing. The application also required an outline of how confidentiality of participants would be maintained (where applicable) and the ways in which information that I sourced would be secure from people not involved in the collection and analysis of data. I found this stage of my primary research stage challenging, as the committee was strict in whom they approved. Due to the nature of my research, that is studying within the field of domestic violence, my application was required to be very detailed and thoroughly considered.

As I wished to ask key experts within the field of domestic violence prevention their opinion regarding the suitability of integrating the broad principles of the ACDP into a victim-based campaign in New Zealand, I first proposed to send out approximately 40 questionnaires along with an information pack on the ACDP. On the advice of the AUTEC, I altered my methodology to instead include interviews with a smaller selection of experts whereby I would spend an hour with each respondent, describing to them the ACDP and then asking them about the suitability of its integration into a victim-based campaign in New Zealand. My revised application with this new methodological focus was approved by the AUTEC on September 16, 2003 for a period of two years.

The process which I used to seek appropriate respondents is known as the 'snowball sampling' technique (Arksey & Knight, 1999, p. 4). I first approached two key people within the field from AUT's Institute of Public Policy. These were researchers Dr Emma Davies and Dr Ian Hassall, who have both been active in family violence prevention programmes. I firstly emailed them with an invitation to be interviewed by me (please see appendix two), with an attached information

sheet (please see appendix three) that gave a detailed account of my research and a brief summary of the ACDP. Within this correspondence, I asked them to email me back if they were interested in being interviewed so that I could contact them via telephone to make a time convenient with them for an hour-long interview³. For both the Davies and Hassall interview, I conducted the interview in their respective offices and taped our dialogue on a dictaphone.

As part of the 'snowball sampling' process for seeking other interviewees, I asked both Davies and Hassall at the end of each interview for names of other experts that they felt, from their experience, would be suitable to be interviewed by me. From their suggestions I contacted Lou Renner from the Auckland District Health Board (ADHB), Dr Neville Robertson from Waikato University, Janet Lake from the National Collective of Independent Women's Refuges (NCIWR), Jo Elvidge from the Ministry of Health (MOH) and Jane Drumm from the Domestic Violence Center (DVC). It eventuated that I did interview Renner, Robertson, and Elvidge. Lake and Drumm suggested by email more suitable people from their organisations that I may like to interview. These were Sheryl Hann from the NCIWR and Holly Carrington from the DVC, both of whom I contacted and interviewed. I did invite the Ministry of Social Development (MOSD) to take part, however this did not eventuate, due to heavy work commitments within the Ministry and the restricted timeframe in which I was able to conduct my interviews⁴. Therefore, in total, I interviewed seven key experts, making my research qualitative in nature and scope. As I wished to gain detailed insights from my interviews, a small sample of experts was more applicable than conducting a lengthy quantitative study with numerous respondents. As Hilary Arksey and Peter Knight (1999) explain, "qualitative research is less interested in measuring and more interested in describing and understanding complexity" (p. 5).

For most of my respondents, I conducted face to face interviews, using a cassette dictaphone. However for those respondents who lived outside of Auckland, I conducted telephone interviews, using a computer package called SoundForge. This latter type of interview was conducted for Robertson (in Hamilton) and the Wellington interviewee, Hann. Even though, overall, I found using the dictaphone and SoundForge equipment useful, there were a few technical limitations. For instance, with the dictaphones, any external noise within the respondents' offices easily masked the dialogue, which ultimately made the post-interview transcription difficult. Even a switched on computer in the same room created interference to the recording of the interview. With regard to the computer-phone interviews, transcribing the end product was much easier as the recording had no external interference. However, a few technical difficulties presented

³ Please note: This process was used for contacting all of my respondents.

⁴ However, I have extensively looked at the MOSD's (2002) *Te Rito: New Zealand family violence prevention strategy*, as well as the recent literature review by Emma Davies, Heather Hamerton, Ian Hassall, Clare-Ann Fortune and Ida Moeller (2003), which gives an analysis of Action 13 of *Te Rito* (Public education/awareness).

themselves with the computer-phone interviews. For example, with the Robertson interview I was unaware that the computer was set to an automatic twenty minute shutdown powersaver command. This resulted in some of the interview being lost. Fortunately, the part of the interview that I did salvage was extremely useful for my analysis.

In terms of the different dynamics of conducting a face-to face versus a phone interview, I did observe differences. For example, overall I found the face-to-face meetings much easier to conduct as I was able to gauge body language and build a more effective rapport with my respondents. I found that the phone interviews were more challenging, especially in judging silences and creating a connection with those interviewees.

For all of my interviews, respondents were required to understand and sign the consent form that I provided (please see appendix four). This form was signed by respondents as validation that they agreed to the interview and the taping of dialogue as well as understanding the subject matter of the interview. At the beginning of each interview I explained the contents of the form and ensured that the respondent understood the process of the interview. For the face-to-face interviews, these consent forms were able to be signed by my respondents that day. With regard to the phone interviews, I emailed those respondents the consent form and they were able to mail this to my home address.

The consent form also had two important options pertaining to the level of confidentiality that my respondents wished to maintain. The respondent could choose to allow any of their comments to be used within my thesis, or have certain areas of the interview remain confidential. For the latter option, respondents were able to indicate when I sent them the transcription of the interview, where they wished anonymity to be maintained.

My respondents also received a detailed fact sheet about the ACDP, that they could follow during the interview while I briefed them on the US project (please see appendix five). Respondents received this fact sheet at the beginning of face-to-face meetings or were emailed it on the day of the phone interviews. Not all respondents chose to use this fact sheet. However on reflection, I feel that it would have been more beneficial to provide my respondents with this detailed fact sheet a week prior to the interview and to ask them to read through its contents before our meeting, in order to give them a point of reference. I came to this conclusion when conducting the Hann interview (from the NCIWR). I had emailed her the fact sheet a week prior to our phone interview and she read through it thoroughly so that I was able to discuss my analysis with her and engage in the questions more effectively as I did not have to spend lengthy time briefing her on the ACDP.

Each interview was transcribed word-for-word, excluding common fillers, for example “ums”. Each respondent received the full transcription (via email) of their interview in order to check the accuracy of my transcribing (for example, of their comments and spelling of certain words and proper nouns). This was also a valuable process and most respondents were quick at returning revised scripts via email. Some respondents also sent me extra readings that were useful for my research.

After the respondents had approved all transcripts, I began summarising the data (see below). I was able to organise respondents’ comments to each of my questions, by cataloguing what each respondent said for each question as well as documenting extra comments that were made outside of the question’s framework. These extra comments were important as they gave further insight into my topic. Chapter six contains my analysis of respondents’ comments in relation to my original research question.

The questions and answers

The interviews that I conducted can be described as ‘semi-structured’. As Arksey and Knight (1999) explain, semi-structured interviews are the “commonest in qualitative work” where “main questions and script are fixed, but interviewers are able to improvise follow-up questions and to explore meaning and areas of interest that emerge” (p. 7). As previously mentioned, I spent the first 15-20 minutes briefing my respondents on the ACDP. This included a description of the project and its developmental elements as well as an analysis of the success and limitations of the project. Appendix six gives an outline of this brief. After this stage, I allowed respondents to ask any questions of clarification and then I began the question and answer phase of the interview. Four interviews followed this format, but the other three followed a different pattern, whereby we veered away from the original question and answer format and discussed, predominantly the need for perpetrator-focussed, rather than victim-focussed campaigns. These proved invaluable to my research and gave the analysis of my research question much substance. Before I summarise my respondent’s comments, I will briefly outline the scope of my questions.

Firstly I asked my respondents to give a brief outline of their contributions to the field of domestic violence prevention. Even though I knew some of their contributions prior to the interview, it still was important to contextualise their comments. I then briefed them again (for about one minute) on the main broad principles of the ACDP before launching into a series of questions (please see appendix seven). I designed these questions to ask respondents their opinion of the suitability of integrating various elements of the ACDP into a victim-based campaign in New Zealand. I made it

clear that the type of campaign that I was hypothesising, was one that would aim to communicate with and empower victims of domestic violence so that they could seek appropriate help from their situations. Therefore, I asked open questions about whether the site specific nature, the behavioural theories used, the methodological stages undertaken and the use of role models and peer networkers could be integrated successfully into a domestic violence campaign in New Zealand. I asked their advice about other behavioural theories that may be more beneficial to use in the development of a campaign for domestic violence and how easy it would be to target at-risk groups (that is, victims of abuse). I also asked my respondents whether they agreed with Kelly's argument that individual-focussed campaigns are beneficial but more structural⁵ changes need to be implemented to ensure more effective prevention of societal problems. Within the framework of these questions, some interesting arguments arose.

The following section will contain a summary of my interviewees' responses to the questions. I have decided, for purposes of clarity, to head up each respondent and discuss their comments to all questions, instead of listing each question and the responses to each.

Dr Ian Hassall (I. Hassall, personal communication, 21 October, 2003)

This interview was conducted on October 21, 2003, at the Institute of Public Policy in Auckland. It was a face to face interview, using a dictaphone to record our dialogue. This interview began with my brief of the ACDP, followed by my set questions and Hassall's responses to each. In total, the interview lasted 60 minutes.

Hassall is currently a researcher for the Institute of Public Policy, and has recently worked with Dr Emma Davies on various government-related literature reviews. They have collaborated on the Building Tomorrow child abuse awareness and interagency project. Hassall is the Former Commissioner for Children, a trained medical doctor and has worked previously for the Domestic Violence Centre (DVC) as an 'educator', where he ran training sessions for DVC workers on dealing with domestic violence cases.

When asked whether, to his knowledge, an ACDP-type programme had ever been run in New Zealand for the purposes of domestic violence awareness or helping victims of abuse, he answered that he was not aware of any. He highlighted that major national campaigns have been run by the NCIWR, but that these were not community-level initiatives.

⁵ Please refer to Jay Belsky's **four-levelled** ecosystem model on p. 18 of this thesis. The 'structures' in society that can perpetuate the cycle of violence are defined under the third and fourth levels of the ecosystem of family violence. These are the exosystem level (eg. legislation, court procedures, police responses) and macrosystem level (eg. cultural and social norms). Therefore, in chapters five and six, reference will be made to structural changes that my respondents recommend. These refer to changes recommended within the exosystems and macrosystems of the ecosystem of family violence (Loue, 2001; Bersani & Chen, 1988).

He felt that there would be a lot of benefits for running a site specific intervention in New Zealand for the purposes of a victim-based campaign and when asked about the integration of the ADCP behavioural theories into such a campaign, he answered, “I believe very much in theoretical models. I mean all they are, are your explaining to yourself why you are doing what you are doing”. He favoured the use of social marketing theory and the methodology displayed by the ADCP. Additionally he advised that the integration of community development models into the framework of such a campaign would be beneficial. He gave me some important readings about community development theory that I have used in chapter six.

Hassall favoured the process of implementing extensive formative research (which was a key principle of the ADCP) before the start of any community level campaign. He argued that, “there are some people who think that they know all about the communities that they are dealing with and how they function and so on, and I think that’s just nonsense. I think formative research is absolutely essential”. He agreed with integrating the community into the formative research stage, that is asking each specific community (as the ADCP developers did), the benefits and costs of changing their behaviour.

I asked Hassall what advocacy organisations he felt would need to be used for a victim-based campaign. The ADCP had used organisations ranging from drug treatment clinics to at-risk community gatekeepers and even bar owners and workers who interacted with and knew the ethnography and behaviours of the at-risk communities. Hassall advised that it would depend on the various communities. For example, within Pacific Island communities, their churches and specific media that they consumed would have to be consulted and used. For the Korean community, the *Korean Language Newspaper* would be an influential channel to use and to consult. He argued that the developers of a victim-based campaign would first need to seek out the “organs of communication” for each community and then discover who were the gatekeepers in these groups to consult. Subsequently, one would need to liaise with the Ministries of State and Departments, for example the MOSD, MOH, Ministry of Internal Affairs, Te Puni Kokiri etc as well as organisations such as the NCIWR, DVC, Hamilton Abuse Intervention Project, Doctors, Lawyers and Police. He gave a list, that was more exhaustive than the ADCP’s, but with some important overlaps, for example, the use of community groups, gatekeepers, clinics and government departments.

Hassall contributed widely to my information regarding who to target for a community level victim-based campaign in New Zealand. My research question proposed targeting victims of abuse to empower them to seek appropriate help from their situation. Hassall suggested a more “multi-

phasic" approach, by which he meant that many levels of the community could be targeted and involved in a campaign. This critiques the individualised focus of an ACDP-type programme. He argued for a more structural approach to change (for example, addressing welfare state and patriarchal problems in New Zealand), instead of a campaign aimed at individual behaviour change (that is, a woman seeking help). Hassall stated that, "domestic violence arises from a pervasive community attitude and set of behaviours, so there are a whole lot of different parts to that. So when thinking about theories, you could put it into a structural level. Its about oppression of women because of the privileging of men". Therefore, his stance takes on a ecological view of how to prevent domestic violence, addressing every level in society that contributes to the perpetuation of abuse. This view was supported by many of my other respondents.

Additionally, Hassall stressed that the prevention of domestic violence needs every level of society to be giving the same message, which he says should be a "zero tolerance to violence". He feels that teachers, politicians, doctors, nurses, Plunket and the media as well as communities and families need to be advocating the same message and committing to it.

He also argued that targeting segments of the population was logistically achievable. Some of my other respondents were sceptical about the logistical possibility of targeting, for example women being abused as well as abusers themselves, as the target audience would be too fragmented. However, Hassall believes that any population can be fragmented in any way, and still be effectively reached by a campaign.

Hassall was very positive about the integration of role models into a victim-based campaign, as was displayed within the ACDP. He felt that this technique has been implemented well overseas, but advised that it may be difficult to find role models, as a domestic violence survivor would need to be very strong to fulfil such a role. Hassall also argued that overall the real challenge would be in presenting their stories in such a way that was truly motivating to a victim of abuse. Similarly, he was positive about the integration of peer networkers into a domestic violence campaign, but advised that research would be needed in order to discover who the target community would listen to.

Overall, Hassall felt that the scope of my question and hypothetical campaign focus (that is, victim based, motivating them to seek help) was "fair" and could be measured by the number of women using help organisations.

Dr Emma Davies (E. Davies, personal communication, 4 November, 2003)

This interview was conducted on November 4, 2003 at the Institute of Public Policy and, like Hassall's, was a face-to-face interview, using a dictaphone to record our dialogue. Similarly, the interview began with my brief of the ACDP, followed by my set questions and Davies' responses to each. In total, the interview lasted 60 minutes.

Davies has a doctorate in Psychology and has mostly worked within the field of child abuse intervention, but has spent time in the United Kingdom helping at refuges and Rape Crisis. Alongside her colleague, Hassall, she is a researcher for the Institute of Public Policy. Recently, she and Hassall helped write a literature review for the MOH regarding Action 13 of *Te Rito*, which pertains to the need for public awareness campaign for family violence prevention. As mentioned previously, Davies and Hassall set up the Building Tomorrow project.

Before I asked any of my questions, Davies showed support for my research question's frame of thinking. She highlighted that the recent literature review for the MOH was in line with my community-level focus. She stated that "We didn't actually look at this programme (ACDP) but some of the broad principles, the broad frame of reference and the way you are thinking in relation to that is very consistent with what we have done". Therefore, the interview began on a positive note and Davies contributed some helpful comments as the next stage of our interview unfolded.

