

**AN EVALUATION OF A NEW ZEALAND  
SAFE@HOME SERVICE:**

**Using a crime prevention approach to enhance the  
safety and overall well-being for  
high risk victims of domestic violence**

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**A thesis submitted in partial fulfilment of the requirements for the  
Degree of Master of Social Practice  
UNITEC New Zealand, 2014**



## Declaration

**Name of Candidate: YOLANDA MEIMA**

This Thesis entitled: An Evaluation of a New Zealand safe@home service: Using a crime prevention approach to enhance the safety and overall well-being for high risk victims of domestic violence

Is submitted in partial fulfilment for the requirements for the Unitec degree of:

Master of Social Practice

### CANDIDATE'S DECLARATION

I confirm that:

- This Thesis Project represents my own work.
- The contribution of supervisors and others to this work was consistent with the Unitec Regulations and Policies.
- Research for this work has been conducted in accordance with the Unitec Research Ethics Committee Policy and Procedures, and has fulfilled any requirements set for this project by the Unitec Research Ethics Committee.
- Research Ethics Committee Approval Number 2012-1048.

Candidate's signature:

Date: 20 March 2014

A handwritten signature in black ink, appearing to read 'Y Meima', with a horizontal line underneath.

Student number: 1049634

## Acknowledgements

I want to extend my overwhelming gratitude to my family and friends for their unwavering support of me with this academic journey. To my children, Tony and Olivia who expressed their encouragement and patience during all my studies, knowing how important it is for me to leave a legacy of learning for them and my beautiful grandchildren, Tyler, Anna and Tahlia.

I extend my gratitude and love to my dearest friends, particularly Sher, Vic and Diane who understood when I declined many of their invitations so I could keep on track with this research project. I am eternally thankful to my sister Yvonna, who has been there for me from the outset of my study and who never doubted that I could achieve this level of academia. I pay tribute to my late father, Andy Meima, who is my inspiration for learning and doing the work that I do.

I also extend my gratitude and appreciation to my Unitec supervisors Dr. Geoff Bridgman and Gavin Rennie who spent many hours providing me with impeccable knowledge, skill and academic guidance.

I want to gratefully acknowledge Jane Drumm, Executive Director of Shine, who not only supported this study by permitting me to reduce my work hours over the last year, but for having the insight and vision to initiate the Shine safe@home service that is evaluated in this thesis. I want to thank the safe@home coordinator, Liz McAneny, for her valued assistance and for taking the time away from her busy schedule to contact potential interviewees for this research study. I also extend my appreciation to my close colleagues who helped me through the challenges with humour and words of reassurance.

Finally, and with equal importance, I want to extend my humble appreciation and gratefulness to the ten amazing women who are the participants in this study - for their honesty, humility and courage in telling me their story and experience of the safe@home service. I respect and commend you all.

## Abstract

Numerous women have left their homes in their attempt to stop the violence used against them by their partner and potentially saving their lives. Mothers often move into a safe place, taking their offspring with them. Despite the leavers being the victims or the ones who are wrongly harmed, leaving their homes often goes unchallenged and indeed, encouraged by others.

Safe at home models work on the premise that victims of domestic violence should have the right to choose whether they want to remain in their homes, be able to do this safely and have the support of community and government organisations. Such models are informed by Routine Activity Theory (RAT), a crime prevention approach, vary in design and have been implemented and operating over recent decades in the United Kingdom (UK) and Australia.

The safe@home service evaluated in this research is unique to New Zealand and has been provided since late 2008 by Safer Homes in New Zealand Everyday (Shine), a non-government agency that works to reduce domestic abuse. The study has two parts that include qualitative data and quantitative analysis. This project involved a review of over 100 pre and post-service questionnaires that clients of Shine's safe@home service completed prior to the service and within 1 – 3 months following the service, and interviews with 10 of these clients at least 12 months after the service.

Sixty four clients' self-assessed pre and post-service questionnaires were fully completed and analysed, showing that 97% of these clients had substantial reductions in their level of fear; with equivalent improvements in their quality of life and whom reported major changes in many aspects of their lives. The data was then ranked and grouped according to those least and most satisfied with the service. Five clients from each group were the research participants and interviewed. Thematic analysis was used to identify, analyse and report on patterns or themes within the data collected from these in-depth semi-structured interviews.

The interview data found that contrary to concerns in the literature regarding the safety for women who remain in their homes, the women and children in this study were able to continue to live free from violence in their homes. The interviews included the participants rating of their and their children's level of fear of their ex-partner experienced prior to the service and currently. Again there were huge reductions from pre-service levels, with the reduction continuing over the period from post-service levels right up to the time of the interview. Despite some on-going abuse by their former partners, previously successful attempts to break into their homes now proved fruitless.

Other topics covered in this research study include their current quality of life and well-being, relationships with others, study and work, social activities and their future aspirations. A discussion about the role of counselling for the participants and their children is provided along with the influence of discourses as identified by the participants. Recommendations on how the Shine's safe@home service can be improved is based on the suggestions made by the participants and the research findings.

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# Chapter 1 - Overview

## 1.1 Introduction

More than one in three New Zealand women have experienced at least one act of physical or sexual violence in their lifetime by an intimate partner (Fanslow & Robinson, 2004) and the financial burden of domestic violence for this prevalence level has been estimated at \$5.302 billion per annum (Snively, 1994). The safe@home service provided by Safer Homes in New Zealand Everyday (Shine) is a major new initiative aimed at preventing domestic violence and reducing its appalling consequences. This thesis examines the effectiveness of one iteration of the safe@home service.

The notion that women can be offered the choice to stay in their homes challenges the accepted wisdom of more than three decades that women must flee homes to be safe (Edwards, 2004). Safe at home models that incorporate a multi-agency, crime prevention approach raise the question - how might a crime prevention approach used initially to reduce burglary help high risk victims of domestic violence remain safe in their homes? Further, what will it mean for high risk victims to be able to escape the violence whilst staying in their homes? The main purpose of this research is to explore these questions with clients who have completed the safe@home service for at least 12 months. This is a service based on overseas safe at home models that use crime prevention approaches and one that is unique in New Zealand.

As the author of this thesis, my connection with domestic violence has been both personal and professional. Many years ago I was a victim of domestic abuse for a period that spanned over nearly two decades and subsequently led me to pursue a bachelor's degree in social practice and a career in counselling. This has included an extensive practice in counselling women who experienced abuse in their intimate relationships as well as children who had been impacted by domestic violence. My counselling practice evolved to working with couples and families, and over more recent years in working as a group facilitator with male perpetrators of domestic violence attending a non-violence programme.

This research study will collate and analyse baseline and outcome data from clients who have been provided the safe@home service in order to give an overview of the effectiveness of the service. Semi-structured interviews will be conducted with a sample group of 10 participants that equally includes those least satisfied with the service and those most satisfied with the service, as assessed by a comparison between pre and post-service evaluations. The interviews will be held at least one year after the delivery of the safe@home service and have a focus on how it impacted on the client's

and their children's overall wellbeing; their financial and housing situation; and their ability to move forward in life free from domestic violence. Themes in the interview conversations will be identified and reported on and final recommendations will be made based on the findings.

The objective of the study is to collate the initial data of 64 clients who have completed the safe@home service for at least 12 months and report on client demographics and pre-service and post-service self-assessed questionnaire evaluations. I will use 1:1 semi-structured in-depth interviews with a sub sample group of 10 participants to report on the impact of the safe@home service. I will identify and report on themes within the interview conversations by applying a thematic analysis framework. The final objective will be to make recommendations based on the research findings for the future provision of the safe@home service.

The terminology used in this research study reflects key literature. Hence, family violence, domestic violence, domestic abuse and intimate partner violence will be used interchangeably; victim(s) and women will be used interchangeably and refer to the person who has experienced the domestic violence or abuse; and men, offender, perpetrator and abuser will be used interchangeably and refer to the person who used violence against the victim(s).

## **1.2 Outline of the chapters**

The first chapter has presented an introduction to the purpose of the study focusing on a safe@home service provided to high risk victims of domestic violence in New Zealand. The remaining chapters in brief are organized as follows:

Chapter two will provide a literature review that includes the definition and the prevalence of domestic violence in New Zealand, the impact of this type of violence for victims, and influences and discourses that keep women from leaving relationships where they experience abuse. An overview of approaches to address domestic violence is provided, and a crime prevention approach is introduced and discussed in the context of domestic abuse.

Chapter three will discuss the paradigms underpinning my approach to this research and the nature of methods that have been used in this research for data collection and analysis. The first part of the research is the analysis of pre and post-service evaluation questionnaires and the second part is the analysis of the interviews. An overview of the ethical issues that required consideration for this study will conclude this chapter.

Chapter four will serve as the results section. It maps out, examines and explores the results of the research project client evaluation questionnaires and interviews with the ten research project participants.

Chapter five discusses and integrates the findings of the research in relation to the purpose of the research, the key themes of the literature review, and explores the implications and limitations of this research project. Finally, recommendations to improve the safe@home service based on this study will be provided, followed by a conclusion and my reflections.

## Chapter 2 – Literature Review

### 2.1 Violence in the modern world

The World Health Organisation (WHO) defines violence as the

“intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation” (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002, p. 5).

Violence can be self-directed, collective or interpersonal, with the latter resulting in 520,000 deaths globally every year or 1400 every day, primarily for victims aged 15-44 (Krug et al., 2002). Interpersonal violence in families or communities includes violence against women and is viewed as a global problem occurring in every region worldwide (Htun & Weldon, 2012).

The latest Ministry of Social Development Social Report (2010), mirroring the WHO data, shows those who died from an assault by either someone in their family or community during 2003 – 2007 was the highest for adults aged 25 – 45, followed by those aged 15 -24 and those aged over 65 and children under 5 having the lowest rate. A comparison between New Zealand data for 2007 and the most recent data for 29 Organisation for Economic and Co-operation Development (OECD) countries show male deaths rates are the same as the OECD median, whilst female deaths rates are considerably higher than the median, and those for Canada, Australia, the United Kingdom (UK) and Ireland. Both New Zealand male and female deaths rates are lower than those for the United States (US).

The risk of being a victim of a violent offence cannot be seen in isolation. The 2006 New Zealand Crime and Safety Survey (NZCASS) found among other variables such as age and marital status, a “concentration of risk for those among the less economically and socially well placed” (Mayhew & Reilly, 2007, p. 59). Taking these measures into account, and looking into groups of people that included Māori, Pacifica and the Asian community, the survey found that Māori emerged as higher at risk for *confrontational* offences (mainly assaults and threats) by others, and up to four times more at risk of the same type of offences committed by partners. Whilst the risk of confrontational offences was similar for Pacifica, this risk did not include offences committed by partners. Looking at both gender and the confrontational offences committed by partners, the survey found that in 2005

the prevalence or victimisation of once and more was similar for men (6%) and women (7%), however the incidence or average number of incidents per 100 to be greater for women (26) than men (18). The risk for the Asian community of confrontational offences by others or partners was found to be lower on average (Mayhew & Reilly).

The later 2009 NZCASS survey found little difference from the earlier survey in the nature of overall crime committed (assaults and threats). Although it found a drop in confrontational crime by partners overall (from 6% to 4% - not gender specific), women were still found to be at higher risk of incidents of partner offences versus those committed by others known to them (Morrison, Smith, & Greg, 2010).

## **2.2 Definitions and legislation**

The term domestic violence has been subject to varying definitions due the disparity created by the attempts to agree on specifics that define relationships and particular behaviours (Curran, 2010). For example, Cunningham and Bake (2004) define domestic violence as “a pattern or coercive behaviour used to maintain control over a partner, through a combination of physical, emotional, sexual or financial abuse, enforced social isolation and intimidation” (as cited in Spinney & Blandy, 2011, p. 8). This definition refers specifically to intimate partner violence (IPV). To this Curran (2010) adds “family members” following the UK Association of Chief Police Officers definition which is “any incidence of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality” (p. 7). “Family members” are defined as being over 18 years of age.

The current *NZ Domestic Violence Act (1995)* is largely aligned with the above definitions. The Act emphasises that the *relationship* is between people who are, or have been “in a domestic relationship” with *violence* given more detailed coverage in section 3(2)(i-iv): “physical, sexual or psychological abuse, including, but not limited to, intimidation, harassment, damage to property and threats of physical abuse, sexual abuse and/or psychological abuse”. Furthermore, it is defined that a person psychologically abuses a child if that person causes or allows the child to see or hear the physical, sexual or psychological abuse of a person with whom the child has a domestic relationship.

The *NZ 1995 Domestic Violence Act* came into force on 1 July 1996 replacing the *NZ 1982 Domestic Protection Act*. The 1982 Act that commenced on 1 March 1983 provided orders for victims of violence or abuse - a non-violence order for acts and threats of violence towards the partner and any children, and a non-molestation order to prohibit the respondent from stalking or making any

contact with the victim or their homes. Any breach of the non-violence order could result in arrest, with the offender held by police for up to 24 hours (Newbold & Cross, 2008). Although the *Domestic Protection Act* was seen to be progress in addressing domestic violence, it only provided protection for married heterosexual couples, and the applicant had to be separated from the offender for the non-molestation order to be granted (Contesse & Fenrich, 2008). Couple counselling or mediation was directed under this Act in order for both parties to resolve the matter, placing the responsibility to address the violence on the couple rather than the state in the aim to preserve the nuclear family unit (Carswell, 2006).