Davies knew of no abuse intervention campaign similar to the ACDP in New Zealand, that had integrated its community-level principles. She stated that the nearest project would be the state-led Everyday Communities, but she added that this campaign only paid "lip-service" to the issue of abuse prevention, due to the lack of resources and effective funding. Davies stressed that when a non-government organisation (NGO) or government body has the choice to implement a mass media campaign or a community level project, the mass media alternative will often prevail, which she feels is not cost efficient. To illustrate, she gave the example of the government's recent \$11million funding for an anti-hitting campaign that she believes will be spent too quickly on mass media elements. Davies therefore believes that there could be an argument for the funding of community level initiatives as they would simply not waste large amounts of money on mass media production that overall do not target groups as the messages are too broad. She argued that it would be challenging, however, to persuade the government to fund a community initiative, as there have not been any cost benefit analyses completed to support such a request. She did say that Massey University's SHORE organisation has implemented drug and alcohol prevention programmes based on community development models, which have some similarities

to the ADCP. However, she did not know of a comparative domestic violence prevention venture being implemented in New Zealand.

Davies thought that the ADCP's social change and motivational perspectives would work for abuse intervention communication. She added that any abuse campaign needs to be firmly based on the Duluth 'power and control' model as well as other causal perspectives like the theory of learned helplessness, in order to develop a sound understanding of abuse. She also stressed that these ways of understanding abuse need to be recognised by the communities, so that people stop simply asking "Why doesn't she just leave" and instead develop a more holistic understanding of abuse and what needs to occur to prevent it.

Davies regarded the ADCP's extensive research stages as being essential, but advised that obtaining funding for it would be challenging. Davies introduced some valuable critiques of the ADCP's methodology. She argued that community development projects need to be owned by the community, therefore an external group can advise and facilitate a framework, but it is the community itself that must direct the whole process. Davies suggested that an external group could feasibly begin a stage of formative research and outline some processes, but then ensure that all the information was given to the community to develop the project as it saw fit. Davies stated that this is very challenging, as the community may make mistakes, but for genuine community development projects, this involvement is essential. The ADCP still had quite a dominant presence of external developers from the CDC who had quite a bit of control over the project itself. For instance, Fishbein et al. (1997) comment extensively on the input by "project staff" (p. 127) in their analysis of the ADCP.

Davies also made some important comments about using individuals to induce behaviour change within a community. Like Hassall, Davies argued instead for "matrices of development" whereby many levels of the community and society would be targeted by a campaign. She felt that targeting "at-risk" women was not necessary because, firstly, there is never one particular group that you can isolate, as abuse victims are entrenched within every level of the community. Secondly, she believed the benefit of a community-level intervention would be through targeting the wider community, including not just those at-risk, but their families, neighbours, social structures and the authorities. She argued that this would enhance social responsibility and community responsiveness to abuse and would be a major force of prevention because of the communities' capacity to actually advocate zero tolerance to violence.

I asked Davies which organisations should be involved in the development (or facilitation) of an ADCP-type victim-based campaign. She felt that this type of campaign should be run through

local governments. She believed this to be a preferable channel, because NGOs such as Refuge and DVC would become involved in the facilitation of such a campaign. She highlighted that this would hopefully avoid the “territorial stuff that goes on”. She supported her stance by citing Waitakere City Council as being very active and efficient in implementing similar types of community projects.

Davies was positive about the use of role models and peer networkers within a community-level abuse prevention campaign. She was even more favourable about the idea of peer networkers, as she is a firm advocate of any work that uses as few non-community members as possible. However she still queried whether one could ascertain who was at risk of domestic violence and therefore find an appropriate type of peer networker. In terms of role models, she doubted that a woman would be motivated to use a help seeking organisation, just because she had read a story about another who had achieved this step. Davies argued instead that more reinforcement is needed to support a woman leaving her abusive partner, that is, more structural and community focussed responses to the prevention of abuse.

Finally Davies, like Kelly, argued that structural change is a vital precursor to individualised, community-level interventions. She emphasised that “our structures and our systems simply don’t operate to support and facilitate people doing the work. It’s all silent funding. It’s small NGOs competing for tiny amounts of money with other small NGOs. These sorts of things make doing something like that (ACDP, community level), for a small NGO, absolutely impossible”.

Lou Renner (L. Renner, personal communication, 10 November, 2003)

This face-to-face interview was conducted on November 10, 2003, at the ADHB’s West Auckland Office and followed the same format and the previous two.

Renner works for the ADHB as a Family Violence Prevention Adviser, and has held this position for three years. Prior to this appointment, she worked for eleven years as the co-ordinator of the Inner City Women’s Group and she has worked extensively within the NCIWR, which included being part of the National Collective’s Core Group.

Renner talked generally about the various domestic violence campaigns that have occurred in New Zealand. She highlighted that they are usually very small scale and very localised. She stressed that the nationwide NCIWR annual appeal is really only a fundraising venture and does little to change behaviour within society regarding the prevention of abuse. She acknowledged that most programmes or campaigns are “response-based”, aimed to help victims who are at the tertiary or crisis stages of abuse. For instance, a common campaign will involve the displaying of

posters with information about where a victim of abuse can seek help. Renner noted that these are seldom researched and definitely not structural or ecological in their aim to prevent abuse. She argued that this is due to a lack of funding and resources, alongside a focus by agencies to use the money that they have on dealing with crisis. She added “When you are doing that, there is an enormously limited capacity to shift your function round to be dealing with something that’s a bit more upstream”. By “upstream”, Renner was referring to a more primary prevention venture with a greater focus on social change as a way to prevent abuse.

Even though Renner applauded the ACDP’s site-specific nature, especially in terms of the researching of each site that occurred, she agreed with Davies that in terms of integrating this principle into a victim-based campaign, one must be careful of the “invisible” domestic violence community. In other words, there is no generic geographical area or socio-economic, cultural or religious group that predominantly experiences abuses. She warned that it would be challenging to locate victims of abuse in New Zealand, for the kind of campaign that I was hypothesising. She remarked, “How do you define it? How do you access it? Where do they gather so that you are going to get peer people that can actually pass that stuff around?”

Renner also argued that using the ACDP’s behavioural theories within a victim-based campaign may be invalid. As she has a strong practical basis within the field of domestic violence intervention, she understands that a woman who is being abused may be strongly motivated to leave, however may face many structural barriers within society that will prevent her from leaving. For example, Renner highlighted how a victim of abuse is most in danger of being killed by her partner in the first two years of her leaving. Police in New Zealand cannot ensure any woman’s safety; this is often displayed in the numerous breaches of protection orders that occur each year. Renner argued that a woman may stay “To keep her abuser in her sights, to know his next move”, and contended that theories of motivation are not important if a woman is not 99.9% guaranteed the safety of herself and her family if she leaves. Also she stressed that a person can take control of HIV risk reduction personally, but for a victim of abuse the control is their partners.

Renner favoured the research base of the ACDP, and said that it would be “essential” within a campaign countering abuse in New Zealand. “I think that that’s essential, very hard to do but essential. Absolutely I agree with getting information about what works within a local community, who your key resources are and that kind of stuff”. She was positive about the process as it “engaged the communities”, however was concerned that due to the complexity of abuse and the “invisible community”, it may be challenging to research effectively, and it may take a whole generation-span of research to ascertain which variables would work within a victim-based

campaign. She said that the methodology used for the ACDP's formative research would therefore need to be altered when integrated into research for a victim-based campaign.

Renner supported the use of relevant helping organisations within the development of a victim-based campaign, however she queried the presence of stand alone advocacy organisations in this country. She argued, "Firstly, we don't have advocacy organisations. They don't exist. What you have is organisations that have service provision commitments to a particular section of the population. So anybody who is doing advocacy work, is going to be trying to do it on top of everything else". This, she highlighted was due to a lack of time and capacity within many organisations. She stressed that it was not due to a lack of passion within the field. However she did say that the important network organisations for a domestic violence campaign in Auckland would be: Safer Auckland Families Through Intervention Networking (SAFTINET), South Auckland Family Violence Prevention Network (SAFPN), West Auckland Violence Education Services (WAVES) and the North Harbour Family Violence Network. Therefore using the important "clusters" within key geographical areas, Renner believes would be effective as you could then combine resources and enhance the capacity of a campaign. She added that CYFS would be an important channel to source funding from and then they could help integrate a programme into the various family violence networks throughout the country. She advised, though, that an ACDP-type victim-based campaign would have to begin as a pilot, within a small geographic area, to ascertain whether it would work on a national, community-specific basis.

As the ACDP involved role models and peer networkers as one of its key community level initiatives, I asked Renner the applicability of integrating such techniques into a campaign for victims. She favoured both, but found logistical problems with integrating them. For example, finding role models and peer networkers who have survived domestic violence and who are strong enough and willing to be a public advocate for a campaign would be challenging. She highlighted that even though these women would have "enormous credibility" (and are used by refuge and other core intervention organisations anyway), they can often feel very protective of their family's safety and privacy, and therefore may not be willing to become role models or peer networkers. "I absolutely respect that decision to prioritise that stuff. And there may be a time when that's no longer necessary, but actually for the moment that might be the most important thing that person, that woman can do". Additionally Renner stressed that incorporating elements like role model stories into a campaign still does not account for the lack of safety provided for women to leave abusive relationships. We discussed Maslow's hierarchy of needs model, and how a person will not change their behaviour if their basic needs (like safety and shelter) cannot be met. We agreed that this model explains the challenge that women face, when in an abusive relationship.

Renner had some important critiques of my hypothesis that have greatly benefited my overall analysis. Firstly, she was concerned that finding and communicating with victims of abuse through a campaign has safety issues. As previously mentioned, victims are challenged by the “sieged walls” that construct their relationship, therefore making leaving as well as allowing a peer networker into their sphere very dangerous. Renner suggested instead that targeting of an entire population, may structurally be more effective. Therefore taking away the personal element of my proposed campaign direction (that is, motivating victims to seek help) and instead addressing the whole of New Zealand, at every level (within families, communities and society).

Secondly, Renner maintained that, unlike the ACDP, structural changes need to occur to truly prevent domestic violence. This supports Kelly’s critiques of the ACDP. She believed that structural changes need to occur on many levels. The first she felt, involved the establishment of a supportive environment for women and families alongside beneficial public policy that supports a zero tolerance to violence in society (for example, making changes in welfare state practices, with the introduction of genuine pay equity and subsidised child care). She stressed that all levels of society need to begin understanding that abuse is not just a personal family issue, it is instead a system issue, whereby it is society that permits it to occur. She argued that more attention needs to be paid to educating people about what constitutes a healthy relationship, as well as reworking gender research and education back into society. Renner was strongly supportive of this latter suggestion, which involves the addressing of what good fathering is, how a supportive husband should behave and what constitutes a healthy relationship. Renner maintained that these important structural changes would establish a more primary “up-stream” effort in preventing abuse in the home. However she highlighted that “It’s a really new field. It’s hard to find research on what works”.

Overall, Renner thought that an ACDP-type victim-based community campaign would have many practical problems and summarised her preferred actioned change as the following:

I think our best insurance of safety probably is to empower families to actually enfold a family that is being abused, keeping women and children safe and holding the abusers accountable. I mean assuming that the whole family is not in an abusive system and stuffed, but you know if we could create it as a core role that our families have, that they, that they have a right and a responsibility and an obligation to do that, and that is accepted and as a, as a community and as a culture we support that process and make it possible and respect it, that all the legislative stuff and the attitudinal stuff that we have going in says ‘This behaviour is not OK’, that that is the way you are going to create solid shifts and changes around that.

Dr Neville Robertson (N. Robertson, personal communication, 4 December, 2003)

This interview was conducted on December 4, 2003. I completed a phone interview with Robertson, as he is based at Waikato University in Hamilton. I used the computer package, SoundForge, which allowed me to conduct this phone interview from the AUT Arts Building in Auckland. Our conversation followed the format of the previous interviews, however due to a short computer shutdown, only the second half of our interview was salvaged. In total, the overall interview lasted 45 minutes.

Robertson is a senior lecturer at Waikato University and specialises in community psychology. He has completed extensive research in the field of family violence and contributed widely to research concerning the Hamilton Abuse Intervention Pilot Project (which is discussed in chapter three of this thesis). As well being an academic, Robertson is active in facilitating batterer-focussed programmes in New Zealand (Waikato University, 2003).

I asked Robertson whether any of the ACDP's behavioural theories could be integrated into the development of a victim-based campaign in New Zealand. He answered by arguing, "Despite the fact that I am a psychologist, I am not altogether enamoured of what psychology has contributed to the field in this regard because the risks are that it does pathologise the women". Overall he expressed that the real problems with domestic violence and the inability for women to leave is more resource related, rather than psychological, for example, women developing post-traumatic stress disorder (PSTD) and battered woman syndrome (BWS). He urged that a campaign would have to be founded on ecological theory, rather than cognitive theories about motivation. In other words, he supported more of a structural change initiative than a campaign that targeted individual women. He emphasised that many aspects of society need addressing. He argued that change is needed so that all women can have financial autonomy and security, can be ensured safety from their partners, and can be provided with effectively subsidised childcare and social support. He stated that these changes will allow for abuse to be properly addressed in this country. He added that the current entrenched patriarchal climate in New Zealand, including existing systems like the welfare state, only perpetuates the power and control over women in society that allows abuse to exist. As a community psychologist, Robertson stressed that communities need to take a stance and respond to abuse and stop it from occurring. He also suggested that gender and what constitutes healthy relationships be addressed through communities.

In addition to more structural change initiatives being introduced to prevent domestic violence, Robertson was in favour of more batterer-focussed campaigns. In other words, a programme that

would attempted to change the behaviour of male offenders and motivate them to change, using community-level intervention techniques.

In terms of the ACDP research process and its applicability within a victim-based campaign in New Zealand, Robertson was supportive. "I think it's always useful to know how your message is going to be interpreted and received...I certainly hear it (the ACDP methodological stages) as a process of consensus building and community mobilisation, rather than imposing something from outside which might be quite inappropriate and misinterpreted. So I think it's good".

As in previous interviews, I asked Robertson which advocacy organisation would be useful in the development stages of a victim-based campaign. He firstly answered that Refuge would be essential, but emphasised that men's groups and organisations should be included, in the development of more batterer focussed campaigns, for example, rugby clubs, pubs, shooting clubs and churches. These are not so much advocacy organisations, as bodies that interact on a daily or frequent basis with men in a given community. Similar to the ACDP, these bodies could then be the channel for disseminating role model stories and integrating peer networkers to interact with men.

As the ACDP was able to easily target five key at-risk populations to tailor their campaign to, I asked all of my respondents about the logistics of locating victims of abuse to help them to seek assistance through a community level intervention. Robertson stressed that this particular target audience would be problematic to locate and communicate with, due to the isolating nature of abuse, that would inevitably make women hard to reach.

With regard to using role models and peer networkers in a partner abuse focussed campaign, Robertson was positive but turned once again preferred a structural change initiative, whereby peers and role models could instead become politically involved in invoking social change and altering community responses to domestic violence. His main critique of my research question, was that the ACDP was too psychological in nature and as Kelly outlined, not focussed on social change. Robertson felt that a domestic violence programme based on the latter with a target at every (ecological) level of society would be the key to prevention.

Jo Elvidge (J. Elvidge, personal communication, 15 December, 2003)

This interview was conducted on December 15, 2003. This was a face to face interview, held at the Ministry of Health's Auckland based offices in Penrose. This interview was very different, in format, to all my others. Elvidge gave her own ideas about a preferable initiative to preventing

domestic violence, therefore little time was assigned to my questions. Her comments have been valuable for my critical analysis of this thesis' research question.

Elvidge is a project manager for the MOH within the field of family violence prevention. Elvidge has been prominent in the Ministry's training of health professionals as they are seen as a key intervention process for domestic violence. This was a policy that arose in 1998 and has now been updated in 2002. She has worked within the DVC, particularly with community interagency initiatives. She is now involved in developing strategies within the MOH, concerning more primary prevention programmes for family violence intervention.

I began our interview by explaining to Elvidge my research question and the scope of my thesis. After hearing that my research question was proposing a community level initiative for motivating victims of abuse to seek appropriate help, Elvidge chose the direction that our interview would take. Her critiques of my initial research question involved the focussing on victims. She believed that this exhibited a "victim-blaming" framework, whereby in her opinion the true target should be male offenders. She urged that if a campaign is to be developed for victims of abuse to seek help, then help organisations need to be made effective, and she believes that they are inadequate at present in this country. She found flaws in my proposed integration of ACDP principles into an abuse campaign as increasing one's use of condoms has no correspondence to increasing one's capacity to seek help from abuse. She stressed that a victim of abuse does not have the same control over change, as does a person contemplating safer sex or drug use behaviours. Elvidge spoke from experience on this topic, as she has recently been involved in research and the developing of strategies (for the MOH) to ensure that when women need help, they can seek it effectively. As chapter two of this thesis highlights, New Zealand has many systems in place that do not cater for this, for example, the lack of enforcing protection orders.

"Part of my challenge to you, is the way that we conceptualise the problem...So what we don't do and what we fail to do and what we have been trying to do is how to keep the women safe". As part of this statement, Elvidge argued that women need to be safe in their own home, with the community responsible for achieving this core goal. Therefore, like Kelly and all other respondents, Elvidge urged for more structural change in an effort to prevent abuse in New Zealand.

Interestingly, Elvidge wished that more people in New Zealand were researching these structural changes, rather than having an ideological focus on women (victims) as the primary group to motivate. However, my thesis, as the conclusion will outline, has become a structurally-focussed paper. Chapter two (a sociological look at domestic violence in New Zealand) particularly and the

integration of structural theory in chapter one has given leverage to my conclusion that individualised behaviour change models are largely ineffective, when being implemented in a climate of structural flaws, for example, inadequate welfare state characteristics and the lack of healthy gender work in New Zealand. The main goal of my research question was to seek out a critical analysis, which my interviews have achieved.

Elvidge was however in favour of community level measures, which was an important part of my research question's framework. She suggested that they may work well in conjunction with some mass media techniques, but stressed the need to enact more holistic, ecologically-driven community responses to violence in the home, instead of individualised intervention, which was the predominant focus of the ACDP. That is, having families, colleagues and neighbours become active in stopping abuse by giving out the message that abuse is not acceptable. Elvidge has also been involved in the MOH literature review (with Hassall, Davies and Renner) of Action 13 of *Te Rito*. She highlighted that this review has formed two goals: firstly, researching strategies to have community level intervention to stop men abusing and, secondly, developing initiatives that can effectively change social norms in a society that allow abuse to exist.

With regard to the targeting of male offenders, she suggested that from her research and experience, it might be just as beneficial to target all men and create an understanding of healthy gender roles and healthy views towards treating women. She urged that education at a young age is needed to reteach males what healthy masculinity is. For example, she highlighted that as early as age five, boys can be taught important skills such as naming feelings and then progress at a later age to learn about healthy conflict resolution and healthy gender roles. Elvidge stated that this is vital in changing social norms towards the mistreatment of women. She added that this has the ability to break generational cycles of abuse that perpetuate throughout many communities in New Zealand.

With regard to changing social norms and enhancing positive structural change in the effort to prevent domestic violence, Elvidge suggested many elements of New Zealand society that need to change. Firstly, safety of women needs to be enhanced, which will mean making those who have the authority to enforce protection orders act more effectively and with a stronger response. Offenders need to be aware of the real consequences of their actions, and intervention by friends, family and sport clubs needs to be introduced. Support of victims needs to be entrenched in every community, without questioning why a woman does not simply leave. Elvidge also stressed that PTSD and its effects on the perpetuation of domestic violence needs acknowledgment. Overall, Elvidge summarised that the greatest challenge of any abuse intervention regards the following social problem:

We (society) don't want to deal with sexism. We don't want to deal with male entitlement. We don't want to deal with misogyny. We don't want to deal with that stuff because it's really ugly and we'd rather pretend that it doesn't exist because we've had years of feminism and we've got a female prime minister, things are fine for women aren't they?

Elvidge maintained that a shift in this isolating ideology needs to occur. She argued that masculinity and the prevalence of abuse is a real problem in 2003 New Zealand and urged that an enhanced community response take place.

Holly Carrington (H. Carrington, personal communication, 19 November, 2003)

My interview with Carrington, was in some ways similar to Elvidge's, in that Carrington was keen to have a more male focussed programme for changing offender behaviour. I did brief Carrington on the ACDP and its principles and also altered all of my questions so that I was asking them, not in reference to a victim motivating campaign, but instead for an offender behaviour change initiative. This resulted in a very positive discussion. Our interview took place on November 19, 2003 at Carrington's DVC office in Auckland. It was a face to face meeting, using a dictaphone to record our dialogue. Our interview lasted one hour.

Carrington began by working in the field of environmental awareness in the United States. When she came to New Zealand, she was recruited as a volunteer for the DVC and became a facilitator for one of the men's groups (batterer-focussed programmes). She is now the Community Liaison for the DVC and is involved in interagency responses to domestic violence in New Zealand.

After my brief about the ACDP, we started talking generally about domestic violence campaigns and whether it was possible to execute one within specific sites across the country. With regard to targeting victims of abuse, Carrington was concerned that New Zealand communities are very diverse and therefore hard to fragment. However she said realistically that one must start somewhere. When I asked her if male offenders could be targeted more easily than victims, Carrington was doubtful. This is due to the complex and entrenched nature of domestic violence in this country. However, similarly to many of my other respondents, Carrington advised that perhaps a specific sub-population target is not essential and that, for instance, targeting men from all demographic groups with a community level initiative may be more beneficial.

She gave the example of a community-level campaign that is currently being implemented in Canada called the White Ribbon campaign. This initiative involves men wearing a white ribbon as a sign of their zero tolerance stance to violence against women. As these men interact throughout their communities, for example in pubs, at work, at concerts, parties and at sports games, they

will inevitably be asked by other men what the ribbon stands for. Carrington stated that the goal of this simple idea is to get men talking to men about the need to stop violence against women, by a method that is easily disseminated through communities. The other plus about this programme is that, like the ACDP, it uses role models and peer networkers, as the men who choose to wear the ribbon effectively become community advocates. Thus Carrington was positive about the applicability of integrating role models and peer networkers into a community level, offender-focussed domestic violence campaign in New Zealand.

In terms of integrating the ACDP's behavioural theories into an abuse campaign for victims, Carrington highlighted how the DVC use a variation of the SOC model when training volunteers about the nature of domestic violence and why many women stay in abusive relationships. As the ACDP also used the SOC model within their theoretical framework, I found that this was an interesting similarity. However, Carrington emphasised again that motivation theory is not really needed for victims of abuse as it is the offenders who are the main group needing change. She stressed that even when a woman leaves an abusive relationship, her partner will more than likely repeat his behaviour with other women throughout his life. Therefore, the cycle can only stop with the actions of the men. She added, however, that this scope of campaign direction has not been achieved in New Zealand because of the lack of money and resources. Organisations use their money to deal with the crisis, of a woman in need. She was concerned, though, that the MOSD's recent *Te Rito* strategies were not focussed on national, offender-based programmes. She argued that an inclusion of such programmes is vital as they would be more preventative in nature than the existing Stopping Violence programmes, which are enforced by the courts with the issuing of protection orders.

She alluded to other practical problems of running successful male-focussed programmes. One of the major challenges is to find men to facilitate the programmes or the campaign itself. She agreed with the ACDP's focus of using the target population to be role models and peer networkers, however she warned that this may be difficult to achieve when transferred into a male-offender programme.

Carrington also advised that we read gender back into our research and education in society about domestic violence. She argued that masculinity is still a problematic ideology that needs to be broken down, as the female gender role has been in the past decades.

It's still all about the concept of 'I'm the man of the family, so you need to do what I say and if you don't do what I say then I have the right to make you do what I say', basically. All the male images and role models and you know from the movies, sports...there's not a lot of guys out there saying 'It's not OK to hit your partner'. Even though they may think that, they're not standing up publicly and making a big deal about it.

This encapsulates Carrington's view on domestic violence prevention. She is also, however, positive about the health sector's response to domestic violence intervention and has been involved with the training of many professionals in the MOH 2002 guidelines. She did argue, though, that these are still victim-based initiatives and that similarly there need to be guidelines that target men. She argued that successful breaking down of social norms about masculinity, would achieve those important structural changes that many of my other respondents, as well as Kelly, have commented on.

Carrington agreed that the ACDP's research stages could work effectively within the development of an offender-orientated campaign for stopping abuse. She stressed the importance of gaining an understanding of what it will take to stop offenders abusing. As an additional question, I asked Carrington if she knew of any community-level programmes similar to the ACDP in New Zealand that targeted men to stop abusing. She could only recollect one programme being run through Tamaki College, whereby educators were going into the school and facilitating discussions with male and female students about what constitutes a healthy relationship and healthy gender roles. Other than that, her main focus was on the White Ribbon Campaign in Canada that she was very impressed with, in terms of its community, role model and peer network focus (similar in many ways to the ACDP).

As previously mentioned, the DVC does, to a certain extent, help with community ventures within the health sector to reach victims of abuse and to give them advocacy and support for seeking help. Even though this was very different from the ACDP, in that it uses health professionals as the main interactor with victims, it still has a community level scope. Carrington gave insight into the DVC's work within both National Women's Hospital and Auckland Hospital where caseworkers are present to carry out Routine Enquires for all women who pass through the various clinics. Carrington stressed that although only 30% of women who are abused will disclose this in response to a Routine Enquiry, this is a huge increase from the 2% who will disclose without Routine Enquiry occurring. Additionally, this process of Routine Enquiry gives the message to women that the health sector is a channel whereby they can seek confidential help. Overall Carrington was positive about community-level interventions, but was keen for the development of more offender-focussed programmes.

Sheryl Hann (S. Hann, personal communication, 17 December, 2003)

My interview with Hann, from the NCIWR was one of the most interesting and engaging of my primary research stage. It was a phone interview, using the SoundForge package, however Hann brought to the interview a fully prepared understanding of the ACDP, as I had emailed her the fact

sheet a week prior to our meeting. This proved invaluable, as I was able to begin my questions and discuss her analysis of my research question, of whether the ACDP had suitable principles that could be used within a domestic violence campaign in New Zealand.

Hann is the Policy Research Adviser for the NCIWR, and has been working within the refuge system for 7-8 years. She has an academic background in women's studies and sociology. Similar to previous interviews though, particularly with Carrington, Hann early on suggested a refocus to my research question, being that a community-level intervention like that of the ACDP would be more suitable within the framework of an offender-focussed intervention throughout New Zealand. She argued that victims of violence cannot control whether their abuse stops. It is in fact the responsibility and motivation of their abuser which therefore should be the target of interventions. As in Carrington's interview, I adjusted my questions accordingly, and focussed on an offender rather than victim-based campaign. In total, our conversation lasted 60 minutes.

Hann first commented on the lack of community-level domestic violence campaigns in New Zealand to date. She acknowledged the NCIWR's annual campaign appeals, however she stated that the main target is donors, which leaves raising awareness of the issue as a minor element of the appeal. She acknowledged the New Zealand Police family violence campaign of the 1990s and other localised projects such as Waipara's Rise Above it Campaign, projects run through the Safer Communities Council initiatives and the Palmerston North Just Say No to Family Violence. However, she commented that there have been no substantial community-level campaigns for abuse prevention in this country. She suggested this was due to a lack of funding, alongside a lack of effective interagency networking. She argued that for any national community-level campaign to work, all agencies need to be supporting and disseminating the same message. Only recently, have agencies begun to base their understanding around a shared philosophy of the Duluth 'power and control' model of domestic violence.

Hann believed that an offender-focussed intervention would have to be site-specific (similar to the ACDP's). The programme would have to reflect the community in which it was being implemented. Hann emphasised the need to include a strong offender-based theoretical framework in any development of an abuser-focussed behavioural change programme. She understood and commended the approach to help victims, but still maintained that primary prevention was the key to ridding society of abuse.

Hann approved of the ACDP's extensive formative research. She recommended that I read a book called *Community research as empowerment* by Janice Ristock and Joan Pennell (1996). This book encouraged the use of the community within every part of research and Hann was

positive about how the ACDP involved the community in their research, for example, through the sourcing of gatekeepers and the extensive interviewing process of those in the at-risk populations. Hann did urge, however, that the community needs to be involved as much as possible, because in her opinion and experience, communities can easily become suspicious of research and initiatives that are created by, for example, a research group or government department. In chapter six, I will highlight the process by which Ristock and Pennell propose the inclusion of communities in research. This process involves a more extensive use of community members within the development of a campaign, than was seen in the ACDP. Hann stressed that a researcher's role should be solely as a facilitator, who gathers resources to issue to the community, who then take ultimate responsibility for a given programme.

When we discussed who a community-level campaign could best target, Hann again suggested male offenders or, in her opinion, the community in general, in an effort to change social norms and enhance community responsiveness to domestic violence. This latter element is in line with Kelly's suggestion for more structural change to prevent societal problems. Hann highlighted that the best place to access and interact with men and the community in general would be male-dominant locations such as pubs, sports grounds, at rugby games, and in big factories. She warned that it would be challenging but primarily more useful than just targeting female victims.

Hann supported the use of role models within an abuse campaign, especially the idea of having male role models and peer networkers interact with communities and motivate men to stop the cycle of abuse. She suggested that role models could arise out of sporting groups, churches, even gangs to build a zero tolerance to violence within their communities. She felt that these would be powerful channels. Hann highlighted that the NCIVR has in the past used role models of women who have shared their story of abuse and their overcoming of adversity. Hann maintained that these were very successful, not just in inspiring and giving hope to other women, but in educating the wider society about the dynamics and difficulties of domestic violence.

Overall though, Hann strongly supported Kelly comments that structural change is vital. She urged that society needs to challenge violence wherever they see it, for example through the media, in sports and in their neighbourhood and workplace. She said that we must strive to gain women's economic autonomy and to provide realistic benefits and childcare subsidies so that women can further gain independence from the power and control mechanisms in society. She also stressed that other problematic elements in society need to be eradicated, for example racism, homophobia and sexism in an effort to fully create more healthy views in communities. She supported goals, such as the restructuring of New Zealand's welfare state, and believed strongly in the need to enhance communities' responsiveness and collaboration against violence

as a key prevention technique. She supported mobilising the courts, police, CYFS, NGOs and the health and educational sectors to “Work together with a common focus”. Finally she maintained that a change in funding priorities for the social sector would also contribute to more opportunities to prevent domestic violence in New Zealand, with funding being taken from other areas in favour of it.