The current provision of protection orders under updated regulations replaced the non-molestation orders provided under the 1982 Act. Orders can be made through the Family Court that are temporary for three months and automatically becomes final if the respondent has not appealed the order. Protection orders include non-violence and non-contact components, with the former component still applying even if the applicant (victim) intends to stay in a relationship with the respondent (offender). A different process for protection is the police safety order (PSO) that is issued by the Police when they attend a family violence incident. Where no arrest is made, one party is issued a PSO and required to stay away from the property up to 5 days. The Criminal Court can issue a final protection order if there is a conviction of a domestic offence, if a temporary protection order is in place and if a PSO is breached. Protection orders may not be effective. Family Court statistics for 2000 – 2007 show that protection order applications and orders have decreased by 26% and 33% respectively, despite an increase in male assault female convictions from 2000 – 2005 (Wyatt, 2009).

The current Act, as noted above, also includes the psychological abuse of children where a person causes or allows the child to see or hear family violence. This has prompted investigations of 12,114 children by Child Youth and Family (CYF) in the 12 months to 30 June 2012 (NZ Government, 2012). These reports are of emotionally abused children and often witnesses to family violence.

A criticism of the Act (Herbert, Hill and Dickson, 2009) is that the terms domestic violence and family violence (which are being used interchangeably) are “determinedly gender neutral”, “despite evidence that all of these forms of violence are gendered” (p. 14). Additionally, although the change in legislation may be perceived as a move of domestic violence from the private sphere to the public sphere, Siegel (1996) argues that traditional privileged ideologies of patriarchy and hierarchy used to rationalise the doctrine of chastisement have merely been translated into more acceptable forms. Siegel contends the purpose of these renditions is to rationalise inferiority and discourses such as ‘affective privacy’ that are less controversial yet continue to support regimes of immunity, defend

privileged positions, and “justify the law of marital status in an era of companionate marriage” (p. 2206). Similarly, Payne and Wermeling (2009) argue that whilst a shift from patriarchy towards egalitarianism between the sexes has been suggested in studies, traditional attitudes supporting male authority are still held by men, with social discourses such as viewing what happens in the home as sacred or untouchable, thus condoning violence or abuse (Walker, 1999) and demonstrating that social acceptance of domestic violence can still prevail (Curran, 2010). Is the contention of gender neutrality appropriate?

### **2.3 Domestic violence and gender**

Despite the influence of the women’s movement challenging gendered beliefs, Giles, Curren and Adamson (2005) argue these beliefs are still entrenched in society due to a reluctance from men to review them, hence preventing women fully considering and exploring alternatives. Whilst feminist theory contends patriarchal beliefs and traditions create a patriarchal society where violence by men is used against women in order to retain their position of power, it is criticised for not demonstrating why this significant factor in gendered violence does not explain why, for example, there are men who do not use violence (Tracy, 2007).

In addition, the question of whether there are gender differences in the use of interpersonal violence continues to be controversial. A New Zealand study suggests that men and women use violence in similar ways and levels and are in equal proportions perpetrators of domestic violence, with women reporting more acts of perpetrating and men using violence in self-defence and being less likely to report these incidents (Fergusson, Horwood, & Ridder, 2005). However women are more fearful than men (Fergusson et al.) and experience greater intensity of injury, psychological disorders and other destructive consequences (Pence & Das Dasgupta, 2006; Tracy, 2007; Dobash & Dobash, 2004). The issues of fear and control and use of severe violence are more likely to occur with male reoffenders of IVP (Hester, 2009). Female perpetrators are less likely to reoffend and where women use violence, it is more likely for the purpose of resisting, retaliating, trying to escape or stop the violence (Pence, 2006) or protecting themselves (Dobash & Dobash, 2004). Such data supports Walker’s (1999) argument that the reason women are more at risk of being victims is solely due to gender, and Dobash, Dobash, Wilson and Daly’s (1992) contention that any notion that domestic violence is gender equal is dismissive of the large body of contradictory evidence.

Furthermore, the heightened risk for women, separated from the abusive partner, is supported by international data from Canada, Australia and America during the period of 1965 – 1990 (Wilson & Daly, 1993). Separated women are placed in a particularly vulnerable position, far more than separated men (Wilson & Daly; Herbert et al., 2009). For example women have an elevated risk of

being murdered by their male partner or ex-partner (Dobash, Dobash, Cavanagh, & Medina-Ariza, 2007). Stalking has been found to be a common feature for women who have separated from their partner (McFarlane, Campbell, & Watson, 2002). A telephone survey with 8000 women in the US found 62% had been stalked by a current or former intimate partner. Forty nine percent of women who were stalked were found to be at risk of attempted or actual homicide (McFarlane et al.) demonstrating the vulnerability of separated women.

## **2.4 National and international prevalence of domestic violence**

Prevalence of domestic violence is defined as the number of victims over a given time, typically a year. It is different from incidence, which is the number of incidents of violence per victim over a given time. Victims generally show a greater incidence of further victimisation across all crimes, however UK data shows that repeat victimisation is particularly high for domestic violence, bullying and racial attacks (Farrell & Pease, 1997), with 'concentrated victimisation' named as the feature found in all three types (Pease, 2007).

New Zealand Police attend around 200 family violence incidents every day or one every seven minutes, representing, Stringer (2010) claims, only 15% of all family violence situations happening in the community. Looking at prevalence, a longitudinal New Zealand study of 1,037 women and men born between April 1, 1972, and March 31, 1973, found that women under 21 years of age and who were mothers, were twice as likely to be a victim of domestic violence in contrast to their peers who were not mothers (Moffit & Caspi, 1999). A later study by Fanslow and Robinson (2004) found that 39% of women had experienced at least one act of physical or sexual violence in their lifetime by an intimate partner compared to 15% of women by a non-intimate partner. The *Family Violence Statistics Report* produced by the NZ Families Commission (2009) rate the risk of partner violence for Māori women as three times higher than for women overall. Fanslow and Robinson's 39% statistic echoes an earlier study in America (Koss, Goodman, Browne, Fitzgerald, Keita, & Russo, 1994) and compares poorly to 20% for women residing in Victoria reported by the Australian Bureau of Statistics (1996a as cited in VicHealth, 2004). WHO report that interpersonal physical violence by an intimate partner is experienced internationally by 10% – 69% women (Krug et al., 2002).

Arguably, violence or abuse can result in the death of family members with New Zealand statistics showing nearly half the murders each year are family violence-related (Buckingham, 2006). Gender and age data of victims murdered during 2000 and 2004 collated by the New Zealand Police found that 56 women, 26 men and 39 children were murdered where 80% of the women were killed by their male partner or ex-partner in contrast to 12% men who were killed by their female partner or ex-partner (NZ Family Violence Clearinghouse, 2009). A more recent analysis of 95 New Zealand

family violence deaths between 2004 and 2011 involving 101 victims, found that 81% of adult female victims versus 29% of adult male victims were killed as a result of IPV (Curtis, 2012).

## **2.5 The cost of domestic violence**

Domestic violence incidents incur significant costs to the victim and to the larger society. An attempt to approximate the financial cost of family violence was initiated in 1994, with a model developed by Suzanne Snively of Coopers and Lybrand. The model was used to estimate the cost of family violence in New Zealand with a method that included three scenarios in an attempt to calculate direct costs involved for those who acknowledged family violence. First is the Base Scenario that calculates the direct costs to the family who called the Police, second is the Five Times Callout Scenario that calculates the direct costs for five times the number of those who called the Police, and third is the Income Foregone Scenario that calculates the cost of lost income from time off work due to family violence. By using the first scenario with a prevalence as 14% or one in seven, Snively estimated the cost at \$1.235 billion, noting that the assumptions in all three scenarios as conservative. As the base scenario involves the direct cost of services for the family members, the cost increases with prevalence escalation but alters little to the scenario. However, it makes a significant difference to the third scenario which is estimated at \$5.302 billion for a prevalence of 1-in-4 households (Snively, 1994), a prevalence closer to current statistics discussed previously of 33% or 1-in-3 (Fanslow & Robinson, 2004). This estimation produces an amount based on the known costs related to family violence, not the unknown or the hidden costs of family violence (including the emotional and psychological cost to the victim and the cost to service providers working with family violence in the voluntary sector). These hidden costs are intangible and incur a cost on the quality of life for victims due to the impact of domestic violence (Roper & Thompson, 2006).

The World Health Organisation (WHO) report on violence and health contends that IPV has transitioned over time from a human rights issue progressively to a major health issue (Krug et al., 2002). An analysis of the health costs of violence in Australia show that IPV is a leading contributor to the total disease burden of death, disability and illness for Victorian women aged 15 – 44 (VicHealth, 2004). Healthcare costs have been found to be 19% higher for those who have experienced IPV than those who do not (Rivara, Anderson, Fishman, Bonomi, Reid, Carrell, & Thompson, 2007). Adult victims have been found to present to Emergency Departments 3 times as often as non victims (Campbell, 1994), to primary care providers twice as often as non victims (Fanslow & Robinson, 2004; Krug et al., 2002), and are more likely to use psychiatric services (Fanslow & Robinson, 2004). Studies in Spain have shown that whilst physical and psychological IPV are both detrimental to women's mental health, the latter alone is a stronger indicator for

depressive and anxiety symptoms. Further, psychological IPV is the only statistically significant contributor to both post-traumatic stress disorder (PTSD) and the co-morbidity between PTSD and depressive symptoms; a finding that challenges other research and the notion that the impact of psychological IPV on women's mental health requires minimal consideration (Pico-Alfonso, Garcia-Linares, Celda-Navarro, Blasco-Ros, Echeburua, & Martinez, 2006).

In order to respond to this issue of the health costs of domestic violence, the New Zealand Ministry of Health (MoH) released the *Child and Partner Abuse Guidelines* (Fanslow, 2002). These guidelines outline a six step brief intervention model for professionals working in health care settings and integrates a family violence routine screening process for women, and an indicator based process for children. The guidelines are based on a population health or ecological model of family violence which includes the relationship between the micro to macro systems and the individual (Bronfenbrenner, 1994). The approach includes prerequisites of training for cultural competency, principles of safety and autonomy for victims, and care and protection issues for children. Working partnerships with community and government departments are integral to this approach and are to be established before using the six step intervention model (Fanslow, 2002).

The MoH model highlights the overlap between partner abuse and child abuse and the heightened risk of co-occurrence. Eldeson (1999) has shown that child abuse or maltreatment has a very high probability when the number of partner abuse incidents reaches 50. Campbell (1994) contends that health professionals can be instrumental in reducing this risk by using an intervention model that considers the risk to the other when either partner or child is identified as a victim of abuse. A strong and cumulative relationship exists between childhood adverse experiences that include child abuse and violence against their mother and adult health outcomes. Such people have multiple risk factors linked to a number of leading causes in adult death such as heart and liver disease (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, & Marks, 1998).

These poor health outcomes highlight the potentially high economic costs relating to abused children as well as their mothers. New Zealand offers free, routine and comprehensive screening for breast cancer to women who are 50 – 60 years old. Do we offer the same level of screening for abuse for children under five ask Vaithianathan, Maloney, Jiang, De Haan, Dale, Putnam-Hornstein and Dare (2012)? This group has a risk of maltreatment 20 times higher than the risk breast cancer for, 50 – 60 year old women. The costs of maltreatment play out over 75+ years and into the next generations, while breast cancer may impact on 30-40 years of life, but with relatively little effect on successive generations.

## 2.6 Domestic violence and human rights

Prior to treating domestic violence as a health issue, New Zealand's response to domestic violence was addressed through our commitment to the Universal Declaration of Human Rights (1948). The Human Rights Commission, an independent national institution with statutory mandate set out in the New Zealand Human Rights Act 1993, produced in 2004, an overview of human rights - *Human Rights in New Zealand Today / Nga Tika Tangata O Te Motu* (Human Rights Commission, 2004). This document contained a national action plan, *Mana ki te Tangata / The New Zealand Action Plan for Human Rights (2005 - 2010)*, based on priorities already identified elsewhere in the document covering particular groups such as disabled and indigenous people, as well as violence against women and children. This extended our international obligation to promote and achieve basic rights. For example, the 1948 Universal Declaration of Human Rights has particular legal significance under the International Covenant on Economic, Social and Cultural Rights (CESCR), ratified by New Zealand in 1978, in relation to the provision of adequate housing. In 1991, the United Nations (UN) provided clarification of the meaning of "adequate housing" (UN CESCR, 1991, ¶17), so that in our national action plan it is not to be understood as merely a roof over one's head, but rather a place where one can live in securely, peacefully and with one's dignity (Human Rights Commission, 2004).

As a member country of the United Nations, New Zealand, along with other member countries, is encouraged to "deal with eliminating the social conditions that breed all violence against women" (Walker, 1999, p. 22). This position has resulted in organisations worldwide working to reduce violence against women (Fried, 2003) and placing pressure on various governments to view domestic violence as a fundamental human rights issue (Walker, 1999; Htun & Weldon, 2012).

Viewing violence against women as a violation of human rights means that protection and support for women to be able to leave intimate relationships becomes a major issue (Buckingham, 2006). Ignoring this is denying a woman's entitlement to autonomy (Wilson & Daly, 1993) and full participation in society (Fried, 2003). Abuse and entrapment by men denies women opportunities in life equal to their male counterparts, professionally as well as privately (Stark, 2007). Stark argues that the right to autonomy for women is limited when men use coercive control to secure privileges such as time, money, sex and traditional female roles (e.g. a woman's place is in the home, a woman must respect the authority of her male partner, a woman is to nurture and care for their male partner and children), ultimately undermining the integrity of women. Leone, Johnson and Cohan (2007) describe two forms of entrapment or coercive control through partner violence: intimate terrorism and situational couple violence. The former refers to the use of violence in order to control and create fear and isolation for the victims leading to their entrapment within the

relationship, and the latter refers to the use of violence in order to control a specific situation, not a person.

From a social justice perspective, Michau (2012) contends that partner violence is about a denial of a person's right, autonomy and dignity that is so great, it requires a public health and social justice response. Michau argues for 'community mobilization' that engages people from all levels of the community in a primary systematic approach with the aim of preventing violence against women and achieving change in social norms. Such norms continue to position domestic violence as a private matter where the victim is held responsible.

To explore the role of the media and victim responsibility, Berns (1999) investigated the social norming role of popular magazines and their content. She found that in contrast to the numerous 'good news' stories in women's magazines of women who were victims and are now survivors because of what they did, men's magazines have very few stories about how men have changed in relation to domestic violence. Wilcox (n.d.) also observes this clear differentiation in the media's influence in shaping how domestic violence is understood and spoken about. Even the discourses in women's magazines and the media in general suggesting that it is an individual's responsibility to find the solutions to fix life's problems, can perpetrate the victim-blaming attitude where victims are held responsible for either staying in a violent relationship and making it work or successfully leaving one (Berns, 1999).

## **2.7 Victims and their victimisation**

Victims of domestic violence respond either passively or actively to the violence they experience in their relationship. Waldrop and Resick (2004) argue that there are unique circumstances for women who are victims of violence which influence how they respond to violence. These circumstances have to be acknowledged in order to understand women's strategies for coping. In examining the literature, the authors found scarce and limited studies on how women in a violent relationship cope, with studies either on women who have sought help and therefore do not necessarily reflect all of the victims or survivors of domestic violence, or studies that made a comparison with women who were responding to ordinary life stressors, concluding that victims lack in the area of problem solving. They argue that the latter does not take into consideration that in the context of violence, the victim may have to alter their preferred general coping strategy to one that is more situational, such as a submission strategy as a way to deter any escalating violence.

Coping strategies often have an approach/avoidance structure where the distinction between the two is cognitive versus behavioural so that a victim either thinks differently about what is occurring

as an attempt to change the situation (approach), or leaves the situation to distance themselves (avoidance) (Waldrop & Resick, 2004). If a victim decides that the use of a behavioural avoidance coping strategy is not available to them or not suitable for the particular situation, it is not surprising that the cognitive coping strategy may involve the victim's making decisions that can seem unbelievable to others who have not experienced violence. For instance, a victim may cope by responding in a way that is minimising, excusing or even denying of the abuse that has occurred. Martinez (2001) contends that a victim's mental state alters during the violent relationship with her abuser from captivity and isolation that has similarities to the Stockholm Syndrome. In this state the victim constructs beliefs in order to cope with the violence and the relationship forced on her by her abuser, and so when her abuser says "she needed to be brought to her senses", the victim wants to agree and makes statements such as "I asked for it" and "I deserved it" (Gelles, 1978, as cited in Straus, 1976, p. 58). Given a chance to reflect on their situation, it is not surprising that victims can say they feel like they are going crazy; a statement that can be reinforced by 'others' who do not understand the complexities of their situation.

## **2.8 Victims asking for help**

Victims can shift towards a desire for change in their situation, a move that is often preceded by an event or specific factor according to Chang, Dado, Hawker, Cluss, Buranosky, Slagel, McNeil and Hudson Scholle (2010), who discuss five major themes that women victims identified as their turning point or catalyst. The themes include protecting others, an increase of severity and/or humiliation, an increased knowledge of options and support, extreme tiredness and recognition that the abusive person would not change, and experiencing betrayal or infidelity by their partner. The coping strategies used by victims can vary according to both the frequency and changes in the severity of the abuse received, and can mean moving towards a more active, behavioural response such as asking for help (Waldrop & Resick, 2004). The issues of asking for help and the two forms of violence noted previously (intimate terrorism and situational couple violence), were explored in a study that found victims of both forms seek formal (domestic violence agencies, police) and informal help (such as through family and friends), but victims of intimate terrorism were more likely to seek formal help and victims of situational couple violence more likely to seek informal help (Leone, Johnson, & Cohan, 2007).

Fanslow and Robinson (2010) used their 2004 NZ study during 2009 to report on the help seeking behaviours of victims and also found 75% (n = 956) of women experiencing IVP sought help from informal and formal sources. However, they found informal sources were sought more (n = 416) rather than both (n = 258) or only from formal sources such as counsellors or police (n = 40). Of the

total number of victims seeking help, 40% of these women reported receiving unhelpful responses. Findings include the main reason for women asking for help was because they could not endure any more of the violence or abuse. This suggests that the help seeking behaviours by three quarters of the women, challenges the notion that IPV is a private matter in New Zealand for victims, but rather one that requires awareness and education to ensure helpful responses are made to their disclosure (Fanslow & Robinson).

## **2.9 Barriers to leaving a violent relationship**

What prevents victims leaving violent relationships? Research has identified fear, shame, attachment, lack of appropriate housing, lack of practical support and unhelpful responses (Edwards, 2004; Fanslow & Robinson, 2010). Given the scope of this literature review, a brief overview of these barriers that operate within the stay or leave dichotomy is provided, starting with a historical perspective of the influence of patriarchy.

### ***2.9.1 The influence of patriarchy***

It is claimed that violence used by men against women in intimate or domestic relationships has its roots in history where it was considered socially and legally acceptable (Curran, 2010; Pence & Das Dasgupta, 2006) and protected under the overarching umbrella of patriarchy (Dobash & Dobash, 1997). Patriarchy is defined by the Oxford Dictionaries (2013) as “a system of society or government in which men hold the power and women are largely excluded from it”. From this vantage point, domestic violence was viewed as a private affair, and blame was generally placed on the abused wives who were perceived as provoking their husbands or needing discipline from them (Salazar, Baker, Price, & Carlin, 2003). This was supported by the practices of patriarchy, giving men the right to abuse or punish if their wife had disobeyed them in order to remind them to view their husbands as their wise and just earthly lord. Indeed, Genesis 3:16 asserts this in the following extract when God found out that Eve and her husband Adam had disobeyed him by eating the forbidden fruit, and proclaimed to Eve, “I will greatly increase your pains in childbearing; with pain you will give birth to children. Your desire will be for your husband, and he will rule over you” (Net Bible).

Furthermore, patriarchy in English common law gave a husband permission to beat his wife with a rod as long as it was not broader than his thumb (Tracy, 2007). Women who refused sexual advances from her husband were viewed as not carrying out her marital obligations and risked being raped by him; an act that carried general acceptance (Bergen, 1999) with marital rape only made a criminal offence through the New Zealand Crimes Amendment Act 1985 (Ministry of Women’s Affairs, n.d.).

The formation of gendered roles based on patriarchal values and practices is widely practiced in countries, cultures and religions (including strongly traditional or fundamentalist religions) around the world, with men typically controlling their partner's income and assets, making the final decisions for their families, and being the main discipliner of their children. As a result, men are positioned as superior and dominant, whereas women and children are positioned as inferior or below men and marginalised (Pence & Das Dasgupta, 2006). Placed below or at the bottom can be viewed by the superior group as different to themselves, having less needs and desires, and to be objectified and used by those in the dominant group (Pence & Das Dasgupta). The impact of patriarchal practices and values on women who are abused in relationships is discussed by Bell and Naugle (2005) who suggest patriarchal values may reflect on women who take up personal responsibility and blame for the abuse from the implicit and rules they hold (e.g. about being a good wife, the one who stays with her husband, and the one who is responsible for keeping the family unit intact).

Contextual influences shape the use of violent behaviour by the perpetrator - the response to the violent behaviour by the victim, the physical, social, economic, legal, moral/historical environments influencing how a victim copes with the violence, and the resources available to them. From this vantage point, the intention, meaning and effect of the violence are considered alongside the contexts in which one is situated (Lindhorst & Tajima, 2008). The ecological model used here would link the macro and the micro and the individual with the collective. For example, the social construction of gender within an individual or micro context can influence how universal claims made about men and women (such as male superiority and privilege) can be made to appear as normal and innate, rather than the product of social construction (Anderson & Umberson, 2001).

Biosocial support for patriarchy combines biology and sexual differences with societal economic and social structures, and contends that biological differences are a foundation of patriarchal ideologies (e.g. stronger, more intelligent men protecting weaker, dumber women) (Wood & Eagly, 2002). Gender socialisation of psychological differences is in response to patriarchal social structures with boys encouraged to think and act in a dominant style, and girls encouraged to take a subordinate position in order to prepare both sexes for these roles in adulthood to foster hierarchal relations.

Furthermore, the contemporary patriarchal movement clearly holds traditional patriarchal ideologies within families, cultures and religions. An illustration of this is provided in an article by disenfranchised fathers who refer to groups of feminists as operating in packs like hyenas, and claims that patriarchy as a family system is the only one that works for the majority of everyone involved (Price, 2013). To look closer at patriarchy and religious fundamentalism, a definition is

given from a feminist perspective as an “intersection between faith, patriarchal tradition and power” (Harper, English, & MacDonald, 2006, p. 3). The practice of this junction involves religious texts and doctrines being selectively interpreted for the purpose of continuing a particular agenda (political or cultural), in order to maintain a social order informed by patriarchy or to exert control over women’s bodies. An imbalance of power is created. Continuing rules and expectations that are man-made and founded on biblical-times culture rather than biblical standards, results in the male partner and/or father being raised to a spiritual authority, and places him between another person and God, hence towards idolatry (Houdmann, n.d.). In protest, women’s rights activists continue to challenge the moral claims by religious fundamentalists, for example, by exposing common myths experienced by 1607 participants who responded to a survey, and appealing to those who are promoting and protecting human rights to demand accountability (Balchin, n.d.). Thus, patriarchal ideologies prevail despite changes in equality and opportunity for women, changes in family size, women’s participation in the labour force, general changes in equality and change for women and the demonstration of the flexible capability of both sexes (Wood & Eagly, 2002).

### ***2.9.2 Attachment to the abuser***

A commitment to the relationship and making it work despite the abuse, has been identified as an important influence in a victim’s decision to stay or leave (Bell & Naugle, 2005). Love for the abuser, forgiveness for his behaviour and the hope he would change were amongst leading reasons for why women stay and have returned (Fanslow & Robinson, 2010). Dutton and Painter (1993) contend that the sporadic nature of good and bad actions of the abuser are the two core features common in an abusive relationship and which create a power imbalance in the relationship. Walker (1979, as cited in Mangum, 1999), contends that this power imbalance leave victims feeling powerless to stop the abuse by partners despite many attempts, and due to the intermittency the victim is influenced to stay and work at the relationship, for example, when a ‘honeymoon’ or make up period of apologies and promises soon follows an abusive incident.

Similarly, intermittency seems conducive to strong emotional attachment bonds. These develop in an emotional trap where victims enter into a relationship, abuse is later experienced, and the victim rationalises the first incident as an exception to the good in the relationship and becomes immersed in the remorse expressed by her partner. This can result in the victim believing that it is her responsibility to stop what is happening (Dutton & Painter, 1993) although they may not be able to identify what is occurring as violence or abuse (Gollat, 2007).

Traumatic bonding theory goes one step further and suggests that intermittent abuse contributes to a hidden attachment to the partner which can manifest even after she has left him and her

immediate fears have dissipated. This was tested in a study of 75 women who had recently left abusive relationships (Dutton & Painter, 1993). The focus was on the psychological impact relating to separation and included any attachment they felt for their former partner, their self-esteem and any trauma symptoms they experienced. The study found that the psychological impacts were experienced immediately following separation, but six months later they found whilst the fear had subsided, the attachment to the partner was stronger. However, Dutton and Painter found that this feeling of attachment did not result in the women returning to the relationship, as only 9% returned, suggesting that other forms of attachment outside the relationship had been achieved.

### ***2.9.3 Psychological entrapment and the investment model***

Psychological entrapment can occur when victims are too concerned about the views of others if she leaves the relationship, who blame themselves for the violence, and who are less aware of the increasing risk of staying in a violent relationship (Bell & Naugle, 2005).

Psychological entrapment can prevent victims from leaving the abusive relationship and is often worsened by others presenting an attitude of blame and disbelief towards the victim. This can be experienced by women in the more patriarchal, cultural, religious and ideological groups where keeping the abuse secret for fear of bringing shame onto the family can result in a major barrier to getting help for victims (Nelson & Spalding, 2009). The consequence of entrapment is isolation and loneliness which further clouds decision making processes and drops self-confidence down to a non-existent level.

Breaking out of psychological entrapment model means presenting victims with positive certainties regarding their future (e.g. housing, employment, financial support, emotional support), and if this is uncertain or not perceived as possible in the future, then a deepening entrapment in the abusive relationship is likely (Bell & Naugle, 2005).

Similarly, the investment model, based on the exchange model developed by Thibaut and Kelly (1959, as cited in Bell & Naugle, 2005), suggests that the more reinforcements a victim is able to obtain shortly after leaving a violent relationship, the more likely she is to leave. Thus, victims will use a perceived cost/benefit approach and weigh up the rewards and costs associated with the relationship (Bell & Naugle; Shurman & Rodriguez, 2006). There will a tipping point for leaving the relationship and if the perceived future difficulties seem too costly and benefits too few, returning to it (Anderson & Saunders, 2003).

#### **2.9.4 Fear**

Violence creates fear and yet the fear of leaving the violent relationship is often greater (Gollat, 2007; Shurman & Rodriguez, 2006). Fear can be viewed as the single thread that unifies all the barriers that victims face for their self, their children and even their pets, with research finding a correlation between domestic abuse and pet abuse, and the strong influence that the fear for the well-being of pets has on victims staying in the relationship (Cooksey, 2008; Edwards, 2004).