Summary

In conclusion, I feel it important to sum up the diverse climates of my interviews with regard to my initial research question. Overall, my respondents all offered suggestions about how the inclusion of the ACDP principles into a victim based campaign in New Zealand could be extended to include more sustainable prevention of domestic violence. Some were in favour of a site-specific intervention, whereas others thought this might be challenging. A few of my respondents supported the integration of behavioural theory into a campaign for victims, others were sceptical about the validity of behavioural theory when more structural problems were in place that prevented women from leaving their abusive partner. Many supported the inclusion of role models stories and peer networkers into an intervention, especially for a more offender-based campaign, whereas others felt that more structural changes were needed to truly rid the country of abuse.

However, there were three recommendations that stood out. Carrington, Renner, Hann, Robertson and Elvidge endorsed creating community level interventions for male offenders, in an effort to prevent domestic violence. They argued that victims can leave a relationship, but this does not ensure the prevention of violence. They argued instead for a preventative targeting of men, to motivate behaviour change in the offender, and to stop the cycle of abuse from extending further into the community. I was able to ask Carrington and Hann whether an ACDP-type intervention would be suitable for this new focus. Their response was positive, as they believed that the use of role models, peer networkers and motivational behavioural theory could work within an offender-based campaign. However, most respondents thought that targeting any group, victims or offenders, would be challenging. Even though Hassall believed that any population could be fragmented in order to direct a campaign, other respondents were sceptical. Robertson and Renner argued that the targeting of victims or offenders would be very challenging due to the isolating nature of abuse; Davies, Elvidge, Carrington and Hann suggested that an entire community (not just a specific sub-population such as victims) needed to be targeted to effect a more holistic change.

Even though some respondents praised the community-level focus of my research question, they suggested that the whole community should be targeted in an effort to enhance responsiveness and increase the community's capacity to prevent violence from occurring. Davies argued that

“matrices of development” should be introduced to motivate all levels of the community to take responsibility for disseminating a message of zero tolerance to violence against women. Hassall and Robertson similarly offered an ecological viewpoint whereby an intervention should become “multi-phasic” (as Hassall described it) in nature. This would also enhance the community’s role in preventing abuse in the home.

This led to a final recommendation that was supported by all respondents in different ways: that in order for domestic violence to end, important structural changes need to occur in conjunction with working within communities. All respondents saw this as imperative and offered suggestions of what elements of society need restructuring. Examples such as changing the welfare state and introducing effective childcare subsidies were given. Robertson, Elvidge, Renner and Carrington all argued for a re-education of society about healthy gender roles. This included a need for masculinity to be analysed and readdressed, specifically what it means to be a healthy father and husband. Additionally, it was suggested that education about healthy relationships needs to be addressed at a national level throughout schools and within communities. Respondents also alluded to enhancing police responses to cases of abuse. Renner strongly supported this. Renner, Carrington and Elvidge argued that individualised campaigns targeted at victims to motivate them to seek appropriate help were useless unless their safety could be guaranteed. They maintained that many women can be motivated to leave, but regrettably in this country, the safety of women who have left cannot be assured. Elvidge also suggested that helping organisations need to enhance their effectiveness in assisting women to leave violent relationships. She acknowledged that funding and resource limitations contribute to this problem.

CHAPTER 6: Conclusion- A critical analysis of my original research question

This chapter will provide an analytical answer to my initial research question: Are the broad principles used within the ACDP suitable to be integrated into a victim-based domestic violence public awareness campaign in New Zealand? If so, to what extent? If not, why?

The answer to this research question cannot be restricted to a YES or NO response. My analysis of this question has highlighted the complexity of trying to enact change to prevent domestic violence in this country. As I asked my respondents a range of questions regarding the suitability of integrating each of the broad principles of the ACDP into a victim-based campaign in New Zealand, I formed a deeper understanding of what domestic violence is, what methods are needed to achieve sustainable prevention and the challenges involved in this overall goal.

My analysis, therefore, has become structural in focus and supportive of community development initiatives in the effort to stop abuse from occurring in our homes. Even though there has been much support by my respondents for the community-level focus of my research question, there have additionally been recommendations for extending its strategies to achieve more sustainable prevention of domestic violence. My respondents recommended adapting the ACDP principles into a community level offender-focussed campaign and initiating more community-development (ownership) strategies in the effort to prevent domestic violence from occurring in New Zealand communities. Finally all respondents commented that structural changes need to occur to maintain a climate in New Zealand that supports a zero tolerance of violence against women. Overall, my respondents recommended the use of primary prevention strategies that will be highlighted in this conclusion.

Te Rito: New Zealand family violence prevention strategy

This thesis has highlighted the Ministry of Social Development's (MOSD) (2002) proposed commitment to family violence public awareness/education. This particular commitment is the focus of Action Area 13 of *Te Rito*. However as Emma Davies, Heather Hammerton, Ian Hassall, Clare-Ann Fortune and Ida Moeller (2003) argue,

Action Area 13 cannot be considered in isolation from *Te Rito* as a whole. The stated aim of *Te Rito* is family violence prevention and all 18 of the action areas are contributory. The title, public education/awareness and the action details of Action Area 13 represent a limited method of pursuing prevention (p. 13).

As Davies et al. (2003) suggest, and as my conclusion maintains, prevention of family violence needs to be addressed on many levels. Even though *Te Rito* does suggest community

development goals as part of the 2002 strategy, the government commissioned Davies et al. to specifically research Action Area 13. They concluded in their literature review that the essence to prevention, as stated in the above quote is to enact community-development and capacity-enhancing techniques alongside important structural changes. Therefore, their research, and *Te Rito* to a certain extent, support elements of my concluding recommendations.

Jeffrey Kelly's critique of the ACDP

Jeffrey Kelly's 1999 comments regarding the ACDP and its effectiveness as a community-level behavioural change campaign have been important with regard to my research question and its subsequent analysis. My research question inquired about the suitability of integrating a community-level individualised behaviour change-type programme into a victim-based campaign in New Zealand. This implied that the principles of a successful campaign targeting one at-risk population (those at-risk of AIDS) could be transferred to another (women subjected to abuse from their partners).

Kelly and my respondents' comments did overlap. Both emphasised the need for structural change to occur in order to prevent many of society's problems, such as HIV contraction and domestic violence. Both Kelly and my respondents were positive about much in the ACDP campaign. They commended the community-level framework and the use of suitable members of the community. As Kelly (1999) commented, "Its (ACDP) success adds to our confidence that sexual and injection-related risk behaviour practices can be changed through theory-based, culturally-tailored approaches directed toward community-population segments that remain at-risk of HIV infection" (p. 1). Similarly Davies commented at the beginning of our interview about the relevance of community-focussed models within domestic violence prevention.

Hopefully you will know and will be pleased to hear (that our research conclusions for Action Area 13) is absolutely consistent with what you are saying. So we didn't actually look at the programme (ACDP), but some of the broad principles, the broad frame of reference and the way you are thinking in relation to that is very consistent with what we have done.

Here, Davies was acknowledging the effectiveness of community level approaches that the government commissioned research report on Action Area 13 of *Te Rito* endorsed. However, alongside Kelly, Davies and my other respondents offered suggestions about additional, more effective methods for prevention, including structural changes and more intense community development approaches and they argued for offender-focussed programmes. As Kelly (1999) argues, even though the ACDP did empirically change behaviours within specific populations, this was still at an individualised level. He maintains that this will not result in the overall reduction of HIV long term. He suggests that "truly enduring effects" of community level initiatives need to enact "changes in services, social structures, resources, capacities and policies of a community

in ways that can sustain [prevention]" (p. 3). So, my overall recommendations are for domestic violence prevention initiatives to include all three of the before mentioned approaches. Standing alone, these initiatives will be less successful, as my respondents and I maintain, than if they are all included.

Therefore, the focus of my conclusions and recommendations will follow Kelly's (1999) belief that "It is possible to push our prevention paradigms further" (p. 3). From what I have learnt from my respondents and from the literature I have read, prevention paradigms for abuse need to change from individualised behaviour change campaigns to more additional in-depth and sustaining initiatives.

Methodology

In this chapter I will be integrating the perspectives of my respondents into an evaluation of the research question. Additionally, I will be including relevant theory to further substantiate this final analysis. In order to consider the suggestions made by my respondents, I read some additional material, beyond that covered in previous chapters. For the purposes of a detailed analysis, I have sourced extra readings, mainly from books and journal articles on subjects like socialist feminism and the structural ramifications of domestic violence prevention. Additionally, I have incorporated the community development literature into this chapter that was recommended to me by both Ian Hassall and Sheryl Hann. Within the structural change component of this chapter, I have used New Zealand social policy texts that give succinct analyses of the New Zealand welfare climate and its effects on women. I have also sought additional statistics from the Ministry of Women's Affairs (MWA) (2002) to further comment on structural impacts on women in New Zealand.

For reasons of clarity and ensuring the flow of this chapter, I will not reference each time I discuss a respondent's view, argument or comment. I will simply state their name. Therefore, I acknowledge that every time I am referring to a respondent the following references apply: Ian Hassall (I. Hassall, personal communication, 21 October, 2003); Emma Davies (E. Davies, personal communication, 4 November, 2003); Lou Renner (L. Renner, personal communication, 10 November, 2003); Holly Carrington (H. Carrington, personal communication, 19 November, 2003); Neville Robertson (N. Robertson, personal communication, 4 December, 2003); Jo Elvidge (J. Elvidge, personal communication, 15 December, 2003); Sheryl Hann (S. Hann, personal communication, 17 December, 2003).

Recommendation one: Offender focussed campaigns

As Carrington outlined during our interview, the Domestic Violence Centre (DVC) and other organisations committed to men stopping violence programmes, facilitate groups for male offenders who have been through the Family Court system. As Chapter two discussed, especially with reference to the Hamilton Abuse Intervention Pilot Project (HAIPP), there are some challenging problems that occur within these programmes. They are in many ways reactive in nature, in other words, they reach the offenders after the abuse has occurred, and some of my respondents proposed more preventative strategies for targeting offenders.

Carrington, Robertson and Hann all commended strongly the format of an ACDP type campaign, however they suggested that the target audience should instead be offenders of abuse. They said the primary target audience of prevention should be the male offender since once their partner has successfully left them, they could go on to abusing future partners. Robertson referred to these as “serial offenders”. These respondents saw merit in the use of role model stories, the use of peer networkers and the stages of research that were used in the ACDP.

Carrington, Hann and Robertson extended this recommendation to suggest an intervention that actually targeted all men in all communities. They stressed that by targeting all men with the message of zero tolerance to violence against women, gradually this demographic group may alter their attitudes towards this issue. There can be a collective sense of change especially seeing that violence is very much a male issue (instead of an issue that is concentrated solely on women as it is in the Refuge movement).

These respondents also strongly agreed that men should be role models for men. Carrington commented that in her experience with the DVC, the men’s groups for offenders responded much more strongly to a male facilitator. Hann strongly supported the use of male role models as well: “We’ve talked about that before here at Refuge, that we’ve had individual sports men who have been willing to speak out against violence and we think that would be one of the most positive things, to have those men as role models for other men to say ‘You can do something about it’”. These ideas correspond with the principles behind the ACDP, especially the use of role models from the target audience, and peer networkers who can integrate with the target population to change attitudes towards abuse, and so abusive behaviours itself.

Carrington suggested a campaign that incorporates all the basic principles of the ACDP, within an offender focussed initiative. During our interview we discussed the Canadian White Ribbon campaign that has interested Carrington through her work at the DVC. I could find no literature about this campaign through the AUT journal search systems, however the website

www.whiteribbon.ca provides much of the background information about this initiative. In 1991, a group of Canadian men decided to create a movement by men, for men, to spread the message that violence against women is not acceptable. Even though it has been critiqued by some women's groups as being too male oriented, the idea is supported by Carrington for its simplicity, its use of healthy positive male role models and its community focus.

The White Ribbon campaign was largely created in response to the Montreal massacre on December 6th, 1989 at the l'Ecole Polytechnique, where fourteen female students were murdered (Bold, Knowles & Leach, 2002). December 6th has become a national day of remembrance, known as Canada's National Day of Remembrance and Action on Violence Against Women. The goal of the white ribbon campaign is to "Urge men and boys to wear a ribbon, including one on their coat so the ribbon will be visible while they're outdoors...[The campaign] encourage(s) men to talk in schools, workplaces, and places of worship about the problem of violence" (White Ribbon Campaign, n.d, p. 2). The campaign developers have also endeavoured to address all forms of violence and abuse. They believe that men are not inherently violent, but that males do not have the education to allow them to deal with anger effectively, which in turn adds to the power and control that many men exert over their partners and children (White Ribbon Campaign, n.d).

This campaign is community based (not mass media driven), with a heavy use of role models and peer networkers (who become those who wear the ribbons) and is a programme that is disseminated through the community when men interact on a daily basis. Carrington believed that this type of campaign, which integrates many of the core principles from the ACDP, could potentially be implemented in New Zealand, to great effect with regard to the prevention of abusive behaviour.

Recommendation two: Community-development initiatives

Many of my respondents advocated integrating community development initiatives in an effort to stop domestic violence in New Zealand. Even though Davies stated in our interview that the scope of my community focussed research question was in line with much current thinking regarding prevention, both Davies and Hassall suggested that an extension was needed from the individualised nature of the ACDP to a more focussed community development initiative. Such an initiative would aim to include the whole community (the ecosystem) in dealing with an issue like domestic violence prevention. The ideas of my respondents and of the surrounding literature on this topic will now be explored.

There is a wide body of literature that supports these types of initiatives. Most prominent to this literature in New Zealand, is the recent literature review written by Davies et al. (2003), regarding suggestions for the implementation of *Te Rito's* Action Area 13. As stated previously, Davies and

her colleagues' main argument within this review was that public awareness/education needs to work hand in hand with all the other Action Areas, for instance, addressing interagency networking between helping-organisations, concentrating on Maori-based prevention strategies and addressing the working of schools, communities and especially families in New Zealand. Most importantly they propose a community development strategy as one way to achieve this goal. This is a holistic recommendation that empowers communities and enhances their capacities to prevent violence from occurring in their homes (Davies et al., 2003). Even though this community focus is in line with my research question's scope (using a community level approach), Davies, Hassall, Carrington and Hann suggested that an extension into more intensive community driven initiatives could have additional benefits.

Davies and colleagues (2003) defined the essential qualities of community development models as follows:

Communities take action on their account to make changes that they regard as desirable. Individual community members and institutions contribute to the design and carry out actions based on their understanding and abilities. Such an approach is indispensable for creating and sustaining the changes in behaviour and attitudes that are needed for a long-term reduction of family violence (p. 9).

Davies et al. (2003) within their literature review also argue that the benefits of using community development models are significant. They state that these types of initiatives mean that,

Communities are in charge of their own development, their strengths and skills are recognised and mobilised, planning and interventions are based on the respect for and understanding of the local community, plans are carefully made on the basis of the best available knowledge and are subject to regular review and revision (p. 10).

Importantly, effective community development models do not require the targeting of individual groups, for example, victims of abuse or offenders of violence. As many of my interviewees remarked, such an approach may be less effective than targeting an entire community to enact social change throughout. Hann and Carrington suggested that it may be more fruitful to target all men and change attitudes amongst this gendered group, which would therefore create an environment not accepting of abuse against women.