The fear experienced in the relationship can result in stress and anxiety affecting a victim's job performance and attendance (Swanberg & Logan, 2005). Fear can result in the victim complying with her partner in order to avoid verbal and physical punishment - a compliance that can result in the victim having to give up aspirations and current enjoyments, and consequently reinforcing the continued use of violent behaviour or the threat of this by the perpetrator (Myers, 1995 as cited in Bell & Naugle, 2005).

Leaving the abuser does not equate with the dissolution of fear. Nelson and Spalding (2009) found the fear of future violence can be experienced by some victims for a considerable time following separation; a fear that can become a dangerous reality particularly for women whose partners believed they had had or wanted to have an affair prior to separation (Fleury, Sullivan, & Bybee, 2000).

#### **2.9.5 Poverty and homelessness**

The choice between poverty and homelessness and staying in an abusive relationship is often an unresolvable one, particularly where children are involved (Gollat, 2007). Despite the fact that access to good housing has not been found to be a predictor of whether or not women leave violent relationships (Baker, Cook & Norris, 2003; Fanslow & Robinson, 2004), poverty seems all too common for women who leave violent relationships - more so for those who leave their homes at or after separation and who are more likely to experience homelessness (Baker et al., 2003). Loneliness and financial stress are much less likely for women who were able to stay in their own homes (Edwards, 2003), whereas women who had to leave their homes experience isolation from their support systems and communities that can lead to homelessness and poverty (Spinney & Blandy, 2011).

In addition to housing, significant practical challenges are faced by women in their attempt to move out from an abusive relationship - finances, custody of children, finding temporary accommodation and refurnishing a home (Nelson & Spalding, 2009) - all can contribute to a victim returning to a relationship that is abusive however may have the resources for financial stability and intimacy.

With this in mind, victims who leave a refuge or safe house and return to the relationship, may be selecting these known and needed immediate resources, rather than the hope of longer term resources that are unknown to them and sit outside the relationship (Bell & Naugle, 2005).

Out of relationship resources such as family support, an independent income and own housing have been signalled as helping women not return to the relationship (Fanslow & Robinson, 2010). However, women continue to be encouraged to leave their homes in order to prevent re-victimisation - informed by institutional discourses or system protocols and research that argues victims must leave their abusive partners and leave their homes in order to be safe (Baker et al., 2003; Edwards, 2004).

### ***2.9.6 Issues for refugee and migrant community***

Whilst the *NZ Human Rights Commission/Te Kahui Tika Tangata report to CEDAW (2012)* points to the inaccessibility of culturally appropriate services in many groups of women from minority ethnicities or disabled groups, there are specific barriers faced by women who experience family violence and who belong to refugee and migrant communities. A paper prepared by Levine and Benkert (2011) for the NZ Taskforce for Action on Violence within Families, summarises the key issues that emerged from the research. For refugee and migrant communities, huge shame can be experienced from the notion that family violence could occur within their communities - creating the fear that disclosure may mean separation from their family and putting their community at risk. Shame promotes isolation, a known risk factor in domestic violence. Isolation includes separation and loss from the women's family of origin and social networks, restriction from participating and finding support in their community, lack of contacts and inability to ask for help due to language barriers between themselves and their host culture, and lack of awareness about services that may be able to protect them and their children.

The study found that an acceptable way of addressing family violence was through discussion on interventions to protect women and children with members of the community about family safety and health - preventive approaches that supports education. Access to refuges was identified as an important resource, despite few equipped for women and children from these communities, thus requiring additional support by community agencies who work generally with these communities to address this need. This resource can also educate and address immigration issues that many refugee and migrant women face and may not be aware of, such as the NZ law and policies that exist with regard to the rights of and protections for women and children (Levine & Benkert, 2011).

### **2.9.7 Victims and re-victimisation**

It is highly likely that victims of partner violence experience repeat assaults, thus making past victimisation the best predictor of future victimisation (Farrell & Pease, 1997; Farrell, Buck, & Pease, 1993; Farrell & Pease, 1993), and act as the barriers that deter the perpetrator from decreasing their offending as the number of assaults increase (Farrell, Phillips, & Pease, 1995). That is to say that the perpetrators understand the risks and are prepared to take them on. The term re-victimisation is also referred to as multiple victimisation, repeat victimisation or recidivist victimisation (Farrell & Pease, 1993).

The 2006 NZ Crime and Safety Survey mentioned previously claims that focussing on reducing re-victimisation for any type of crime has the potential to significantly reduce the amount and impact of crime in general (Mayhew & Reilly, 2007). This survey also found that during 2005, 51% of the victims of a confrontational crime by partners or someone they knew well were experiencing re-victimisation 5 or more times, and were then referred in the study as chronic victims. Furthermore, the statistics showed that 2% of victims who experienced partner violence accounted for three quarters of the offences committed by partners.

More recently, the NZ Crime and Safety Survey looked at re-victimisation in 2008 (Morrison, Smith, & Gregg, 2010). The survey found that re-victimisation occurred in 85% of all the crime committed, but only 19% of victims were re-victimised. For victims of partner crime, 58% had experienced this on two or more occasions - in significant contrast to 3% who were victims of burglary and 2% who were victims of vehicle crime. Both surveys highlight that concentrated victimisation results in a disparate distribution of crime across a population (Pease, 2007), confirming international research findings of the uneven distribution of crime across society (Millbank, Riches, & Prior, 2000).

### **2.9.8 The influence of wider cultural and social discourses**

I have in previous sections described discourses, coping strategies, ideologies, perceptions and decision models that are part of the socially constructed realities which influence victims to stay in a relationship where they are experiencing abuse by their partner. Further exploration is warranted of how victims construct meaning from cultural and social discourses and wider influences suggested by ecological approaches.

Van Dijk (n.d.) refers to discourses as written and spoken ways of communicating that can strongly influence how one thinks and acts, and whilst no one is exempt from social and cultural discourses, certain meanings and particular discourses can have more influence in a certain context on one's thoughts and beliefs than others (as cited in Schiffrin, Tannen, & Hamilton, 2001). White and Epston

(1989) propose that experience is structured into stories where meaning is made and played out. Stories compose our lives and relationships and draw upon the culturally available discourses that engage with the meanings we produce. Consequently, individual truths are not possible as individuals do not live in isolation, but are influenced by social and cultural discourses that result in truth being socially and culturally constructed by discourse (Gergen, 1991). Van Dijk contends that the effect of this construction of truth can differ whereby “given a specific context, certain meanings and forms of discourse have more influence on people’s minds than others” (p. 357, as cited in Schiffrin, et al., 2001). To illustrate this, femininity and romantic discourses endorse cultural constructions about love and nurturing with assigned roles that support ideas about perfect love, which in turn can silence women from speaking about violence used against them by their partner (Towns & Adams, 2000). This construction of relational happiness holds women responsible for relationship happiness, informed and supported by other aligned social and cultural beliefs (Giles et al., 2005).

In regards to domestic abuse, discourses provide a script in order to maintain a particular way of being and speaking about experience and therefore influences how the abuse and behaviours are viewed (Baly, 2010). Discourses are thus contextual and social meanings develop and evolve rather than pre-exist or remain stable. It is important to understand the ideological dilemmas and conflicting beliefs and frameworks of blame and responsibility that swirl around the conceptualisation of victims and perpetrators, and affect those working with victims of violence (Thapar-Bjorkert & Morgan, 2010).

Accordingly, dominant discourses or universal claims-making about social problems such as domestic violence can either support or constrain victims of domestic violence in their decision to stay or leave the relationship (Baly, 2010), and can reflect different explanations given about women who don’t leave. Berns and Schweingruber (2007) found that non-victims provided simplistic understandings of a victim’s situation and what they should do. These were made in comparison to the women who had been victims and who gave explanations accompanied by complexity and confusion, reflecting their lived experience. Thus, non-victims are shocked by victim’s apparent passivity which encourages repeated abuse, because, by focussing on the individual, there is a failure to understand the contribution of social and cultural contexts and victim’s increasingly troubled sense of self (Pease, 2007).

Thapar-Bjorkert and Morgan (2010) explain how the tension between discourses and the victim’s sense of self can result in violence being understood as “natural, normal, to be expected, and/or understandable” (p. 37). Consequently, a victim may perceive the abuse as inherent and unique to

them rather than part of a social problem that can be addressed, and that there are many women who receive communications about their experience of violence that are blaming or threaten punitive consequences (Fanslow & Robinson, 2010) - reinforcing the message that the “abuse is acceptable but she is not” (Giles et al., 2005, p. 108).

Discourses affect decision making processes resulting in women feeling the need to defend their abuser when facing outside judgement (Baly, 2010). But discourses can also empower and change the way the victim thinks about themselves and their situation. The problem, says Baly, is that access to the constraining discourses outweighs the availability of empowering discourses. Thapar-Bjorket and Morgan (2010) believe that social discourses or norms can become entrenched within institutional discourses and play a role when it comes to interpersonal violence by preventing society from taking responsibility to do something about this violence.

## **2.10 Theories of domestic violence**

The above discussion on discourses draws on social constructivist theory about how our reality is socially constructed through discourse, and sociological theory on how oppressive social norms are both imposed and accepted by individuals and groups. Feminist theory describes the role of patriarchy in this process of social norming. The discussions on psychological and psycho-biological theories have been used to explain perpetrator/victim attachment, entrapment, coping strategies and responses to fear, while poverty, homelessness and re-victimisation highlight the importance of the ecological theories. For the most part these theories are additive and address different aspects of the domestic violence problem, sometimes focussed at the individual level, sometimes at the societal level, sometimes on the perpetrator and sometimes on the victim. However, when focussed on the same issue contradictions occur.

To illustrate, feminist theory as previously mentioned contends that an analysis of crime has to consider the issue of gender and the patriarchal practices and structures that serve men to demonstrate their position of power over women in society. Therefore men are positioned by feminist theory as more predatory solely due to their gender rather than their activities, and women become victims of male predation (Mustaine & Tewksbury, 1999). In stark contrast, Cullen and Agnew (2006) refers to the psycho-biological individual trait theory that believes people who commit criminal offences are controlled by psychological and biological factors that are absent in those who do not commit crime. Others taking a sociological or ecological perspective, argue that an array of factors including cultural norms and situational contexts have been found to be implicated in the commission of lethal and non-lethal partner violence (Dobash et al., 2007).

Most research on domestic violence, while taking a theoretical stance, does not set out to provide a rigorous test of the different approaches. Flitcraft and Stark reviewed a random sample of the medical records of 3,676 women who had complained of injury when they came into a Yale emergency service (Stark, 2007). The study commenced in the late 1970s with results finding that nearly 20% of these women who had come with at least one injury that was related to abuse or battering also accounted for 40% of the 5,000 plus injuries that the total sample group had presented - indicating that partner violence is the major cause for women seeking medical intervention.

The study explored the value of three explanatory models for domestic violence as follows:

- The sociological model that situates violence in the context of families where it is normalised and accepted;
- The feminist model that contends violence is supported in society by patriarchal practices and unequal distribution of power between the genders; and
- The trauma theory model which contends that repeated acts of violence result in the development of a psychological dependence for women who remain in the abusive relationship.

The findings challenged the central tenet of the sociological model with 73% of the women identifying themselves as single or separated at the time of abuse. The notion of learned helplessness was not supported in that the study found more evidence to suggest that abused women seek help quicker than women victims of stranger attacks or car accidents (Stark, 2007). Support for tenets of the trauma theory was found in that 14% of the women accessed the emergency department more than 10 times a year for trauma. Another tenet of this theory was supported which postulates that battered women are unique in their suffering of medical, psychological and behavioural concerns with attempted suicides, depression, substance use and reported child abuse included. All who were presenting with the strongest evidence of trauma showed development of these secondary problems within the context of abuse.

However, from viewing the medical records it seemed to the researchers that the events surrounding an abusive incident were positioned as 'normal'. This is inferred from the casual nature of the case notes taken about the women's injury and sole focus in the notes on treating the injury, despite the evidence of such things as alcohol or drug use or a suicide attempt. This supports a sociological interpretation, although this seeming indifference also suggests a patriarchal practice prevailed at that time – the doctors would be mainly men. The NZ MoH model mentioned

previously tries to break down clinician indifference, and by using an ecological and inter-agency model, is trying to combat normalisation of violence and any reluctance to use services.

## **2.11 Preventing domestic violence**

A conceptual model was developed by van Dijk and Waard (1991) who contend that a review of the evidence suggests an approach which combines community policing and a prevention-orientated approach will reduce crime, fear and disorder. The components of this model is outlined in s2.12.1 that specify nine types of particular orientations for primary, secondary and tertiary prevention of crime. Specific to offenders is an offender-orientated primary prevention that focuses on the general public to prevent people becoming offenders; a secondary prevention that focuses on identified potential offenders; and a tertiary prevention that focuses on known offenders.

The other types include primary prevention with a situational-orientated focus that involves general awareness around locking cars and houses. A victim-orientated focus also sits under primary prevention to increase awareness for the general public. In New Zealand we have training and public awareness programmes and initiatives, both government and non-government led in order to work collaboratively and improve the response of professionals and the public to issues of family violence.

Next there is secondary prevention with a situational-orientated focus that involves heightened prevention for high crime areas with, for example, more lighting and presence of security workers. Secondary prevention that has a victim-orientated focus are programmes aimed at specific vulnerable groups, for instance self defence programmes for women who work at night. Under the current New Zealand *Domestic Violence Act 1995*, we have protection orders that enable women and children victims to attend free individual counselling or groups to raise their awareness and empowerment.