The review outlines many international examples of such initiatives. However I would like to link these ideas with another text that supports effective community development strategies. This text by Janice Ristock and Joan Pennell (1996), is called *Community research as empowerment: Feminist links, postmodern interruptions*. It discusses the benefits of community research and the need to have community members as leaders and developers of initiatives, in order to bring about

change. The book's main readership is researchers, for example within academic, government or NGO groups, who wish to facilitate true community development initiatives which will be run solely by the community members (in some instances, in collaboration with the researchers).

Ristock and Pennell outline the main principles for researchers to successfully integrate these community development strategies. They suggest practical ways to bring about and enhance social action (for example, in preventing domestic violence) through involving the actual communities. Hann discussed their principles throughout much of our interview and supported such a strategy in New Zealand. Davies also suggested that similar research and facilitation needs to occur, whereby the community members develop and lead a community programme, with little (if any) input from the researchers. Therefore this approach, even though embedded in the community, is more intensive and driven by community ownership than the ACDP.

As the structural focus of this chapter (recommendation three) is based on feminist (socialist) theory, so too is Ristock and Pennell's (1996) argument for empowering communities. Feminist thinking is used throughout their work, in a desire to "direct both our research and our practice according to the visions and strategies of the women's movement" (p. 2). Using this frame of thinking is important as it was the women's movement in New Zealand that initiated the social addressing of domestic abuse at a policy level, and of course the entire women's refuge movement was built on 1970s work by New Zealand feminists (Chapman, 1997).

Ristock and Pennell (1996) urge that empowerment is not something that can be done for another person, which is a common misconception. They argue that one cannot be truly empowered by another; empowerment must instead be initiated and developed by oneself, in any effort to change an aspect of one's life or community that is detrimental. This process is one that Ristock and Pennell believe can be divided into five broad steps, and a researcher from an academic institution, an NGO, or a government body participates with the community in a subtle facilitation role. Hann agrees that these steps could have the potential to be successful in the development of a community development abuse prevention programme in New Zealand.

The first step is for researchers to build democratic 'inclusive communities', with those that they are working with. Ristock and Pennell (1996) stress that this must be done with care: "As abused women know too well, affiliation both bond and bind. To keep 'inclusive communities' from becoming another form of entrapment, we had to loosen and even cut some ties (particularly with abusers), fasten some (especially with other people seeking control over their lives) and reattach others (with families and friends from whom the woman has become estranged)" (p. 18). Ristock and Pennell (1996) define 'inclusive communities' "in the plural to emphasise the multiplicity and

variability of identities” (p. 19). It is within these communities that members, for example women and especially men, can empower themselves and collectively address domestic violence issues that pertain to their lives.

Ristock and Pennell (1996) secondly discuss the importance of ‘participatory research’. This is a part of building ‘inclusive communities’, and involves working closely with social (helping) organisations to share resources in working together to address social issues, like domestic violence. As one of my interview questions involved asking respondents which organisations would be important to use in developing a prevention programme, this suggestion by Ristock and Pennell is valuable to my analysis. My respondents differed in their feedback to this question. Many said that Refuge, DVC and other helping-organisations were important to include, for example Lou Renner stated that the Auckland clusters: Safer Auckland Families Through Intervention Networking (SAFTINET), South Auckland Family Violence Prevention Network (SAFPN), West Auckland Violence Education Services (WAVES) and North Harbour Stopping Violence Network; could be used in the development of a prevention programme. Others however, for example Hann, extended this to include male-focussed organisations especially groups that men interact with daily, such as sports clubs, pubs and factories. Ristock and Pennell urge that this collective research and sharing of resources and enhancing capacities to deal with abuse prevention is imperative. To a certain extent, this technique was used by the ACDP during its research stage.

Thirdly, Ristock and Pennell (1996) argue that the methodology used to construct research within communities and programmes, needs to use the concept of triangulation, to create broad methodological “coverage” (p. 51). They suggest that the methods used must suit the community and the issue. The methods could combine surveys, questionnaires, document analysis, interviews and the reflections of community members on their experiences of the issue at hand, such as violence against women.

The fourth recommendation includes the need for researchers to ensure that ‘power plays’ do not occur within their work in communities. They suggest that researchers can fall into patterns of exerting power over community members due to their academic and socio-economic status and likewise, community members can exert power over researchers by choosing not to take part in the process of research. Ristock and Pennell urge researchers to fully understand the community that they are working within and to construct their interactions based on the nature of that community, for example using terminology that the community will understand, acknowledging the customs and beliefs of community members, thereby always maintaining the idea of democratic ‘inclusive communities’ throughout their research.

Finally, Ristock and Pennell (1996) stress that researchers need to break away from ideologies that can restrict research. For example, as Elvidge argued during our interview, much research has been done on victims of abuse that creates a victim-blaming frame of thinking which can be destructive. Instead she urges that the focus needs to be on offenders. This is supported by Martha Mahoney: "Because the term 'battered woman' focuses on the woman in a violent relationship rather than the man or the battering process, it creates a tendency to see the woman as the problem" (cited in Westlund, 1999, p. 1050). This idea was also supported by all of my respondents who urged that instead of segregating communities into women victims and women non-victims, or male-offenders and male non-offenders, one needs to address a whole demographic group in an effort to create a climate of collective unity in order for the long term prevention of issues like violence against women to be sustained.

Ristock and Pennell's ideas are in keeping with my respondents', especially with regard to community empowerment through research. Hann and Davies both suggested that communities need to empower themselves with the aim of developing community development initiatives. As Ristock and Pennell (1996) argue, this can be achieved to enhance the capacity of communities to address domestic violence prevention.

Robert Chaskin (1999) states that, "Over the past decade or so, there has been a significant renewed emphasis on community-based approaches to promoting social change and economic development, delivering services and addressing the needs of people in poverty" (p. 1). However, similar to Ristock and Pennell (1996) as well as many of my respondents, Chaskin proposes a more intensive approach to increasing a community's capacity to solve societal problems. Similar to Ristock and Pennell, Chaskin discusses the idea of community-building. "Fundamentally, community building in these efforts concerns strengthening the capacity of communities to identify priorities and opportunities and to work to foster and sustain positive neighbourhood change" (Chaskin, 1999, p. 1).

Chaskin (1999) defines community capacity as being:

The interaction of human, organisational and social capital existing within a given community that can be leveraged to solve collective problems and improve or maintain the wellbeing of a given community. It may operate through informal social processes and/or organised efforts by individuals, organisations and the networks of association among them and between them and the broader systems of which the community is a part (p. 3).

This highlights what Ristock and Pennell (1996) suggest with regard to researchers working collaboratively with community members as well as with NGOs in the effort to coordinate change

initiatives, such as domestic violence prevention. In this context community members could consist of an entire community within a geographical area, or all its women, or all its men. This community would need to be defined by researchers at the start of such an initiative. For instance Hann, Carrington and Robertson suggested targeting all men in a given area for the purpose of changing social norms regarding the acceptability of violence against women. Hann, on the other hand, also encouraged motivating women to work collaboratively to help other women who are victims of abuse. Davies and Hassall discussed also targeting an entire community, or all women, instead of segregating people into abused and non-abused groups, in an effort to increase a New Zealand community's capacity to prevent domestic violence.

Like Ristock and Pennell (1996), Chaskin (1999) gives suggestions for enhancing the capacity of communities. He believes there are six dimensions in capacity building. A community that has enhanced capacity displays a sense of unity and commitment as well as procedures in place for problem solving, for example, good sound leadership. Such a community is able to access financial and other human and material resources. Chaskin also notes that communities with access to political resources, for example, lobbyists and policy makers, are more likely to enhance their capacity. Chaskin suggests that communities with a healthy capacity for addressing issues has effective networking within their ecosystem of individuals and organisations committed to growing and becoming stronger as a group. He also stresses that communities with capacity, collectively know what their goal or goals are and have strategies to enact change. Chaskin recommends, as did Davies in our interview, that community programmes such as violence against women campaigns could best be implemented under the umbrella of local government, which can then network with other bodies to collectively pool resources for any particular campaign or programme.

Chaskin also highlights that a community must be aware of external influences that might affect their capacity, for example, the constant departure and arrival of new community members. A community's capacity can also be affected by the sense of safety and cohesion felt between members. Chaskin suggests that these variables need to be acknowledged and taken into account by researchers and the community itself when building a community's capacity.

To conclude, James Garbarino and Kathleen Kostelny (1994) outline some challenges for researchers in building community development and capacity initiatives. Firstly, researchers must be capable of extending neighbourhood-based family support services to the at-risk families, not just those who do not struggle to access services as do victims of abuse (who are isolated from large parts of society). Garbarino and Kostelny define neighbourhoods as being intense "single communities" (p. 305). Davies also outlined in our interview that even though community

development and capacity building approaches are imperative, when the power is given to the community members they are likely to make mistakes. The challenge for researchers is to deal with this eventually and to help the community to enable members to keep on track with their programme or initiative.

Garbarino and Kostelny (1994) use the term 'para-professionals' to mean the community members who take a leadership role in an initiative. There is a challenge surrounding this as well, as 'para-professionals' can potentially be shut out by the community when trying to discuss and address taboo issues, such as people's experiences with abuse, as it is such a secret and isolating topic. However Garbarino and Kostelny do advise that "This is not to say that these obstacles are insurmountable. Indeed (they) can be addressed" (p. 311). And they argue, along with Davies and other writers mentioned in this chapter, that it is worth it for the benefits of long-term change and prevention of issues like abuse.

Garbarino and Kostelny (1994) emphasise the resounding benefits of effective neighbourhood or community-based programmes:

The defining characteristics of a neighbourhood-based approach are premised on the notion that deliberately engineered social support, provided during a formative period in child and family development, can buffer the child and family from some of the psychological and social effects of poverty, promote personal wellbeing and stimulate healthy patterns of interacting both within the family and between the family and the broader environment (p. 306).

The community-level emphasis is in line with much thinking regarding the prevention of societal problems; the surrounding literature and my respondents' insights have offered valuable suggestions for its inclusion in a programme with sustainable and long-term effects.

Recommendation three: Structural change initiatives

All of my respondents suggested structural changes which could help to sustain long-term prevention of abuse. They therefore all supported Kelly's (1999) critique of individualised campaigns (like the ACDP), which he argues lack this long-term sustainability. Jo Elvidge highlighted how more research needs to occur that addresses domestic violence prevention within a structural framework. Hann said that many structural changes need to take place, and this country and our government should begin by reassessing our welfare state. Renner stressed that our policy needs to be founded on strategies for structural change: "I think that one of the failures of *Te Rito* is that actually it doesn't grapple with that (structural inadequacies). It doesn't come out of that interpersonal stuff much. It doesn't deal with the structural issues really". Therefore, in light of my research question, these critiques for structural change have been very useful.

It is important to highlight the structural recommendations that Davies et al. (2003) have made regarding the implementation of Action Area 13 of *Te Rito* (public awareness/education). In conjunction with their advocating community development initiatives, Davies and her colleagues suggest important structural changes that need to occur to complement a well-rounded prevention programme. These recommendations are heavily reliant on ecological theory, which all of my respondents made reference to as being fundamental to building a framework for preventing domestic violence in New Zealand.

Ecological Theory by nature puts issues like domestic violence into a structural framework. As the Ministry of Health (MOH) bases much of its understanding of domestic violence on ecological frameworks, I will use its definition to outline the different societal levels that would need consultation. The MOH ecological framework is similar to the Belsky ecology of family violence model (as discussed in chapter one). Discussed as a “population health ecological model of family violence” (MOH, 2002, p. 8), the Ministry (2002) sees family violence as an occurrence that is perpetuated at all four main levels of society: the individual, the family, the community and the wider societal networks. At an individual level, the MOH acknowledges intrapersonal characteristics (such as living through intergenerational abuse and therefore exercising abuse in one’s own life) as being a factor in the existence of domestic violence. On a family level, the MOH discusses how factors such as resource and financial constraints, stress, illness and the abuse of substances contribute to the presence of family violence. Within the community system, the MOH stresses that violence is perpetuated as strong community networks do not exist to help families and individuals in the effort to prevent abuse. The Ministry additionally acknowledges that the presence of financial and resource limitations in communities can also contribute to the presence of abuse. Finally, within the wider social context, the MOH discusses the ways in which violence is perpetuated due to issues like unhealthy gender expectations within families, ideologies of women being subservient to men that are perpetuated through society and the lack of firm social policies that can help to prevent abuse from occurring. Therefore, for long-term change to occur, all of my respondents argued that the ecosystem within which family violence occurs (particularly the societal level) needs addressing.

Along with Elvidge; Davies and colleagues (2003) maintain that any public awareness campaign that encourages victims to seek help is only making victims more vulnerable in terms of safety, as our services in this country are inadequate. This was an interesting critique of my research question. It is now apparent that my scope, hypothesising a victim-based campaign to help women to seek help, would need the backing of effective helping-organisations (for example, organisations dedicated to providing refuge, counselling, victim support as well as bodies like the

Police) in the first place. I discussed this dilemma with many of my respondents. Of course many argued that these inefficiencies within organisations were to do with funding, however, Renner highlighted that it also concerns a lack of interagency networking, collective unity, capacity and time within the field of helping-organisations. As Ann Froines (1995) suggests, "How can we expect women's organisations, many of them continually struggling for their very existence, to embrace the universal demands of health care, employment rights and a minimum standard of living" (p. 178). Therefore the plight of family violence helping-organisations is that they face many structural barriers (for example, limited government funding) to working effectively in society, especially when dealing with women from lower socio-economic groups because these organisations are faced with the even greater challenge of providing services that are not provided by the state.

Secondly, Davies et al. (2003) recommend that police responses to domestic violence need to be greatly improved. They maintain that this will increase the safety of victims and deterrence of offenders. As chapter two highlights, Counties Manukau has the highest level of domestic violence in this country, and the police responses do not equate in terms of providing the safety that so many women in this area need (Counties Manukau Policing Development Group, 2002). Renner highlighted how women do not necessarily need campaigns to motivate them to leave, as the real barrier to leaving an abusive partner, in many cases, is the threat of further injury or death. This is perhaps the most powerful critique of my research question's scope and one that reflects negatively on New Zealand's structural inadequacies. As Nan Seuffert (1994) asserts, "safety is an integral part of the women's movement" (p. 63), therefore women's lack of safety is an important critique of my research question.

Andrea Westlund (1999) argues that the patriarchal nature of police and court interventions create additional barriers for victims of abuse to seek help.

Not only do they (domestic violence victims) have to deal with the instigation of terror by an all powerful 'sovereign' (offender), but they are also often compelled to turn for help to modern institutions such as medicine and psychiatry, police, courts and so on. These institutions often re-victimise battered women by anthologising their condition and treating them as mentally unhealthy individuals who are incapable of forming legitimate appraisals of their situation and exercising rational agency over their own lives (p. 1046).

Robertson supported this premise. He argued that domestic violence and the barriers for a victim to leave, are more about resource constraints than the belief that women stay in relationships due to their own pathology, for example, because they are experiencing battered woman syndrome (BWS) and/or post-traumatic stress disorder (PTSD). Linked with Westlund's quote, this highlights misunderstandings within the very institutions that exist to help victims of abuse. An individualised

campaign aimed at motivating women to leave an abusive relationship is therefore invalid, if the helping-organisations, like police, are not educated properly about the nature of abuse and not resourced enough to provide adequate protection. As Hassall argued, some sections of the police, for example the West Auckland faction, are advanced in this education and effective in their work with abuse victims, whereas others need more attention to the way in which domestic violence intervention is dealt with.