Lastly there is tertiary prevention with a situational-orientated focus that involves measures such as computerised security for extreme at risk areas. Tertiary prevention that has a victim-orientated focus are assistance and support programmes for those who have been victims in order to try and prevent further harm and re-victimisation. An example of this is provided by women victims in New Zealand who have a protection order and have named relationship counselling as an unsafe intervention due to feeling unsafe being with the perpetrator (Robertson, Busch, D'Souza, Lam Sheung, Anand, Balzer, Simpson, & Paina, 2007). To address this we have the Family Court that currently provides free counselling under the *Family Proceedings Act 1980* for separated parents, where the victim and the perpetrator are able to attend counselling together or separately. Another

example of tertiary prevention is where victims of domestic abuse can access financial support through Work and Income NZ in order to receive a benefit without a stand down period, and access to legal aid if they meet the criteria. The welfare changes made to financially support victims of domestic abuse supports WINZ offices to engage in family violence intervention programmes in order to effectively respond to victims (Work & Income New Zealand, n.d.).

Under the current *Domestic Violence Act 1995* male respondents of a protection order are required to attend a non-violence programme, commonly known as an anger management or stopping violence programme. This comes under tertiary prevention even though the success of the offender programme or men's non-violence programmes evokes much discussion and evaluation. For example, at a domestic violence hui or meeting in 2009, Principal Family Court Judge Boshier refers to an evaluation prepared by the Institute of Criminology at Victoria University of Wellington for the Department of Corrections. This evaluation found men who attended non-violence programmes reduced their violent and abusive offending, however recommends caution about evaluations for a number of reasons that include self-reporting and the exclusion of men who do not complete the programme. Boshier (2009) draws on a 2008 survey by the Ministry of Justice of 100 court files that found 24% of men do not complete the programme. In his conclusion, Boshier argues that protection orders alone are not enough protection for victims, and programmes for both perpetrators and victims should be regarded as imperative.

## **2.12 Domestic violence and crime prevention approaches**

### **2.12.1 Introduction**

Morley and Mullender (1994) contend that programmes are either focussed on preventing domestic violence occurring in the first place or preventing repeat incidents. They argue that although a focus on repeat incidents will not eliminate this violence, it is needed due to the inadequacy of preventative programmes. Crime prevention is defined by van Dijk and Waard (1991) as “the total of all private initiatives and state policies, other than the enforcement of criminal law, aimed at the reduction of damage caused by acts defined as criminal by the state” (p. 483). The authors argue that crime prevention approaches need to distinguish between victim and offender related type crimes – e.g. between domestic violence and using illegal drugs. They took *routine activity theory* (RAT), an ecological approach which argues that crime occurs because there is “an accessible target, the absence of capable guardians that could intervene, [and] the presence of a motivated offender” (Attorney General and Justice, 2011, p. 1), and combined this with dimensions of a public health approach (Cohen & Felson, 1979) to create a two-dimensional typology (victim vs offender focus) crime prevention model. This model is used by crime prevention experts in the Netherlands and van

Dijk and Waard believe it may also be a useful model for crime prevention approaches in other countries.

### **2.12.2 Crime prevention approach to domestic violence**

Farrell, Phillips and Pease (1995) discuss re-victimisation and the implications of a crime prevention approach for domestic violence in relation to the three components of RAT - where a motivated offender is the perpetrator, a suitable target is related to the offender's partner or ex-partner, and the lack of a suitable guardian is not only relating to people but also to easy access into the home. The developers of RAT contend that the three components need to converge in order for a crime to be successful for the offender (Cohen & Felson, 1979). With this theory in mind, the opposition to others entering the home and intervening removes any barrier in the form of a suitable guardian for the abusive partner, supports the notion that domestic violence is a private nature, and hinders any move towards this issue being treated as a public concern (Sabol, Coulton, & Korbin, 2004).

Do crime prevention approaches blame the behaviour of the victim? Farrell and Pease (1993) argue that despite the fact that offenders are solely responsible for their offending, some victim behaviour can increase the risk of re-victimisation, for instance, not being able to or not wanting to make changes to their current lifestyle that leave them vulnerable. Buckingham (2006) contends that the notion of freedom as straight forward can be misleading for women who are victims of domestic violence and lacks an understanding of the dynamics involved in a relationship that is abusive. I have already discussed this under s2.9 in relation to attachment, entrapment and the impact of social discourses. A further illustration: there is public outrage when a woman chooses to stay a relationship where she is abused and children get hurt or murdered, but what autonomy did she have when the alternative was to go with her children into sub-standard accommodation and live in poverty? In a similar vein, formal sanctions against domestic violence in NZ such as protection orders are undermined by the justice system when breaches are blamed on the victims (through lack of understanding of the dynamics of the relationship that is abusive), or otherwise treated in a manner that gives the message that domestic violence is not considered a serious matter (Giles et al., 2005).

### **2.12.3 The pro-arrest approach**

Police responses to family violence in NZ and overseas developed over three identified chronological phases with the traditional approach, the crisis intervention approach and the *pro-arrest* method (Carswell, 2006). The traditional approach used predominately prior to the 1970s supported a clear separation of private and public spheres with the Police reluctant to intervene in private or family

matters (Newbold & Cross, 2008; Carswell, 2006). The crisis intervention approach continued this separation with domestic violence not viewed as a crime and arrest only made as a last resort. The pro-arrest policy was first introduced in NZ during 1987 and enabled police to arrest when enough evidence suggested a crime had occurred, without requiring the victim to lay an official complaint (Carswell) - an approach later implemented in the US in the early 1990s (Hester, 2009).

The assumption that underpins pro-arrest policies is that domestic violence rates will lower by increasing arrests and prosecution (Curran, 2010). Sabol, Coulton and Korbin (2004) state that pro-arrest policies in domestic violence are a form of state control involving government supported organisations such as the criminal justice system. Sabol et al. believe that whilst pro-arrest policies can be punitive and are perhaps politically correct, they do not consider the wider context, particularly the specific ecological context of domestic violence interventions and the role played by community organisations. Additionally, Sherman, Smith, Schmidt, and Rogan (1992) analysed whether perpetrators are deterred by the legal sanction of arrest for domestic violence, and consequently, less likely to reoffend in relation to their level of “stake in conformity” as measured by employment and marital status (Toby, 1957, as cited in Sherman et al., 1992). They found pro-arrests had no effect on overall crime reduction for those with a low stake in conformity - were unemployed and not married – and contend that employing such sanctions to individuals who do not possess this stake has the potential to produce more criminal offences. The authors also propose that increasing the severity of formal sanctions for someone who has minimal stake of conformity will not make any difference to their reoffending.

While pro-arrests do not address unreported incidents of domestic violence, Newbold and Cross (2008) found they resulted in a considerable increase in arrests with domestic incidents now viewed as a criminal act. However, Smith (1991) found that the implementation of pro-arrests was made unevenly by the NZ Police (as cited in Carswell, 2006; Newbold & Cross, 2008). This led to formation of the Family Violence Prevention Coordinating Committee in 1985 to investigate the merits of the pro-arrest policy. The committee found that an arrest policy which sits alone would not reduce reoffending, and as a result the policy was ‘re-stated and re-enforced’ in 1992 (Carswell, 2006). This revamped 1992 policy was influenced by the Hamilton Abuse Intervention Pilot Project (HAIP) which used an integrated coordinated intervention approach for both offenders and victims in order to stop the violence; with offenders being accountable and rehabilitated, and victims being supported and protected. This approach was based on the Duluth Abuse Intervention Project (DAIP) in Minnesota and carried the hope of a more even pro-arrest implementation by the NZ Police. A report produced one year later by Ford (1993, as cited in Carswell, 2006) found that although arrests were implemented with greater frequency, there still remained inconsistency with arrests and

problems with monitoring such as a lack of reliability on how assaults were coded (Robertson & Busch, 1993, as cited in Carswell, 2006). In response to these reports, the policy was again updated that implemented a multi-agency approach to sit alongside the existing pro-arrest policy. This application was viewed as an important strategy given the ability of social service agencies to respond to particular issues (Newbold & Cross, 2008).

Similarly, the traditional one-size-fits-all standard approach based on arrest and punish practices, used by the American Police and challenged for more than a decade due to the inherent limitations, has progressively been replaced by tailor made methods. These methods include partnerships between community and government agencies in order to address the defined problem and aid in a decline of fear for those in society (Weisburd & Eck, 2004).

#### **2.12.4 Other crime-prevention responses to domestic violence in NZ**

Also during 1992, the NZ Crime Prevention Action Group (CPAG) was established by the Government. The aim was to develop a national crime prevention strategy to combat crime and associated costs that were continuing to increase in the context of a stagnated criminal justice system – with limited responses to prevent this rise (O’Neill, 1993). To address this in regard to domestic violence, a Taskforce Programme of Action was later established in June 2005. The role of the taskforce was to advise the Family Violence Ministerial Group on how to address and eliminate family violence in NZ - the *It’s not OK* public campaign against domestic violence was one the programmes that came out of the Taskforce. In 2011 the *It’s Not Ok – Year in Review* was produced by the NZ Taskforce with promising results as suggested in the executive summary. The results were taken from their research that showed 1 in 3 people have taken action to address this issue, and a lower tolerance in the general public for family violence (NZ Taskforce 2011). More recently, the Taskforce has developed a guide for service providers that encourages the inclusion of service users. The guide states that IPV “specialist services continue to receive the best feedback from service users because they listen to them, giving them a voice” (Close & Peel, 2012, p. 6).

With the notion of service users in mind, Pease (2007) contends that mandated processes such as offender programmes, alongside support, advice and counselling for the victim and relevant crime preventing activities, would empower victims. Including victims in preventing their re-victimisation by using a crime prevention approach, has been applied internationally in domestic violence agency projects by using target hardening or safety measures alongside advocacy and support - a tailor made approach specific to the victim’s needs. An evaluation of 27 projects in the UK found that the inclusive approach of advocacy and support, as well as the safety measures of a panic alarm and

home security, reduced re-victimisation and increased the victim's sense of safety and level of confidence (Hester & Westmarland, 2005).

### **2.12.5 Routine activity theory (RAT)**

I have already introduced RAT in s2.12.1 and s2.12.2 above as a theoretical approach that integrates the whole range of crime prevention approaches. Developed by criminologists and influenced by social and political change, lifestyle and routine daily activity theories are integrated in the ecologically driven routine activity theory of crime (Cohen & Felson, 1979). This theory was developed to stem the increase in criminal activities and consider how social change affects the opportunity for some types of crime. For instance, the social and political change post World War II resulted in women moving more into the labour force. This meant there was an increased opportunity for burglary with the guardians previously routinely at home, acting as deterrents that directly or indirectly de-motivated potential burglars, no longer there (Sabol et al., 2004).

In addition to routine activities, this theory contends that the three elements of an attractive or suitable victim as perceived by the offender, a motivated offender and the lack or absence of capable guardianship, must converge in order for a successful completion of a criminal activity (Cohen & Felson, 1979). Therefore, although the offender must be willing to commit the crime, their motivation or intention is not considered exclusive of the other components. Rather, this model lends towards a defocus on the individual and a specific focus on the criminal act itself - the developers of RAT arguing that it is common sense to believe that without access to criminal opportunity, no amount of motivation would be enough for a criminal act to occur (Cullen & Agnew, 2006).

This crime prevention theory has been subject to criticism. Dugan and Apel (2005) argue that this model is limited in informing strategies for a wide range of criminal activities that include violent crime, and that retaliatory responses can increase when a suitable victim or target changes their routine activities to limit their exposure to the offender. They argue that this in turn increases an offender's motivation and raises the potential to deliberately select the target. This is where the target selection is known and pre-determined, in comparison to stranger target selection where targets can be replaced by other targets and is opportunistic.

To further develop the presence of the motivated offenders component in RAT, Felson (1986) incorporated a fourth component in the model and connecting this to Hirschi's control theory (1969, as cited in Felson, 1995) - resulting in a two-step process. Control theory considers the informal social controls operating on the offender and is based on the premise that although all humans

inherently pursue self-gratification, social controls limit the attraction of committing crime and this pursuit. The first step refers to social bonds or rules that are established in society and adhered to by *handlers* or those in a controlling relationship over the individual (e.g. parents and teachers), and who can be aware of their behaviour. The second step refers to the exertion of social control to rectify the behaviour of the individuals who are not adhering to the social bonds. The latter becomes problematic, with the likelihood of continued criminal activities, when the offender is without any handlers and/or the focus of crime has no suitable guardians (Felson, 1995).

### **2.12.6 RAT as a crime prevention approach to burglary**

The first project to initiate RAT as a crime prevention approach was the Kirkholt project in Rochdale, London in late 1985 in an attempt to reduce the rate of burglary re-victimisation. The project used locally appropriate means to prevent re-victimisation by employing 15 different methods (e.g. removing or securing desirable objects, co-operation with neighbours, targeting prior victims), that worked together under this theme (Farrell & Pease, 1993). Preliminary results for the Kirkholt project showed that the rate of re-victimisation reduced significantly to practically nil; with no signs that crime was being deflected or replaced in other areas or with other types of crime (Forrester, Chatterton, & Pease, 1998), and resulted in funding for the use of this approach for violent crime (Lloyd, Farrell, & Pease, 1994).