Finally, Davies et al. (2003) agree with my respondents that our laws and policies need addressing, so that they are consistent with a solid zero tolerance to violence. Within their literature review, they discuss the recent debates over anti-smacking regulations. Hassall argued that New Zealanders in general still want to have the right to hit children, and stated that this viewpoint needs to change in order to effectively address all violence in the home.

So overall, I would argue that these suggestions support a socialist feminist argument about the need for structural change to occur, in an effort to prevent violence against women in New Zealand. This following section will elaborate on the framework of socialist feminism by highlighting the structural recommendations that my respondents made.

Socialist feminism was born from the second wave of the women's movement. By 1980 however, socialist feminists in women's organisation were decreasing in numbers. Throughout the following decades, they existed as women's studies scholars and within left politics (Froines, 1995). Froines maintains though that "the socialist feminist vision is more successful than any other in addressing simultaneously and comprehensively social and economic injustices based on gender, race and class" (p. 178), hence a valuable framework within which to critically examine my research question.

As Christine Cheyne, Mike O'Brien & Michael Belgrave (2000) outline, socialist feminists, unlike their liberal and radical counterparts, hold strongly to the belief that capitalism and the ever-present patriarchy perpetuates oppression of women throughout the world. Based on Marxist philosophy, socialist feminism addresses the gender (not just class) inequalities that arise from capitalism. Within this perspective, socialist feminists address issues such as the inequitable nature of the welfare state, pay inequity and a lack of fair child care subsidies (Cheyne et al., 2000) that many of my respondents argued perpetuate cycles of power and control, and patterns of gender inequality within abusive relationships.

The welfare state is an issue that many of my respondents commented on. Hann stated that readdressing the welfare state is a solid starting point for enacting structural change for women in

New Zealand. Robertson discussed the unfairness of the welfare state with regard to women and argued that domestic violence prevention should, instead of being solely about dealing with pathology (for example, BWS and PTSD), be about addressing the resource constraints that women face, that make leaving an abusive partner impossible, at times. Under Gosta Esping-Anderson's (1990) categorisations, New Zealand is a liberal welfare state. Even though his categorisations have been critiqued for their broad nature and at times ambiguity (Baker & Tippin, 1999), New Zealand's distinctly 'liberal-esque' means-tested welfare regime does highlight some of the ways in which women are prevented from leaving abusive partners. Key issues regarding inequitable welfare policies for women concern areas like child care costs, pay equity, part time work, sole motherhood and the degree of unpaid work that is expected of women in this country (all within a socialist feminist framework).

Generally, the areas that will be discussed in this following section involve the socialist feminist perspective that women need to maintain a certain level of employability to be independent from men. In the case of domestic violence prevention, if a woman cannot earn enough money to be independent, to care for her children and to gain assets like a house, leaving an abusive male partner, is in all practical senses, impossible.

In 2002, working-age men made up 54.6% of the New Zealand labour force, and women 45.5% (Ministry of Women's Affairs, 2002). Despite the obvious 11.2% disparity between these two figures, further analysis of these statistics highlight some important issues regarding the employability of women in New Zealand. The predominant issue concerns women working in part time jobs. As the MWA outlines, of the 45.4% of women in the labour force, a heavily proportioned 72.1% were only employed part time. Reasons for this high percentage include women's role in caregiving and their commitment to unpaid work, both of which will be discussed later in this chapter. In comparison, only 27.9% of their male counterparts were in part time employment, with the remaining 62.6% of men in the labour force in full time jobs.

Additionally, the MWA (2002) documents how 65.2% of the part time employees wanting more work in 2002 were females. This is an interesting statistic that highlights an important dynamic about part time work: that is, part time hours do not allow workers to be financially autonomous in many situations (Baker & Tippin, 1999). This in turn can lead to dependency on either spouses or de facto partners and as women make up the high proportion of part time workers, this then explains much of the gender inequality in New Zealand society, and, as many of my respondents outlined, the high amounts of dependency on males in our country. As Baker and Tippin (1999) highlight, "Women are more likely to be able to establish independent autonomous households when they are employed full-time" (p. 47). So, within a domestic violence framework, it is the

dependency of women on men that can perpetuate the power and control dynamic of abuse (Fact sheet: Equality wheel, n.d). Therefore, enhancing women's employability into fulltime work is a key structural change that is needed in this country.

Alongside the high percentage of women in part time employment, socialist feminists also observe the lack of heavily subsidised or free child care within liberal states as another reason for women being dependent on men in society (Cheyne et al., 2000). This premise was supported by many of my respondents. It is this lack of subsidised childcare that means mothers must work part time in the first instance. With regard to state support, the MWA (2002) highlight the following policy in New Zealand for government subsidised childcare:

A fee subsidy is available to low-income families to assist with the cost of early childhood and out-of-school care. The childcare subsidy is available for up to nine hours a week for any activity, provided that the caregiver meets the income test and the child(ren) attend(s) an approved childcare facility. To access the subsidy for more than nine hours, the caregiver must be in employment, attending approved education or training, have children with a serious disability or illness, or have a serious disability or illness themselves. The maximum number of hours per week that can be subsidised was increased from 30 to 37 from 1 February 2001 for parents in employment or training (p. 85).

Even though the New Zealand government does have childcare subsidies, this assistance is very restricted. Unemployed mothers can access only nine hours of subsidised childcare a week and working mothers can only access 37 hours of subsidised childcare (not free childcare). This encourages particularly lower socio-economic group mothers to work part time instead of full time; the latter being particularly needed by lower socio-economic mothers, in order to function independently in society. As Baker and Tippin (1999) outline,

The structure of childcare subsidies reflects the ambivalent messages about unpaid caring and paid work in New Zealand. Despite the government's ostensible emphasis on low-income people's self sufficiency and work incentives, the subsidies do not support full-time work...Their partial nature and the relative lack of after school care for older children reinforce the low income mothers' status as part-time workers who must still take responsibility for dependent care (p. 184).

So, alongside being the majority of part time workers, women (mothers) face the additional financial strain of being unable to access free or highly subsidised childcare, in order to maintain their own employability. As Nadine Strossen (1995) outlines,

Leading feminists and the US Commission of Civil Rights suggest that violence against women begins with educational and economic discrimination...Men learn to consider women as burdens, stiflers and drags on their freedom. Women, in turn do not have the economic independence and access to day care that would enable them to leave abusive settings (p. 74).

Many of my respondents stressed that providing effective state childcare is a key structural change needed in the effort to help numbers of women to lead independent, abuse free lives in this country.

Another socialist feminist issue to explore is the disproportionate amount of unpaid work that women complete in their daily lives compared to their male partners. This is yet another way in which gender inequalities (and patterns of power and control) are perpetuated in our country (Fact sheet: Equality wheel, n.d). The MWA (2002) categorises unpaid work as “household work, caregiving for household members, purchasing goods and services for their own household and unpaid work outside the home” (p. 30-31). It documents that women overall complete more unpaid work than men, with an average of 4.8 hours daily spent on such work, in comparison to the 2.8 hours a day that men work unpaid. Furthermore, the MWA (2002) notes that Maori women on average spend even more time in care giving/family unpaid work than Pakeha women. As Baker and Tippin (1999) highlight, it is also a common belief in New Zealand that women with preschoolers and school children should stay at home either full-time or only carry out paid work part-time. This leads to a lack of female autonomy, as many women feel they should stay at home with their children, and consequently a climate is created where women are not encouraged into the workplace. This is a seemingly patriarchal movement and one that reinforces women into power and control cycles and patterns of gender inequality, whereby independence from one’s partner is not always realistic.

However, an issue arises whereby women, who are encouraged into full time paid work to remain independent and autonomous, can often then face the equivalent of unpaid work at home, resulting in the occurrence of the ‘double-day’. This ‘double-day’ dynamic is also due to gendered inequalities (Friones, 1995). Many of my respondents argued that alongside state-funded childcare and social support for working mothers, masculinity needs addressing. My respondents, for instance Renner, Elvidge and Carrington, commented that a re-education was needed about what constitutes healthy masculinity, for example men contributing more to unpaid domestic work. Readdressing gender roles is another structural issue to consider in breaking down the power and control dynamics used by men to perpetuate abuse in our society

Alongside combating issues like ‘double-day’ dynamics, the area of pay equity still needs addressing in this country. Pay inequity is a fundamental socialist feminist concern (Cheyne et al., 2000) and is another vehicle for the perpetuation of gender inequality and therefore power and control dynamics within our society. Largely due to the amount of part time work and multiple entry of women into the work force (due to motherhood and family/care giving commitments), women on average earn \$164.71 a week less than men, which equates to 78.7% of the average

male wage (MWA, 2002). This is a significant disparity and a component of gender inequalities in New Zealand, which respondents like Renner and Hann highlighted during my interviews.

With regard to the various ethnic groups in New Zealand, Baker and Tippin (1999) highlight how, "The emerging picture for the labour market situation of low income mothers is one of intensified marginalisation and growing poverty especially for Maori and Pacific Island women" (p. 165). Both the MOH (2002) and the MOSD (2002) emphasise the importance of acknowledging the struggle that Maori and Pasifika women face in New Zealand. The MOH stress that high levels of family violence within these two groups can be attributed to issues such as the long term effects of colonisation (of Maori) and urbanisation (of Pasifika people) that have caused substantial degrees of stress within these groups. Therefore, when considering the issue of women and employability, and therefore structural changes needed to increase female autonomy from males in society, these two ethnic groups must be particularly addressed. As the MWA (2002) outlines, currently in New Zealand Maori and Pasifika women have higher unemployment rates⁶ (12.4 and 9.9 per cent) than Pakeha women (5.4 per cent), and this widens the socio-economic disparity between these groups. Maori women earn considerably less than Pakeha: Maori women on average earn \$13.60 an hour compared to \$16.90 by Pakeha women. These figures highlight the need for structural changes that address not just New Zealand women in general but also those particularly in need of help to gain more financial independence in society.

Sole motherhood in liberal welfare states is financially crippling for many women due to a sole income and expensive child care costs. This, in turn, can often result in welfare dependency (Baker & Tippin, 1999). Statistically, the number of Maori and Pasifika single parent families in New Zealand is significantly higher than the Pakeha equivalent (More sole-parent families, n.d). The hardships that many sole mothers in New Zealand face make it clear why many mothers in abusive relationships feel that they simply cannot afford to leave. As Robertson highlighted in our interview, women are often deterred from leaving an abusive relationship due to the poverty that they will face. Table 6.1 (below) compares sole mothers who are unemployed, with sole mothers who can maintain employment, and supports this view:

⁶ Unemployment in this context is defined in the Penguin Dictionary of Sociology as: "A person is unemployed if he or she is eligible for work but does not have a job. He or she may be voluntarily unemployed (i.e., have chosen not to work), or involuntarily unemployed (i.e. be willing to work but unable to find a job) (Abercrombie, Hill & Turner, 2000, p. 366).

Table 6.1 Proportion of sole mothers employed: 1986-1996

	1986 %	1991 %	1996 %
<i>All sole mothers</i>			
Full-time	22	17	20
Part-time	11	11	16
Total	33	28	36
<i>Maori sole mothers</i>			
Full-time	13	9	14
Part-time	5	5	11
Total	19	15	25
<i>Non-Maori sole mothers</i>			
Full-time	26	20	23
Part-time	12	13	18
Total	38	33	41

(Adapted from Baker & Tippin, 1996, p. 179 cited from Goodger, 1998)

This table highlights the substantial number of sole mothers who are unemployed. In 1996, 36% of all sole mothers were employed either part or full time in New Zealand. Therefore, 63% of sole mothers were not, with many being dependent mostly on state welfare (Domestic Purposes Benefit: DPB). Even though there are certain incentives for women on the DPB, this welfare dependency can lead to a decrease in a woman's employability and in many cases limited financial autonomy. This dependency can also have trans-generational effects, whereby 'cultures of poverty' can potentially occur (Boggess & Corcoran, 1999). Maori sole mothers are less likely to be employed than their Pakeha counterparts. Statistics New Zealand (Employment levels lower for Maori than non-Maori women, n.d) also highlights how Pasifika sole mothers have higher unemployment rates than Pakeha sole mothers in New Zealand. Note also the increasing percentages of part time work in all groups, which (as stated before) often prevents financial autonomy. As Baker and Tippin (1999) highlight from a 1996 UE report, "Lone mothers who are not employed are much more likely to live in poverty (or have incomes less than fifty per cent of the national average) than lone mothers who are employed" (p. 47-48). These statistics highlight a very important point. Women in lower socio-economic groups who have dependent children are likely to face financial hardship if they leave an abusive partner (particularly if they are unemployed or work part time and their partner has been financially supporting them). Therefore these structural circumstances can prevent women from being able to leave an abusive partner, which is why many of my respondents argued that our welfare state needs to address these issues and support women in leaving abusive partners.

With regard to women in lower socio economic groups, there are correlations between poverty and the existence of domestic violence. As Angela Browne, Amy Saloman and Shari Bassuk

(1999) suggest, “[there] is a serious gap in our knowledge base because physical and sexual violence may be one of the most serious traumas women in poverty face” (p. 394). They highlight how recent studies, mainly in the US throughout the 1990s, uncovered the high levels of intimate partner violence that women on welfare experience, in comparison to women from other socio-economic groups. Browne et al. (1999) urge that women who can work full-time and be independent from welfare and a partner have a chance to “escape” (p. 421) from their abusive situations. This supports Robertson’s comment that women are more likely to leave an abusive relationship, if they have the resources to do so. However in New Zealand, as Robertson and other respondents highlighted, women are often faced with financial constraints when attempting to leave an abusive partnership.

Knowing this, my respondents all argued that there is a need for structural change in this country, in order to address the prevention of domestic violence. These changes need to be in the shape of welfare reforms that have a gendered focus (and as the literature highlights, also a gendered-ethnic focus), which give effective, universal opportunities to women to gain employability and autonomy over their own lives (without dependency on male partners). These specifically could be in the form of universal free child care, pay equity, more opportunities to gain full time work, readdressing gender roles in society and importantly, providing opportunities for sole mothers to gain total financial independence in New Zealand. Additionally, my respondents argued that the funding of safe places needs addressing alongside victim security from former abusive partners.

As a final note, Froines (1995) urges that socialist feminists need to constantly work at unifying their support and gaining knowledge about women and work. She outlines strategies for doing so, that correspond with Ristock and Pennell’s (1996) ideas about empowering women through research. Froines suggests that collaboration with other women’s organisations can result in the sharing of resources and the building of capacity in order to fight female oppression in society.

Concluding comments

As the first line of this chapter indicated, the answer to my research question cannot be confined to a YES or NO answer, which is a common pattern within sociological research. My research and subsequent analysis has unveiled the complexities of preventing domestic violence from occurring in society. The main recommendation that this thesis is making highlights how domestic violence prevention should be carried out according to a three-pronged model: 1. to address male offenders as the target of public education campaigns, 2. to include entire communities in the effort to build capacities against violence and 3. to enact structural change which would specifically benefit women and their position within society. These suggestions include some

elements similar to the ACDP initiative but also stress more sustainable strategies in the long-term prevention of abuse.

Abuse prevention needs to be focussed firstly within a community-level construct, using more intense community development initiatives to include the whole community in addressing violence against women. Secondly, in New Zealand (as in Canada), a community level approach with the use of role models and peer networkers, as was displayed in the ACDP, needs to be implemented with a focus on male offenders and men in general. Within this demographic group, a zero tolerance of violence needs to be advocated and supported and maintained. Finally, for the long term sustainability of abuse prevention, structural changes within New Zealand need to occur, to support our gendered society and especially our mothers (and our children), our families by encouraging healthier gender roles and attitudes. As Hassall poignantly maintained at the end of our interview, "It's not impossible...there is room for improvement, and I cling to that hope".

APPENDICES

Appendix one: HIV/AIDS background information

In 2002, the Joint United Nations Program on HIV/AIDS announced that 42 million people worldwide are currently suffering from HIV/AIDS, of which 5 million contracted HIV that year. Women equate to a considerable proportion of these figures. An estimated 19.2 million women are currently suffering from HIV/AIDS worldwide. (CDC - Division of HIV/AIDS Prevention - Basic Statistics, 2003) It is an epidemic. In the US alone, the cumulative number of people, known by the Centres of Disease Control and Prevention (CDC), who have contracted AIDS is 816,149. In 2000, the USA population was 281 million people. (All across the USA, 2000)

Therefore, the need for programmes that can educate people to adopt risk-reducing behaviours is imperative at this time. The following list indicates the number of people within HIV/AIDS 'at-risk' populations in the US: men who have sex with men (368,971); intravenous drug users (201,326); men who have sex with men and inject drugs (51,293); people with Hemophilia and related disorders (5,292); those exposed to heterosexual contact (90,131); transfusion recipients of blood, tissue and other blood components (8,971); unknown source of contraction (81,091). (CDC - Division of HIV/AIDS Prevention - Basic Statistics 2003)

The risk-reduction behaviours would then be consistent condom use for both homosexual and heterosexual sex, constant bleach use for intravenous drug users as well as thorough screening and hygiene procedures at health care providers. The aim for prevention and intervention communication is to empower people to protect their lives and the lives of others.

Appendix two: Initial email sent to respondents, inviting them to be interviewed

Dear,

My name is Christina Batistich and I am currently writing my Master of Arts (Communication Studies) thesis at AUT. My supervisor is Dr Heather Devere and the title of my thesis is:

Breaking the Silence: a critical analysis of using a community-level intervention model within a domestic violence campaign in New Zealand.

I am emailing you today, to ask you whether you would be interested in taking part in a one-hour interview with me as part of my primary research stage. (This research has gained ethics approval: application number 03/74)

So firstly, I will describe a little bit about my thesis:

My thesis is a critical analysis of whether the broad principles of a particular US-based community-level public education intervention (called the AIDS Community Demonstration Project: ACDP), could be integrated effectively into a domestic violence public education campaign in NZ. I have been looking extensively at this particular model of public education that was displayed in the US in the 1990s.

This programme used a community-level intervention approach that aimed to educate at-risk groups in the US about HIV risk reduction techniques. Even though HIV-reduction and domestic violence are vastly different, I became interested in the broad principles used within the US programme on how to reach people on a community level and am wanting to analyse whether these same broad principles would be effective in reaching domestic violence victims in NZ, with education about how to seek appropriate help.

I am inquiring therefore, whether you would be willing to take part in an interview with me. The interview would allow me to tell you about this US programme (the ACDP) and its broad principles and then to ask you questions based on your expertise about whether you feel that certain aspects of this US programme could be used within a domestic violence programme in NZ.

If you are interested in taking part in this interview, could you please email me back with your confirmation so that I can contact you via telephone, to make a time and place that is convenient with you. Attached to this email is a more detailed information sheet about my primary research and the aims of conducting these interviews.

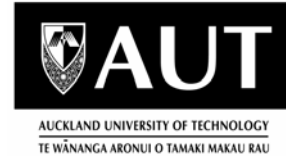
In any case, thank you very much for your time

Kindest regards,

Christina Batistich

Appendix three: Participant information sheet

Participant Information Sheet



Interview: November 2003

Researcher: Christina Batistich
Master of Arts (Communication)

Project supervisor: Dr Heather Devere

Project Title *Breaking the Silence: a critical analysis of using a community-level intervention model within a domestic violence campaign in New Zealand.*

Background Information

The main impetus of my thesis is based on my interest in domestic violence prevention through education and public awareness. In 2000, I developed (with two other colleagues) a public awareness campaign for a non-affiliated Women's Refuge in West Auckland. My contribution to this campaign was the facilitation of the design, production and strategic placement of pamphlets, posters and business cards that we produced for the Refuge. This material included information about the nature of domestic violence and the services that the Refuge offered for victims in need of counselling and/or sanctuary from abuse. Being part of this campaign gave me a deep interest in other ways to reach victims of abuse and empower them with information and education about ways to seek appropriate help and find support networks that can provide them with advocacy.

My thesis direction

My thesis, therefore, concerns analysing the suitability of integrating the broad principles from a community-level intervention (public education campaign) that was implemented in the US in the 1990s, into a domestic violence intervention campaign in New Zealand. This intervention was called the AIDS Community Demonstration Project (ACDP) and aimed to reach at-risk people and educate and motivate them to adopt HIV risk-reduction behaviours.

I acknowledge that the risk of HIV infection and the nature of domestic violence are very different issues and not comparable aside from domestic violence being, in ways, a key health (mental and physical) issue. Please note that as part of my thesis I have completed a broad analysis of the different theories concerning the causes and nature of domestic violence. However, the ACDP implemented some broad principles that have really interested me.

What is the purpose of this interview?

Therefore, I would like to invite you to take part in a one-hour interview with me, the purpose being to discover, whether or not, you think any of the broad principles used in the ACDP could be effective within a domestic violence campaign in NZ.

Please note that the type of domestic violence campaign that I am referring to would be an intervention campaign aimed at victims of partner abuse and would provide them with information, advocacy and motivational material (eg. role model stories) that may empower them (and their families) to seek appropriate help in regards to their situation.

How were people chosen to be asked to be part of this study?

People whom I have invited to take part in this interview have been chosen on the basis of their professional contribution to the field of domestic violence.

What are the benefits of this study?

An analysis of the suitability of integrating the broad principles of the ACDP into a New Zealand domestic violence campaign is, to the best of my knowledge, an original study. Therefore, my interviews are essential for my research, as they will give me valuable insights. I believe this is extremely beneficial, as researching new ways that may be effective in reaching victims of domestic violence is an important task in light of the high statistical evidence of partner abuse (and consequential child abuse) in this country.

What will happen to the information from this interview?

If you decide to take part in this interview, I will need you to sign a consent form, so that your comments can be used for my analysis within my MA thesis. I will also allow you to check all transcribed quotes/statements before I use them within my thesis. I feel that for the purpose of this research, it would be beneficial to acknowledge your name and relationship to the field of domestic violence in order to substantiate your valued opinion. However, if you want to take part in this interview but wish your identity to remain confidential in some circumstances, then I will certainly respect this. Please indicate this on the consent form.

You may withdraw yourself or any information that you provide for this project at any time prior to completion of data collection, without being disadvantaged in any way. Additionally, if you withdraw, all tapes and related transcripts will be destroyed.

Also, if you would like to receive a short version of the findings from this research, please indicate this with a return e-mail to christina.batistich@aut.ac.nz.

Participant concerns

Any concerns regarding the nature of this project should be notified in the first instance to the Project supervisor, Dr Heather Devere. Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTEK, Madeline Banda, madeline.banda@aut.ac.nz, 917, 9999 ext 8044.

Approved by the Auckland University of Technology Ethics Committee on 8/09/03 AUTC
Reference number 03/74

Appendix four: Participant consent form

Consent to Participation in Research



Title of Project: **Breaking the Silence: a critical analysis of using a community-level intervention model within a domestic violence campaign in New Zealand.**

Project Supervisor: **Dr Heather Devere**

Researcher: **Christina Batistich**

-
- I have read and understood the information provided about this research project.
 - I have had an opportunity to ask questions and to have them answered.
 - I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way. If I withdraw, I understand that all tapes and related transcripts will be destroyed.
 - I agree to take part in this research:

(Please tick the appropriate box)

☐

And I agree to have my name and comments identified in Christina Batistich's thesis. I understand that all attributable quotes/statements will be checked with me first.

☐

But I wish my identity to remain confidential in some circumstances.

Participant signature:

Participant name: **<click here and type the subject's full name>**

Date: **<Click here and enter date>**

Project Supervisor Contact Details:

Dr Heather Devere, heather.devere@aut.ac.nz, 917 9999, ext 5782

Approved by the Auckland University of Technology Ethics Committee on 8/09/03 AUTEK
Reference number 03/74

Appendix five: ADCP fact sheet

AIDS COMMUNITY DEMONSTRATION PROJECT: FACT SHEET

“Breaking the Silence: a critical analysis of using a community-level intervention model within a domestic violence campaign in New Zealand.”

Master of Arts (Communication Studies) Thesis

Interview: December 2003

Researcher: Christina Batistich
christina.batistich@aut.ac.nz
917 9999 ext 7886

Project Supervisor: Dr Heather Devere
heather.devere@aut.ac.nz
917 9999 ext 5782

DESCRIPTION AND ANALYSIS OF THE AIDS COMMUNITY DEMONSTRATION PROJECT

- The ACDP evaluated, ‘the effectiveness of using community volunteers to deliver a theory-based intervention designed to increase consistent condom use and/or consistent bleach use in a number of ethnically diverse, traditionally hard to reach, high risk populations.’ (Fishbein et al., 1997, p.124)
- This project was implemented in the US in the 1990s by developers who were funded by the Center of Diseases Control and Prevention (CDC).
- The CDC is a government department in the US.
- The project was implemented in FIVE cities: Denver, New York, Dallas, Long Beach and Seattle.
- For methodological purposes, each city had an additional control community in order to successfully compare and analyse results.

PART A: The five elements of the ACDP (broad principles of a community-level intervention)

All information in Part A has been sourced from:

Fishbein, M., Guenther-Grey, C., Johnson, W., Wolitski, R., McAlister, A., Rietmeijer, C., O’Rielly, K. (1997) Using a theory based community level intervention to reduce AIDS risk behaviours. In Goldberg, M., Fishbein, M., & Middlestadt, S. (Eds.) *Social marketing: theoretical and practical perspectives*, NJ: Lawrence Erlbaum Assoc.

Fishbein, M., Higgins, D., Rietmeijer, C., & Wolitski, R. (1999, Mar). Community level HIV intervention in five cities: final outcome data from the CDC AIDS community demonstration projects. *American journal of public health*, 89, 336-345. Retrieved Jan 14, 2003, from ProQuest database.

There are five key elements that formed this project. The following are the stages of development:

1. Theoretical framework

The ACDP had a strong behavioural-theory basis, in order for developers to understand the issues behind motivation and behaviour change through public education. The key theories used were the:

- 1.1 Health Belief Model (developed by Rosenstock).
- 1.2 Social Cognitive Theory (developed by Bandura).
- 1.3 Theory of Reasoned Action (developed by Fishbein and Ajzen).
- 1.4 Transtheoretical Stages of Change model (developed by Prochaska, DiClementi & Norcross).
This model was a particular focus for the ACDP. Results of behaviour change within the target populations were measured by how far respondents had moved through the Stages of Change continuum.

2. Formative research

The ACDP was a site-specific intervention project. This meant that each city was extensively researched in terms of the ethnographic make up of the area. Then intervention materials were tailored to suit the target audiences within each site. This in turn allowed developers to extensively understand the communities that the ACDP was targeting.

The following is the methodological stages of formative research used in the ACDP:

- 2.1 Developers brainstormed possible target audiences and widely read literature on subjects related to HIV and risk-reduction.
- 2.2 Target populations were categorised as: Injecting drug users; Men having sex with men, not identifying themselves as gay; Female sex partners of injecting drug users; Female sex traders; Youth at high risk.
- 2.3 Developers interviewed both local-based AIDS researchers and members of health departments about the ethnography of HIV at-risk groups and possible barriers that at-risk people would have to adopting new behaviours to prevent HIV infection.
- 2.4 Additional interviews were undertaken with drug treatment clinic workers as well as people from local shops and bars, for example, who interacted daily with at-risk people.
- 2.5 From these interviews, gatekeepers were identified and also questioned about information regarding ethnography and barriers associated with at-risk people in the target populations.
- 2.6 From these interviews, sub-groups of the target populations were identified, alongside locations where they dwelled or gathered.
- 2.7 Developers interviewed people within these subgroups of the at-risk populations, via individual and group interviews. Questions included information about their daily lives, activities, media consumption, their perception about contracting HIV and adopting new behaviours as well as the positives and negative associated with such a change.
- 2.8 All information was collated and used to develop the following intervention material.

3. Development and distribution of small media material

In all five cities:

The intervention protocol emphasised development of small media material depicting positive changes in beliefs, attitudes, intentions and behaviours of local target population members (role model stories), distribution of role model stories by peer volunteers from the local community who were trained to reinforce acceptance of the attention to the intervention messages as well as successful and unsuccessful attempts to change behaviour and environmental facilitation through the distribution of condoms and bleach (Fishbein et al., 1997, p129).

3.1 Traditional small media materials

These consisted of:

- Pamphlets
- Community newsletters
- Brochures
- Fliers
- Baseball cards

They included:

- Comprehensive information about AIDS/HIV.
- A level of English suitable to cater for a wide range of literacy levels in the target populations.
- Instructions of how to use condoms and bleach effectively and safely.
- Information about upcoming events that may interest the readers.
- Information about health services that may be of use to the target audience, for instance drug treatment centres or homeless shelters.
- Role model stories (a very important aspect of the intervention material).

3.2 Role model stories (an essential component of the ACDP community-level approach)

The role model stories included:

- Written materials containing accounts of risk-reducing experiences from community members of the target populations, who had moved along the Stages of Change continuum (Transtheoretical Stages of Change model)
- A story and photo, a photo novella or a comic strip explaining role models' endeavours.
- Site specific accounts, so that people within a certain community could read about role models from their particular area.

Finding appropriate role model stories was implemented through:

- Researching the target populations and their behaviours
- Seeking potential role models to write stories about for the small media materials, eg through drug treatment facilities

This technique was substantiated because role model stories:

- According to research, reinforce how being informed about another person's behaviour change and the related benefits of that change can affect one's norms, beliefs and attitudes about changing their behaviour which in turn could prompt them (an at-risk person) to adopt a new safer behaviour. If you wish to read more about this research, you can source:

[Corby, N., Enquidanos, S., & Kay, L. \(1996\). Development and use of role model stories in a community level HIV risk reduction intervention. *Public health reports*, 111, 54-60. Retrieved Jan 14, 2003, from ProQuest database.](#)

- Support Bandura's theory of Social Cognitive Learning, whereby the viewing of these role model stories can persuade an at-risk person that they too are capable of achieving a new behaviour.

4. Distribution of materials and kits and the training of peer networkers

- One of the unique characteristics of the ADCP was the distribution technique implemented.
- This was due to the recruitment of 'peer networkers' as distributors of the small media materials, which was another extensive community-level approach.

4.1 A 'peer networker' is:

A person who a) is from the population or community at risk of HIV infection, or who frequently interacts with at-risk persons, b) may share the norms, attitudes, beliefs or behaviours of those at risk, and c) is recruited into a community or network created by a health promotion program for the purposes of distributing health promotional information and materials within the community (Guenther-Grey et al, 1996, p.2).

4.2 Peer networkers were sought through the formative research stage. These candidates could then bring their friends and peers to also be considered as peer networkers.