The success of the Kirkholt project and the appeal it had as a strategy for crime prevention included the concept of drip-feeding as one advantage in preventing re-victimisation (Pease 1991, as cited in Farrell & Pease, 1993). Drip-feeding refers to the consistent use of limited crime prevention resources such as monitored alarms to a larger pool of repeat victims (Farrell, Buck, & Pease, 1993). Objection to this approach included whether drip-feeding might increase victimisation due to displacement, resulting in the same behaviour being used with new people or in new places. However, Farrell and Pease (1993) contend that the focus on reducing re-victimisation is more likely to result in having a greater affect on preventing overall crime.

### **2.12.7 RAT as a crime prevention approach to domestic violence**

RAT for domestic violence was introduced by the Merseyside Police London as a response to the success of the Kirkholt Project - the objective was the "prevention of repeat victimisation by all locally appropriate means" (Lloyd, Farrell, & Pease, 1994, p. 1). Pendant alarms were provided on loan to the victims and were "the most dramatic part of the package" (Lloyd et al., p. 23). The alarms were used alongside other support interventions such appropriate workers to help with housing, benefits and other practical actions. Thus, a tailored preventative package was provided

for each victim. The loan of monitored alarms was used in the interim whilst the re-housing of victims was arranged in order to reduce any opportunity for abuse. The project was evaluated, included some victim views, and drew preliminary conclusions about the first stage of preventing repeating domestic violence incidents for women who were found to be repeatedly victimised. The evaluation at the early stage of the project suggested women and children were experiencing psychological benefits (Lloyd et al.). Lloyd et al. considered it unlikely that offenders of domestic violence would replace this type of crime for another as the notion of displacement suggests. Rather, they believed that while the perpetrator may go on to reoffend with a new partner, they may also decide to address their behaviour due to the societal response they have received.

During 1997, a project with a key objective to reduce domestic violence was led by the Killingbeck Police divisional headquarters in Leeds. The project used a three tier approach that draws and builds on the three concepts of RAT and provided an equal response in protecting victims, demotivating offenders, and increasing the level of re-attendance by the Police (Hanmer, Griffiths, & Jerwood, 1999). Community agencies and housing authority departments, amongst others, became partners with the Police in order to escalate inter-agency collaboration. An integral component of the approach was for offenders to face a consequence, and for victims to be offered support at every reported incident regardless of the level of injury or risk. The latter was based on the understanding that not responding effectively to low risk can heighten the likelihood of further, increased risk. If the woman decided to end the relationship and stay in their home, she and any children were supported. For instance, they were provided with security upgrades and the loan of a monitored alarm as required, along with the active engagement of community support (e.g. neighbours or friends) - all in consultation with the victim. Hanmer et al. report that the project was successful in reducing repeat attendances and increasing time between attendances - both due to the Police responding appropriately. An evaluation concluded that the project demonstrated how early and systematic intervention can reduce re-victimisation. This success resulted in the Killingbeck project becoming a model for other similar initiatives aiming to reduce re-victimisation and drawing on RAT, the enhancement of police responses, and the working partnerships between government and local agencies (Millbank et al., 2000).

Supporting women and children to remain safely in their home, having a strong emphasis on reducing homelessness due to domestic violence, and working from a human rights perspective, informs various safe at home models, in particular ones that operate in the UK and Australia. Contending arguments about how such models address this issue includes an Australian report that describes a sanctuary scheme operating in the UK and further professes that any safe at home model is about providing a choice for women whose situation is interpreted at a low risk, and

therefore would not be advantageous for those assessed as at extreme risk (Tually, Faulkner, Cutler, & Slatter, 2008), whereas an Australian study on high risk women showed that they were able to remain safely in their homes (Edwards, 2004).

Although it has been found that housing was not a predictor of whether or not women left a violent relationship, those who did leave their homes were more likely to experience homelessness some time following separation, with one study finding 38% of victims who separated experienced homelessness immediately, and another 25% at some stage within the first year post-separation (Baker et al., 2003). Another study found two out of six women experienced episodes of homelessness that were long and traumatic (Edwards, 2004).

In Australia, the Staying Home Leaving Violence (SHLV) programme was developed following the Homeless Women's Speakouts Against Violence in Sydney during the late 1990's. There it became apparent that women presenting had left their homes because of violence and were now homeless and experiencing health issues (Edwards, 2011). The SHLV service is provided in New South Wales, Australia. A recent qualitative study examined this service with a focus on the safety of women and children who stayed in their homes, whether re-victimisation occurred, and the role that this particular service had on enhancing safety and housing stability. The study found that women and children who were able to stay living in their homes free from violence did not experience subsequent homelessness. The study identified that the provision of both emotional and practical support by way of legal orders, security upgrades and support from local community members, was a main strength of this service with 14 out of the 17 women interviewed now living a life free from violence (Edwards, 2011).

Sanctuary schemes are another version of the safe at home framework that operates in the UK. Such schemes also have a strong focus of reducing homelessness - a risk that can make ensure the service provision for a victim. To clarify, in order to be eligible for the sanctuary scheme in the UK a person needs to be at extreme risk of losing their home due to domestic violence or hate crime. The main feature of the sanctuary scheme is the provision of a reinforced room with doors and bolts so the victim can go there to call the Police. Other security upgrades to windows and doors can also be provided.

The emergence of sanctuary schemes resulted in the production of the *Options for Setting up a Sanctuary Scheme* (Department for Communities and Local Government, 2006) - a brief guide for service providers with the aim of helping "local authorities set up effective Sanctuary Schemes and to promote and share good practice" (p. 5). Concerns about using this approach include the psychological impact this approach could have on children growing up with highly visible security

features, along with future safety concerns should the victim reconcile with the perpetrator who later decides to use this type of room in order to hold them and their children against their will (Spinney & Blandy, 2011).

McFerran (2007), SHLV coordinator in Bega, Australia, highlights common issues for safe at home models. These include knowing who will be safe with risk assessments being used only as an indicator, funding issues for security upgrades included in safety plans, accommodation needs for the excluded partner, and sustainability for the victim to stay in her home due to financial concerns. The latter can include her inability to pay for household costs such as rent (Edwards, 2004). These concerns have been echoed in a positioning paper as part of a research study on homeless prevention for women and children who experienced domestic violence (Spinney & Blandy, 2011), and along with the mentioned concerns about the sanctuary scheme in the UK, informed a report that stated “safe at home models therefore are about providing choice for women in lower risk violence situations .... women and children in extreme risk of violence from their partner or family member will not benefit from these models” (Tually, Faulkner, Cutler, & Slatter, 2008, p. 46).

This suggests that women in lower risk violence situations where non-physical violence is used against them are the only victims who should stay in their homes. This suggestion is challenged by Edwards (2004) who found that 6 out of 9 women who had experienced extreme physical violence remained in their homes, with nil reporting an incident where the offender returned to the home and physically assaulted her. A strong attachment to their home, a belief that had a right to remain in their home, the removal of the offender, a fear that wasn't overwhelming, and the provision of safety measures including legal orders and security upgrades, were all identified by the 9 women as critical for them to be able to remain in their homes. The study involved twenty nine women in total with many of them leaving despite an attachment to their home from believing they didn't have the choice to stay but assumed this is the natural way things go – their offender's intention of staying wasn't questioned nor whether she was the person who had to leave. The components identified as necessary for safe at home models are the sustained removal of the offender from the home, immediate and long term safety measures and support for the woman and her children, and prevention of further violence.

Arguably, an integral component of any safe at home model that uses a crime prevention approach is the formation of partnerships (Millbank et al., 2000). The literature suggests that this partnership is between government and non-government sectors and needs to sit alongside a tailor made intervention plan for each victim, determined by their specific situation.

#### ***2.12.8 RAT in a NZ domestic violence agency***

Shine (Safer Homes in New Zealand Everyday) is New Zealand's leading provider of specialist services to assist victims of domestic abuse. Shine provides integrated and coordinated services to support victims of domestic abuse to be safe and support perpetrators to change. Shine delivers a range of services by full and part time staff members, contractors and volunteers that include, but not limited to, a free National Helpline, Safety First who work with victims, Kidshine who work with children, No Excuses non-violence programme for male perpetrators, a safe house for victims and the safe@home service (Shine, 2012).

The safe@home service provided by Shine is based on an ecological and multi-sectorial approach that incorporates a crime prevention approach based on RAT in aim of reducing re-victimisation. To revisit, RAT originally consisted of three elements are required for a successful crime (motivated offender, suitable target, lack of a suitable guardian/protection), and later reworked to include an additional component of social bonds - developed in society and able to be exerted with a degree of control over the likely offender. Repeated incidents of abuse are likely to occur and become routine when they are not interrupted. Shine safe@home service is focussed on keeping victims and their children safe in their homes and ensuring community protection, particularly from the Police.

Shine believes all people have the right to live violence free, with particular recognition of the needs of women and also children where safety is paramount and that any person who uses abusive behaviour is doing so by choice in order to establish and maintain power and control over the victim(s). Alcohol, drugs, communication problems, unemployment and/or poverty are viewed as contributing factors rather than underlying causes of family violence. Change is achieved at a personal and societal level through awareness and education, and a process of intervention where abusers are accountable and take responsibility for their behaviour, and victims are supported to be safe. This philosophical position held by Shine informs the practice principles used in advocating for the right of all people to live violence free. The emphasis with any intervention of Shine is on women and children in recognition of the prevalence of family violence that places them predominately as victims. However, male victims are not excluded from Shine services where they are viewed as no less deserving of safety and support (Shine, 2012).

Shine safe@home service is supported by a steering group formed by senior management representatives from Child, Youth & Family Services, NZ Police, Housing NZ, NZ Fire Service, Work & Income, Ministry of Social Development, and sponsors SPM Builders Ltd and Guardian Health Care. Shine has a memorandum of understanding with the Police to receive family violence incident reports that occur in the Auckland catchment area. Shine is the non-government partner in the local Family Violence Inter-agency Response System (FVIARS) alongside other agencies including NZ Police

and Child, Youth and Family (CYF). The FVIARS model has been operating throughout NZ since it was introduced in December 2006 with the key objective of enabling “collaborative, co-ordinated responses to family violence” (Carswell, Atkin, Wilde, Lennan, & Kalapu, 2010, p. 4). Agencies involved in FVIARS meet regularly to discuss reported cases by assessing risk, planning responses and monitoring progress of these cases a meeting that has become a key source of referrals for Shine services including the safe@home service.

Advocates that work in the Shine Safety First area link appropriate referrals through to the safe@home service. The advocates will work with the safe@home coordinator and the victim to produce a tailor made plan for the work needed. In this respect, the advocates may continue working with the victim after the safe@home service is completed for any support and advocacy work needed, for example legal support with protection orders as well as linking them to other agencies for on-going work such as counselling for themselves and/or their children. This follow up component is not built into the safe@home service process and therefore is not provided to all clients of the safe@home service, rather it is offered to clients where this is deemed appropriate as decided by the safe@home coordinator and advocates. Any offer of follow up services within Shine or referred by Shine is discussed with clients who make the final decision, however safety is always deemed as paramount.

Although the Police complete a risk assessment as standard practice, the Shine Risk and Danger Assessment based on Campbell’s Danger Assessment tool (1985, 1988, 2001), is also conducted by Shine advocates or the safe@home coordinator to gauge the victim’s level of current risk. A pre-visit call is made to the victim to ascertain eligibility for the service, followed by a home visit where the safe@home coordinator works through a victim self-assessment, and a tailor made safety plan and a security audit of the home is completed. The latter is to assess practical security upgrade options to provide such as solid doors, window locks, security lights and silent monitored alarms, with an activation of the latter alerting the monitoring centre who subsequently contact the NZ Police communications centre.

Shine safe@home service started in late 2008 with a 2 year pilot project fully funded by the Ministry of Social Development (MSD). Potential clients of the service needed to be assessed as high risk and live within the geographical boundary of the project, being the boundary pertaining to the western area of the Auckland City Police district and contained the catchment area of the Grey Lynn Child Youth & Family office. The safe@home service was not offered to women who wanted to reconcile with their partner, or victims who live in rural areas as the time for police to arrive would be insufficient to ensure their safety.

An evaluation of the safe@home service was completed in 2010 (Ministry of Social Development, 2010). The evaluation was based on the first 50 client self-assessment evaluation forms completed 3-6 months following the service and interviews with key people in the community who were involved in the project and part of the safe@home steering group. No contact was made with any clients. The evaluation concluded that the preliminary evidence strongly indicated good progress in achieving two out of three long-term goals, firstly in reducing client fear of continuing violence and feeling confident in their homes and secondly, in increasing stability for adults and children by providing security upgrades. The evaluation stated that a “longer-term follow-up of clients benefiting from the project would be needed to show whether this reduced fear and increased safety was maintained in the long term” (p. 20). The third goal was referred to as a goal to reduce a spiral effect into poverty for adults and children due to the domestic violence - no indication of achieving this goal was indicated in this report.

The service was awarded the ADHB Community and Primary Health Innovation Award 2009 (winner) and the Auckland City Community Safety Award 2009 (highly commended), with the latter in recognition of Shine’s outstanding contribution to the safety of Auckland City communities. Following the MSD funding of the safe@home service, Shine initiatives supported the continuance of the service that has been extended and is currently offered to high risk victims who live within the Auckland City Police districts and the North Shore Police districts.

The NZ government show their commitment to achieving a safer New Zealand that places victims first with the *Law & Order: Protecting Communities Policy* (2011) that outlines funding support for the safe@home service in order to enhance the rights of victims by improving services and supports. As a result, in 2012 an intensive training was delivered by the safe@home co-ordinator to safe@home advocates who now provide the safe@home service in Tauranga, Counties-Manukau and Christchurch.

## **2.13 Summary**

The review of the literature suggests that violence, in particular violence against women, continues to occur at alarming rates. The literature shows that victims experience psychological and physical impacts as a result of the abuse they have endured, and has come at the cost of relationships (e.g. family and friends and work and/or study aspirations). The direct and indirect costs incurred due to violence is substantial, albeit estimated conservatively, and has increased awareness and informed current interventions such as screening by health professionals - the impact on the physical and emotional well-being cannot continued to be ignored.

Domestic violence is a human rights violation and has led to attempts to address this in a manner that places the issue and responsibility in the public sphere. Whilst victims appear to use coping strategies to manage the abuse, other influences including the wider cultural and social discourses, are strong enough to keep women from leaving abusive relationships. A range of theories including sociological, feminist, psychology-based and ecological, draw conclusions about domestic violence and inform initiatives in the attempt to reduce its impact. New Zealand approaches include the pro-arrest approach which evolved into a programme with increasing community involvement. This in turn led to the establishment of the NZ Taskforce and the *It's not OK* health promotion campaign.

The move from domestic violence as a private matter to one that is a public issue and a crime, raised interest in crime prevention approaches originally used for burglary to prevent re-victimisation. The Routine Activity Theory (RAT) informing a crime prevention approach is based on three elements that converge. This theory moves away from a specific and sole focus on an individual responsibility and individualised solutions.

Compelling parallels are able to be made between the components of RAT and domestic abuse where the suitable (from an offender perspective) target is the victim of the abuse, someone who is suitable due to accessibility, and someone who is perceived as desirably affected by the offender in order to keep them motivated to offend. A lack of protection for the victim in the context of domestic abuse increases the likelihood of re-victimisation. Motivated domestic abuse offenders driven by factors such as learned behaviours and patriarchal discourses about their entitlement to use violence, are likely to commit and continue violence or abuse over their partners who they perceive as deserving, accessible and unprotected. Safe at home violence prevention models believe that abused women should be violence free in their own homes. This approach aims to severely restrict offender access while building victim confidence as she is able to avoid the social isolation, poverty and homelessness that often follow running away (with her children) from her own home. The victim is thus both less desirable and less accessible, and the offender, therefore, less motivated to abuse her. Safe at home models have been used internationally with results, albeit preliminary, showing considerable promise.

## **Chapter 3 – Methodology and Method**

### **3.1 Introduction**

This project involves firstly, a questionnaire that 64 clients of Shine's safe@home service completed prior to the safe@home service and within 1 – 3 months after their use of the service and, secondly, interviews with 10 clients for whom the service had been provided over a minimum of 12 months. The research approach is largely qualitative but will include some quantitative analysis, such that, overall, it could be described as mixed method.

### **3.2 Methodology**

In this section, I discuss the paradigms that underpin my approach to this research and the nature of the methods of research that spring from them.

#### ***3.2.1 Social constructivism and post-positivism***

My research approach is generally social constructivist. Constructivism is identified by Swan (2005) as the term for theories which hold the belief that one interacts with the world through cognitive processing and constructs meaning. The most common version of constructivism is a social constructivism which focuses on how meaning is constructed through social interactions or inter subjectivity.

Jackson and Sorenson (2007) describe social constructivists as holding an 'ideational view' where this social and inter subjective world is viewed as uncertain and interpreted by meaning, including the meaning made of incumbent physical entities. Each interpretation is made within a larger context that links with claims of meaning that are situated across time and place. Locating claims within a particular place and time means the world is not a separate entity to be understood only by objectivity or science, rather it is complex, social, interrelated and shaped by people's thoughts and ideas.

The constructivism ontological assumption (defining the nature of reality) holds that realities are multiple and a result of social construction, therefore no conclusive reality can be captured and generalised. The constructivist epistemological assumption (defining the relationship between the researcher and the researched) holds that to know about reality held by individuals, the researcher must make an interactive link with people that is more personal in order to understand their unique thoughts or knowledge, and the meanings made from these. Through this interaction the researcher

exposes the implicit values of the participant and produces findings that can be tracked back to the interaction (Mertens, 2010). This fits with the rhetorical assumption of social constructivism (defining the language used in research), where the language of research is described as informal and personal, allowing in the interaction for decisions to evolve, and for the language of the participants to be captured (Creswell, 1994).

Whilst the axiological assumption (defining the role of values) describes social constructionism as value laden and biased, it begs the question of what values? If this question is left unanswered it may result in the lack of a theory base for the research question or issue (Creswell, 1994). The methodological assumption (defining the process of research), includes the methodological consideration about the importance of using research methods that allow for engagement with subjectivity, such as interviews that are qualitative to enable a thick description of experience and meaning.

Where social constructivist researchers are focussed on understanding and interpretation, another approach that has relevance to this thesis, positivism, is focused on prediction. The goal of positivism is to observe and measure in order to understand the world that is viewed as deterministic and based on cause and effect - thus giving researchers the ability to control and predict (Trochim, 2006). Positivism's ontological position contends that all knowledge is forthcoming as data that makes single sense with theories that make linkages between this data. In other words, it already exists and only requires collection, measurement and systematising (Alvesson & Sköldbberg, 2010).

Creswell (1994) describes the positivist axiological assumption as research and researcher being value-free and unbiased. This then informs their methods. In order to avoid researcher bias, these methods must be measurement based (e.g. surveys, tick box questionnaires, standardised psychological and biological tests, and structured observations). Therefore data can be reduced to a number and, using a deductive process, to generalisations that explain and predict the way world works. Thus, the positivist epistemological assumption argues for the objectivity of the positivist researcher, who is positioned as being independent from what is being researched, and consequently engages in the use of language that is impersonal, based on set definitions, and requires the methodological approaches described above.

Grovogui (2010) contends that constructivists vary in their scepticism of positivism and its claim to objectivity. Mertens (2010), for example, gives support to the importance of objectivity in order to place the researcher as detached and independent, however she argues that the value-free position conveyed by positivism is a myth. Hence, Mertens recommends that any claims made to

understanding reality or truth need to be grounded on probability rather than certainty, and in so doing, can maintain their important philosophical position of objectivity and generalisability.

Post-positivism attempts some form of reconciliation between positivism and social constructionism. Post-positivism holds the notion that while there is a reality in which we can have thoughts and ideas which are objective (in the sense of being falsifiable) and in agreement with positivism, that at the same time it supports the claims of subjectivity held by the social constructivists though not necessarily agreeing the full extent of the those claims. In other words, unique personal meanings and viewpoints that are subjective, can support collective agreement or truth claims about significant insights about reality. The backing for such agreement is perhaps linked to the notion that human beings rely on each other for understanding actions and assigned meanings (Jackson & Sorenson, 2007).

Swan (2005) supports such an agreed stance between social constructivism and positivism where we indeed experience a real world, however she acknowledges that they part company over meaning - the latter believing it already exists and the former claiming it is to be discovered. Rather than viewing the philosophical position held by social constructivism as blindingly opposite to positivism, the partial interpretations made by post-positivists offer some support for positivism where valid knowledge can indeed be accumulated in accordance with social constructivism, but used to test the importance of theory.

Transdisciplinary theorists argue the complex nature of the environmental, social, educational, health and economic problems that we need to address, cannot be solved by through a single discipline or a single research approach, or either in isolation, or through a confrontation of different approaches. Instead a cooperative view in which positivism focuses on measurement and prediction and social constructivism focusses on understanding is promoted. Transdisciplinarity seeks to conjoin and integrate various disciplines and methods without altering their existing ontological and epistemological assumptions (Goschin & Zaman, 2010).

### ***3.2.2 Transformative approach***

The transformative approach, while similar to the post-positivist approach, differs in that it does not claim to be value free. Mertens (2010) purports that the philosophical position of research influences the decisions made throughout the research, including the chosen methods. However, she believes that whilst not all researchers are aware of their assumptions or philosophical position, this does not mean that they do not exist - leaving researchers who are not able to work value-free.

Mertens (2010) emphasizes transformative research as inherently positioned within the values of social justice where “the agency for change rests in the persons in the community working side by side with the researcher toward the goal of social transformation” (p. 8). Therefore, the transformative researcher is interested in revealing and addressing practices that place blame and responsibility on the oppressed person, and in so doing deny their rights and their experience. The transformative epistemological process is one of a researcher interrelating with what and who are being researched, and engaging in an interactive process that places knowledge, data and findings in historical and social contexts, and at the same time, holding an intention to address power and trust imbalances.

Transformative approaches support the notion of varying realities created by social positioning, with an awareness that the varying realities are a result of privileging some over others. The process of transformative research and outcomes is informed by the axiological assumption of the roles of transparency and reciprocity, contributing to an approach that carries the potential to generate change - both present and continued over future generations (Ledwith, 2007). Mertens (2007) claims that the “ontological assumption of the transformative paradigm holds that socially constructed realities are influenced by power and privilege” (as cited in Sweetman, Badiee, & Creswell, 2010, p. 299).

Although qualitative methods of social constructionism, with their emphasis on power relationships are already focused on social justice, Mertens (2010) identifies four characteristics that locate social justice within the transformative paradigm as unique from both constructivist and post-positivist paradigms. These include transformative researchers who will consciously and explicitly position themselves side by side with the less powerful in a joint effort to bring about social transformation; the study of not only the groups who are oppressed and marginalised, but the operations of oppressive practices; finding out how inequalities are reflected in disproportionate relationships and how social research findings link to social and political action; and by developing a set of beliefs about how a programme works or why problems happen.

However, the fight for social justice is not in contradiction to the use of positivist methods. While using elements of qualitative methodology can help set out some of the basic dimensions of the issue to be explored, quantitative methods can tell us how many clients/participants changed as a result of (for example) the safe@home intervention and statistically how much they changed. Qualitative methods can give us an understanding of the clients’/participants’ experience at a subjective and inter subjective level, allowing us to investigate experiences, feelings, actions and effects “to build a description of what is ‘going on’” (Boma & Ling, 2004, p. 90).

### **3.2.3 Transformative research and mixed methods**

With research projects that consist of both a mixed methods design and a transformative framework, the word advocacy is referred to as a transformative term (Sweetman et al., 2010). Mertens (2003) contends that the advocacy perspective, informed by the transformative lens and framework, is able to be incorporated into a mixed method study where social issues and oppressive practices can be addressed (as cited in Sweetman et al., 2010).

Mixed methods research has been defined as “the collection, analysis, and integration of quantitative and qualitative data in a single study or in a program of inquiry” (Creswell & Plano Clark, 2007, as cited in Sweetman et al., 2010, p. 1). Perhaps more specifically, Johnson and Onwuegbuzie (2004) define mixed methods research as “the class of research where the research mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts or language into a single study” (p. 17). According to Greene (2008), a mixed methods approach requires a particular way of thinking and,

“[an] orientation toward social inquiry that actively invites us to participate in dialogue about multiple ways of seeing and hearing, multiple ways of making sense of the social world, and multiple standpoints on what is important and to be valued and cherished (p. 20).

In evaluating the use of a transformative approach within mixed methods studies, Sweetman et al., (2010) assert that the transformative lens can be applied to a wide range of issues and advocacy perspectives that sit beyond traditional based ones, such as gender and ethnicity. They refer to the Merten’s process of research connected to a transformative framework as discussed in her 2003 and 2009 writings “identifying data sources and selecting participants, identifying or constructing data-collection instruments and methods, and conducting analysis, interpretation, and reporting of results – to transformative ideas” (as cited in Sweetman et al., p. 2).

Taking a “both/and” approach (Grovoqui, 2010) such as a mixed methods design rather than one type of approach in research increases the likelihood of answering the research questions. Creswell (1994) suggests that based on their temperament or experience, for example, their comfort with the paradigm assumptions and support of particular studies, researchers will tend to prefer one method over another. However, Dzurec and Abraham (1993) propose that irrespective of the methodologies that are more commonly used for each paradigm, “the objectives, scope, and nature of inquiry are consistent across methods and across paradigms” (as cited in Johnson & Onwuegbuzie, 2004, p. 75).

Johnson and Onwuegbuzie (2004) claim that whilst using a mixed methods approach is important and useful, it does not replace one method with another, rather it enables the research to employ and maximise the strengths and minimise the weaknesses of both qualitative and quantitative methods for research studies. Using the strengths of quantitative research include the potential to study a large sample and the ability to make quantitative predictions. The weaknesses include the potential to miss out on relevant phenomena and results that may be too general for local application. Examples of the strengths from using qualitative research include being able to describe complex phenomena and the ability to identify contextual factors. The weaknesses include the difficulty to test hypothesis and the time involved in data analysis. Thus, paying attention to specifics within both methods and creating a research design that effectively answers the research questions, strengthens both paradigms and ultimately narrows the methodological divide.

Using mixed methods in this research will allow a rich understanding of the perspective of being a client of the safe@home service and access to meaning made of their social reality, while also using a positivist approach to quantify data and generalise findings. In addition, the transformative approach is useful to identify the specific issues for women who have been abused in intimate relationships and have encountered barriers in the attempt to live with their children free from this violence. This research represents a community or group who have been subjected to oppressive practices. The expectation is that this project will create the potential for release from suffering for women who currently have, or may in the future, have similar oppressive experiences.