4.3 The training of peer networkers:

- Was predominantly done through role play
- Included techniques of how to:
 - Quickly and effectively identify target at risk people so to approach with the small media materials.
 - Discuss the role model stories with at-risk people in the community.

4.4 Please note:

- An additional group of networkers were used in all sites excluding New York. These people consisted of members from the business community, community leaders and other 'interactors' with the at-risk populations. These consisted not of true 'peers' but instead people who had daily interactions with at-risk people, for example, shop keepers, pub owners etc. The main emphasis was to use people who the at-risk community members could identify, trust and listen to as distributors of intervention material.

5 Evaluation

Even though an extensive process took place within the evaluation stage of the ADCP, it is not important to include for the purpose of answering the questionnaire. If you want to read more about the evaluation process of the ADCP please read:

Fishbein, M., Guenther-Grey, C., Johnson, W., Wolitski, R., McAlister, A., Rietmeijer, C., O'Rielly, K. (1997) Using a theory based community level intervention to reduce AIDS risk behaviours. In Goldberg, M., Fishbein, M., & Middlestadt, S. (Eds.) *Social marketing: theoretical and practical perspectives*, NJ: Lawrence Erlbaum Assoc.

PART B: The results: a critical analysis

If you require more information about Part B, please read:

Fishbein, M. (1999, Mar). Community Level HIV intervention in 5 cities: final outcome data from the CDC AIDS Community Demonstration Projects. *American journal of public health*, 89, 336-345

1. Empirical results

1.1 Exposure to the intervention

- There was a 54% increase in reported exposure by the end of the intervention

1.2 Use of bleach and clean injection equipment

- This category concluded the least successful results of the ACDP.
- Only 8% of respondents reported adopting safe bleach use.
- However this was significantly more than in the control communities.

1.3 Use of Condoms with Main Partners

- At the beginning of the intervention, most respondents were in the precontemplation stage of the Stages of Change model for condom use with a main partner.
- In the final stages of the intervention it was recorded that there was a 41 % increase in consistent condom use with a main partner.
- There was only a 21 % increase in the comparison communities.

1.4 Use of Condoms with Non-main Partners

- It was recorded that five times more people adopted this behaviours than those in the control communities.

1.5 Observed Condom Carrying

- At the beginning of the intervention, 17.4% of people carried condoms with them.
- At the end of the ACDP, 30.2% of respondents were carrying a condom with them.
- These results substantiated the high degree of self-reporting from respondents (eg. using a condom during sex), as the results from this category paralleled 1.3 and 1.4.

2. A critical analysis

2.1 Positive aspects

- Developers commented generally that they found the ACDP to be a success, in terms of motivating people to move along the Stages of Change continuum and adopt safer behaviours during sex and intravenous drug use.
- In a series of reports published in the American Journal of Public Health, it was commented that there were no actual practical problems with implementing the campaign within the given communities.
- Similarly, only a moderate amount of training was needed for the peer networkers, which proved to be time and cost efficient.
- The use of behavioural journalism (role model stories) within the ACDP project was also praised, due to its suitability for the target audience of the campaign.
- Staff felt that the peer networkers did disseminate a wide variety of very useful and appropriate information.

2.2 Limitations

- There was the high turnover of the volunteers. Reasons were often due to the various lifestyles of the peer networkers. There were even times when some had been incarcerated, which obviously prohibited them from their volunteer work. However staff were acknowledged as being proactive towards this problem. For example, they organised facilitation meetings, which included some extra training for the volunteers, to refresh their knowledge of the materials and motivate them to continue disseminating messages to the public.
- Staff experienced difficulties when facilitating the peer networkers training sessions. This was due to the use of role-plays, as peer networkers felt 'awkward' at times.
- A further limitation of the ACDP, which was documented as having surprised staff, was the minute increase in motivation change within the IDU population in regards to consistent bleach use to sanitise needles.

2.3 Further critical analysis

- Through correspondence with Richard Wolitski, who was involved with the ACDP and who works for the CDC, he advised that this article is the best substantial critical analysis of the ACDP. It highlights some positive aspects of the ACDP, alongside some valuable suggestions for community-level interventions in the future.
- On the whole, Kelly was really positive about the ACDP and its results.
- He outlined that community level interventions are potentially cost efficient and wide reaching in nature.
- He emphasised however, the huge need to understand more fully social norms and behaviours and that this was the key to public education. He used the eg. of the number of smokers decreasing in the US, as not due really to people being empowered to call the quit smoking organisations, but instead due to social norms changing.
- He continued to emphasise that even though the ACDP had success in many areas, a need for actioned change needs to occur at policy level, within services and social structures and in regards to availability of resources in order to help prevent many of society's problems.
- He also alluded to the difficulty of targeting at risk people anyway, as they can vary so amazingly in terms of their behaviours, attitudes etc.
- He commended the ACDP as it was, in many ways, owned by the community itself. And it is these key elements that I am interested in, in regards to a domestic violence campaign in NZ.

If you wish to read further information about the AIDS Community Demonstration Project, a full bibliography is attached at the end of this fact sheet. Most articles can be easily sourced via the Internet article database, ProQuest.

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Appendix six: Outline of the ACDP brief

MA Thesis: Primary Research Stage

Interview introductions and background information

INTRODUCTIONS

- Thank you's
- Why I'm interested in domestic violence public education campaigns: WWR
- Developed an interest in other ways to reach victims of abuse.

MY THESIS

- Looking at community-level ways to educate people about social issues.
- US model of community-level intervention: ACDP.
- Wanting our input about whether some, all or none of the broad principles of the ACDP could be used within a community-level domestic violence education programme in NZ.
- One that would aim to empower and educate victims of violence so they could seek appropriate help.

DESCRIPTION AND ANALYSIS OF THE AIDS COMMUNITY DEMONSTRATION PROJECT

- Before I describe the ACDP for you, I would like to just explain what I mean by a community-level intervention.
 - i. A heavy use of community members of the specific target population.
 - ii. Who assisted in:
 1. Giving out information to target audiences.
 2. Providing role model stories, which were included in the risk reduction educational material. They obviously only provided role model stories if they had successfully adopted safer behaviours to reduce HIV infection.
 3. Giving developers information about how to reach their peers with education.
 4. In a way, the community had control over the project.

PART A: The five developmental elements of the ACDP (broad principles of a community-level intervention)

Theoretical framework: behavioural change

- Health Belief Model (developed by Rosenstock).
- Social Cognitive Theory (developed by Bandura).
- Theory of Reasoned Action (developed by Fishbein and Ajzen).
- Transtheoretical Stages of Change model (developed by Prochaska, DiClementi & Norcross).
- *Are you familiar with any of these?*
- *Which ones would you like me to explain for you?*

a. Rosenstock's Health Belief Model (1974)

- Based on motivation
- Motivated that change will prevent severe consequences.

b. Bandura's Social Cognitive Theory (1986)

- Self-efficacy
- This belief affirms within a person that they have the ability to change one of their behaviours.
- This motivates them.
- The ACDP's use of role model stories= self-efficacy
- *'If that person can do it, so can I'.*
-

c. Fishbein and Ajzen's Theory of Reasoned Action (1975)

- Based on intention
- If a persons attitudes/norms complement an intention to change then they will.

d. Prochaska, Norcross and DiClementi's Transtheoretical Stages of Change (SOC) model (1992)

- Strong focus
- Five stages: pre; contem; prep; action; main
- People move through these stages, and may experience a relapse, but ultimately aim to reach the maintenance phase.
- ACDP aimed to reach people at the pre stage

Formative research

- ACDP: site-specific
- Each city: extensive research (ethnography)
- Materials tailored
- This was all done through FORMATIVE RESEARCH

The following are the methodological stages of formative research used in the ACDP:

- Brainstorm and literature
- Target populations categorised into sub groups
- Interviews with
 - local-based AIDS researchers
 - members of health departments
 - ...about the ethnography of HIV at-risk groups and possible barriers
- Additional interviews with
 - drug treatment clinic workers
 - and local shops and bars (daily interaction)
- From these interviews, gatekeepers identified
 - Source information regarding ethnography and barriers associated with at-risk people in the target populations.

- From gatekeeper interviews, sub-groups of the target pops identified and locations/hangouts
- Interviews with sub groups
 - Individual and group interviews.
 - Questions: daily lives, activities, media consumption, their perception about contracting HIV and adopting new behaviours as well as the positives and negative associated with such a change.
- All information was collated and used to develop the following intervention material.

Development and distribution of small media material

Traditional small media materials

These consisted of:

- Pamphlets
- Community newsletters
- Brochures
- Fliers
- Baseball cards

They included:

- Comprehensive information about AIDS/HIV.
- Suitable level of English.
- Instructions of how to use condoms and bleach effectively and safely.
- Information about upcoming events that may interest the readers.
- Information about health services that may be of use to the target audience, for instance drug treatment centres or homeless shelters.
- Role model stories (a very important aspect of the intervention material).

Role model stories (an essential component of the ACDP **community-level** approach)

The role model stories included:

- Written accounts: those who had moved along the SOC continuum
- Included a story and photo, a photo novella or a comic strip.
- Site specific accounts, so that people within a certain community could read about role models from their particular area.

Finding appropriate role model stories was implemented through:

- Formative research stage
- Seeking potential role models

This technique was substantiated because: (Colby)

- It can be motivation: eg. self efficacy, health belief model etc
- It can change norms and attitudes

Distribution of materials and kits and the training of peer networkers

- Unique
- This was due to the recruitment of 'peer networkers' as distributors of the small media materials, which was another extensive community-level approach.

A 'peer networker' is:

'a person who a) is from the population or community at risk of HIV infection, or who frequently interacts with at-risk persons, b) may share the norms, attitudes, beliefs or behaviours of those at risk, and c) is recruited into a community or network created by a health promotion program for the purposes of distributing health promotional information and materials within the community.'
(Guenther-Grey et al, 1996, p.2)

Seeking peer networkers

- Formative research stage.
- These candidates could then bring their friends and peers to also be considered as peer networkers.
- Incentive given

The training of peer networkers:

- Role play
- Included techniques of how to:
 - Quickly and effectively identify target at risk people so to approach with the small media materials.
 - Discuss the role model stories with at-risk people in the community.

Evaluation

Even though an extensive process took place within the evaluation stage of the ACDP, it is not important to include for the purpose of answering this interview.

PART B: The results: a critical analysis

Empirical results

Basically nearly all results were significant:

Exposure to the intervention	54% increase by the end
(Consistent)Use of bleach and clean injection equipment	Not very successful. Only 8% respondents using bleach. However more than in control communities.
Use of Condoms with Main Partners	Start: most respondents in pre stage End: 41% increase. Only 21% in control
Use of Condoms with Non-main Partners	5 times more people adopted this behaviour, than in control communities
Observed Condom Carrying	Start: 17.4% respondents carried condoms End: 30.2 %

A critical analysis

Positive aspects

- Developers: ACDP a success
- Motivating people to move along the SOC continuum
- American Journal of Public Health: no actual practical problems
- Only a moderate amount of training needed for peer networkers
- PN's: time and cost efficient.
- Role model stories praised, due to its suitability for the target audience of the campaign.
- Staff felt that the peer networkers were useful

Limitations

- High turnover of PN's.
 - Due to the various lifestyles eg jail
 - However staff were acknowledged as being proactive towards this problem.
 - For example, they organised facilitation meetings, eg. extra training and encouragement
- PN's found role plays uncomfortable
- Minute increase in motivation change within the IDU population in regards to consistent bleach use to sanitise needles.

Further critical analysis

- Richard Wolitski: Jeffrey Kelly:
 - a. Community level interventions are potentially cost efficient and wide reaching in nature.
 - b. Commended ACDP: owned by the community itself.
 - c. BUT: need to understand more fully social norms and behaviours:
 - This being the key
 - Eg. smokers in the US

d. Actioned change needed:

- **At policy level**
- **Within services and social structures**
- **In the availability of resources in order to help prevent many of societies problems.**

e. Difficulty of targeting at risk people anyway: diverse

As an additional note:

I have thoroughly read the Ministry of Social Development's document *Te Rito* and recognise that it does highlight a need for whanau, families and the community to be involved in raising awareness of domestic violence prevention. However, I am interested in whether a campaign which implemented a truly extensive community-level campaign with a thorough and predominant use of community members like that of the ACDP could be beneficial in NZ.

Appendix seven: Interview questions

MA Thesis: Primary Research Stage
Interview questions

Please note: *the type of domestic violence campaign that I am referring to within this interview would aim to reach and empower victims of partner abuse with information, advocacy and motivational material (eg. role model stories) that may empower them (and their families) to seek appropriate help in regards to their situation.*

1. To start with, could you please outline briefly your qualifications/years of experience in regards to the field of domestic violence?
2. RECAP the broad principles of the ACDP

- Strong behavioural theory framework
- Site specific intervention
- Extensive formative research
- Development of small media material
- Integration of community member role model stories into small media material
- Use of 'peer networkers' in the distribution stage of the intervention

3. What elements of the ACDP are already being done in NZ?
4. What parts:
 - a. Would work?
 - b. Would not work?
 - c. Would not be applicable?

OR: the following GUIDING questions:

- i. How appropriate would it be to use a site-specific intervention (within New Zealand's main centres) for a domestic violence campaign in NZ?

- ii. Would any of the four behavioural theories used in the ACDP be appropriate to use in the developing framework of a domestic violence campaign in NZ?
- iii. Are there other behavioural theories that may be more beneficial to base a domestic violence campaign on?
- iv. How important is extensive formative research within any public education campaign? Please substantiate your answer.
- v. What advocacy organisations would be fundamental to use in the development of a community-level intervention domestic violence campaign? And why?
- vi. Would the methodological stages used within the formative research of the ACDP also be beneficial to implement within a domestic violence campaign in NZ? (Please refer to Part A, 2)
 - If you feel that some/many/all of the methodological stages would be appropriate, please discuss which ones and why. If not, please give reasons for your answer.
- vii. Could target populations of a domestic violence campaign be easily categorised as demonstrated in the ACDP?
 - Please note: The ACDP categorised at-risk target populations of HIV-infection into FIVE broad groups. These are detailed in the information sheet.
- viii. The ACDP developed small media materials that included information about HIV infection, risk reduction techniques and services available to at-risk populations. The material also included role model stories from people who had successfully adopted safer behaviours to combat HIV infection.
 - a. Would role model stories be an appropriate method for motivating victims of partner abuse to seek appropriate help?

- ix. In terms of the distribution of intervention materials, what is your opinion of using 'peer networkers' generally?
- x. Would using 'peer networkers' be an effective vehicle for distributing small media materials to target audiences of a domestic violence campaign?
- xi. Following on from Kelly's suggestions, what policy changes (if any) would need to be changed to assist future domestic violence campaigns (especially a hypothetical community-level intervention)?
- xii. Please add any other comments to further substantiate your views about either:
 - Community-level interventions in general, or
 - The suitability of using a community-level intervention within a domestic violence campaign in NZ.

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Personal communication: chronologically listed

R Wolitski, personal communication, 13 February, 2003.

I. Hassall, personal communication, 21 October, 2003.

E. Davies, personal communication, 4 November, 2003.

L. Renner, personal communication, 10 November, 2003.

H. Carrington, personal communication, 19 November, 2003.

N. Robertson, personal communication, 4 December, 2003.

J. Elvidge, personal communication, 15 December, 2003.

S. Hann, personal communication, 17 December, 2003.