### ***3.2.4 The method used in this research***

Questionnaires are often used in a mixed methods approach and will be used in the research. Questionnaires consist of questions which can either be sent and completed without the presence of a researcher, thus protecting respondent's anonymity or completed with the presence of a researcher whilst responding to the questions. The questions can be 'closed' where a yes/no or graded response is adequate, and/or 'open' to enable the responder to provide a more descriptive answer. Kemper, Stringfield and Teddlie (2003) provide some strengths and weaknesses for using questionnaires in research. The latter includes a low response rate to questionnaires that are sent, receiving nil responses to some questions, and the potential for communication barriers that can lead to misinterpretation and vague answers being provided. These can result in missing data and the possibility of collecting data where the research interest topic or issue has become blurred. The strengths for using questionnaires include ease of administration in many situations (e.g. with clients who are regularly seen), the potential to generalise findings to populations, a collection of data that

includes attitudes, thoughts and feelings, and the ability to apply a simple data analysis in relation to the closed question responses.

Interviews, as I have noted above, are a core method of social constructionist research. Open questions are asked and additional questions are often included in the interview to respond to what the interviewee says, and to create rapport and a conversational and interactive process. A conversational type of interview is important in this research project in order to enable the narrative around the safe@home experience to be continually shaped through a “collaborative dialogic relationship” between the researcher and the research participant (Moen, 2006).

Kemper et al (2003) also provide some particular strengths and weakness when using the interview technique. Weaknesses include the potential for reactive responses and a level of discomfort for the interviewee. Interviews can also be time consuming in regards to conducting the interviews and subsequently analysing the data. The strengths of using interviews in research include the potential for the researcher to gather detailed and in-depth information, as the interviewer is able to ask additional questions to obtain a rich understanding about an area of interest. The interpretation of the data can be also used with a probability sample, and carries the potential of moderately high validity when using well-tested interview protocols that consist of well-constructed questions.

This research intends to use in-depth semi-structured interviews which are described as “[a] conversation with a specific purpose – a conversation between researcher and informant focusing on the informant’s perception of self, life and experience and expressed in his or her own words” (Minichiello, Aroni, Timewell, & Alexander, 1995, p. 61).

As the name suggests, semi-structured interviews begs some structure. Davidson (2003) provides a framework for this purpose. This framework starts with a detailed participant led description of the key experiences that are the focus of research, moving to evaluation when the experiences have been sufficiently laid out, and finishing with solutions to the problematic issues that may have arisen in the interview. He also provides principles for setting up interview questions that are required to be open, exploratory and temporal. This is to enable the narrative to go where the interviewee wants to take it which is supported by the interviewer who respectfully follows their lead, but is also backed up by specific and detailed prompts. In this respect the interviewer does not have an expectation of the answers, shows interest in what they are hearing, but avoids showing any extreme reaction to what they might hear. In the attempt to ensure that key issues are covered, the prompts are used delicately and appropriately to open new fields when hinted at in the narrative. These prompts can also be used at the end of a section of the interview if key issues have not been

referred to, however it is important to refrain from asking lists of questions in order to pay attention to the narrative that emerges.

In sum, using these principles in the interviews contribute to the unfolding of a rich, descriptive narrative or story that similar to any story, can illicit strong emotions leading towards a peak that is followed by resolve and the emergence of options.

### **3.3 Method – client questionnaires**

#### ***3.3.1 Questionnaire sample***

The hard copies of 192 files of clients who received the safe@home service from late 2008 until the end of 2011 were accessed and reviewed, and of these, showed 114 clients had used the service at least 12 months ago. As the interviews were to draw from clients who met this criteria, it was important that the analysis of questionnaire data was directed at the same cohort. Out of the 114, two clients were male and including these clients will create a point of diversity that is beyond the scope of this research, leaving 112 clients. From this sample, both pre and post-service self-assessment evaluations were fully completed by 64 clients. It is this group that will be used to produce a descriptive quantitative report, and to create a measure of change metric that is the basis for determining the interview sample group for this study.

The reasons for incomplete data relate to workplace issues – the use of older versions of the questionnaire, time pressure where not every client was asked to complete one or other of the questionnaires, or those that were completed had not been checked to see whether all the questions had been understood or answered. An analysis was performed to see whether those who had completed both pre and posts questionnaires had a different risk assessment profile, than those that who had only done one. There were two risk assessment profiles used (one done by the Police and one done by Shine). Not all clients were referred by the Police and not all clients were assessed by Shine. Table 3.1 shows that of those clients that were assessed, there was very little difference in the level of risk presented by the two groups. The data shows that the average scores and the range of scores of those who completed both assessments was very similar, and that there was no significant difference in the risk assessments for the two groups. This suggests that given very similar risk profiles, the outcomes from the non-completers would have been very similar to those completing the questionnaires.

Table 3.1: Comparison of the Police and Shine risk assessment scores for the clients that did not complete the evaluation questionnaires and those that did.		
	Police	Shine
Non-completers – 48		
number assessed	37	43
Average	12.76	24.47
Range	from -12 to 31	from 11 to 38
Standard deviation	10.39	7.22
Completers – 64		
number assessed	51	59
Average	12.65	24.58
Range	from -7 to 29	from 11 to 40
Standard deviation	8.63	7.09
p value (t-test unequal variances, two-tailed) of non-completers vs completers		
	0.96 (NS)	0.92 (NS)

### 3.3.2 Questionnaire design

Pre and post-service questionnaires have been developed specifically for the safe@home service and consist of two likert scales and seven short answer questions. Each client of the safe@home service completed the pre-service questionnaire at the first visit made by safe@home coordinator. This questionnaire (see Appendix One) asks about the:

1. current home status,
2. personal safety and home security,
3. current levels of fear of risk of harm (rated on a 1-7 scale),
4. the worst incident in last three months,
5. children’s fear and impact,
6. effects on quality of life; and
7. level of confidence in the criminal justice system.

A post-service questionnaire (see Appendix Two) was completed in the same manner between 1 – 3 months after the delivery of the safe@home service. This questionnaire covered the same questions as the pre-service questionnaire and enables a comparison of answers to the two questionnaires. The post-service questionnaire includes three additional questions that ask for:

8. an overall comment about being part of safe@home,
9. the clients’ experience of the service trades people; and
10. any suggestions to improve the service.

### **3.4 Questionnaire analysis**

For all comparisons, except for the question already rated, a comparison of equivalent pre and post comment (questions 1, 2, 4-7) answers and the change in state was categorised as one of the following: the client is feeling “much better” = 5; “better” = 4, “the same” = 3, “worse” = 2, or “much worse” = 1. For question number 3 above (already rated by the clients on a 1-7 scale), the post score was deducted from the pre score and difference scores grouped as follows: 5 and 6 = “much better” = 5; 2 to 4 = “better” = 4; -1 to 1 = “the same” = 3; -2 to -4 = “worse” = 2; -5 and -6 = “much worse” = 1.

For example, a pre-service response to question 2 of “I feel vulnerable, front of house is dark so I worry when I come in late” was compared to the post-service response to the same question of “I feel a lot more secure, lights out the front really help” and converted to “much better”. An example of the pre and post responses converted to “better” was in relation to question 7 with a pre-service response of “Mixed results. Difficult to get them to take the texting seriously” and a post-service response of “Reasonably high – they did respond quickly last time”. Another example also relating to question 7 and converted to “the same” was with a pre-service response of “Responded so well when complained. So supportive. Quick responses” and a post-service response of “Very pleased they responded and followed up the call”.

In addition, responses to question 8 in the post-evaluation (an overall comment about their quality of the service) was also rated and converted to one of the following: “extremely positive”= 5; “positive”= 4; “not sure”= 3; “negative”= 2; “extremely negative”= 1. From the average of these seven scales (questions 2-8 above), a measure was created that allowed me to rank the clients in terms of overall quality of outcome, and to select potential participants for interviews from either end of this continuum.

A t-test for paired samples (unequal variances) was used to determine whether the differences between pre and post intervention scores drawn from the questionnaire were significant. Pearson correlations were used to explore the inter-relationships between key variables (the questions, and the age and culture of the clients).

In addition to the quantitative analysis the qualitative data in the questionnaire was subjected to a thematic analysis which will be explained in the section below on thematic analysis.

### **3.5 Method – participant interviews**

#### ***3.5.1 Interview sample***

The interviewee selection was based on extreme cases from the sample of 64 clients who had completed both questionnaires. I wished to select the five who were most positive and the five who were least positive about the safe@home service, based on the average of the responses to the seven questions used in the questionnaire analysis. The first 10 potential participants received a phone call from the safe@home coordinator who advised them of this research study and asked if they would like to participate and be sent the information sheet (see Appendix Three) and consent form (see Appendix Four). If some refused, the next most extreme clients were selected and this process was repeated until there were 10 potential participants (5 of the most positive available and 5 of the least positive available), all of whom had given permission to be contacted by the researcher. This recruiting process increased the likelihood of producing a probability quota sample of two hopefully different groups that could be compared (Patton, 1990).

I made phone contact with the potential research participants once they received the information sheet, and once they had given their consent to take part in this study, a time for the interview was arranged. The interviews took place where the participant felt the most comfortable, for one participant this was at the park, another participant was interviewed at Shine. The interviews took 1 hour – 1.5 hours and were taped and later transcribed.

### ***3.5.2 Interview design***

This study used semi-structured in-depth interviews with the participants (see Appendix Five). The interview questions covered similar territory to the questionnaires, but also looked to the future. Davidson's (2003) ideas were used to help create the questions used for the interviews. The initial questions were descriptive and asked about what they remembered about the service, what was helpful, what life was like for them after the service and what that means for them. The next questions were evaluative, specifically they were asked four rating questions to assess current their feelings of safety, their own and their children's current level of fear of their ex-partner, their current quality of life, and an open ended question on their current quality of life. The last two questions were about solutions (suggestions to improve the safe@home service) and future aspirations, including those for their children.

The questions were open-ended in order to support an in-depth telling of their story and semi-structured to ensure that key issues were always addressed. The questions in brackets are prompts for areas that will be explored if they did not come up naturally. The questions were arranged so that they follow a clear narrative of the experience of the safe@home service from past to present to future. This approach will enable the conversations to flow whilst in relation to the research topic, giving participants the freedom to tell their story and what is important to them.

### **3.6 Thematic analysis of questionnaire and interviews**

The analysis of interviews is largely a social constructivist and narrative enterprise, where the researcher positions the interviewees as individuals who are located within the constructed contextual environment that is the background of this research project. My aim is to compliment the quantitative data from the questionnaires with rich accounts of the experience of the participants, and be able to capture key elements of the influence of the wider social and cultural contexts in which these experiences are situated (Denzin & Lincoln, 2011).

The analysis will be, in part, predicated on the two sub-groups interviewed – those most satisfied and those least satisfied with the safe@home service. Onwuegbuzie and Leech (2007) contend that the contrasting of subgroups and their experiences helps in the understanding phenomena as fully as possible.

Thematic analysis supports a broader analysis that is located between an essentialist and a realist method, namely a contextualising method used to “acknowledge the ways individuals make meaning of their experience, and, in turn the ways the broader social context images on those meanings ...” (Braun & Clarke, 2006, p. 9).

To analyse the data and identify and highlight any themes, underlying assumptions and/or ideologies that emerged, Braun and Clarke’s six step-by-step guide was used as follows:

Step 1 focuses on becoming familiar with the data and make initial notes. It requires a full emersion with a repetitive process where possible patterns are shaped from engaging with the data through reading, taking notes and scribing ideas, then re-reading the data, reviewing the initial notes and ideas - prior to beginning any formal coding. This process begins with the comment data from the questionnaire which provides richness from the breadth of participation, and then moving on to the interviews which provide depth.

Step 2 generates initial codes from interesting features in the data. This coding is a pre-requisite to any boarder themes that begin in the next step. Some codes relate to direct answers to specific questions such the fearfulness of the children, incidents of abuse subsequent to the installation of safe@home, etc. Some codes will relate to more general themes such as what constitutes “quality of life”, others will relate to issues raised in literature such as issues of attachment, and others will emerge from the data.

Step 3 searches and collates the varying codes into potential themes. This phase involves a focus from the codes to broader potential themes by collating the long list of codes, not a few anecdotal ones, under the relevant theme headings. For the questionnaire data this was done using an excel

spreadsheet to manage the collation of codes under broader themes or subthemes. The themes and sub-themes from the questionnaires formed the basis of the categories used in the analysis of the interviews.

Step 4 reviews the coded extracts and accorded themes with the view of refining, discarding, combining or separating the themes in order to achieve coherence between a theme and its source, and separation from other themes and their source codes. The process of re-coding is to be expected even at this step and comes from the re-reading of the data to determine whether the themes accurately fit in relation to the entire data. The outcome of this phase is to achieve a sense of the varying themes and how they work together to present a narrative of the whole data. At this point, my supervisor checks the consistency of coding and themes against the narratives that exemplify them, resulting in further refinement.

Step 5 is where the themes are clearly defined and presented with the supporting narratives that explain the theme in an interesting and rational way, and connects this to the broader narrative in which it is situated in relation to the research topic. The thematic analysis for the questionnaire is presented separately from the thematic analysis of the interviews. The outcome of this phase (which is effectively writing the first of the results), is to achieve a clear understanding of what the themes are, which are able to be described concisely, along with what they will be named in the final analysis to entice the reader.

Step 6 is the final phase in order to produce the final report. The themes will support the description of a phenomenon analysed in a way that is compelling, convincing and evidence based for the reader. This stage involves an illustration that describes the narrative both in relation to the research topic and beyond.

This process enables triangulation of the data, not only between the thematic analyses of interview and questionnaire data, but also between the quantitative and qualitative data from both parts of the research.

### **3.7 Ethical issues**

I was granted authority by Jane Drumm, the Executive Director of Shine to access client files for the purpose of this study (see Appendix Six). From the beginning of this service, all safe@home clients were asked to sign a consent form for the service that stated the possibility of being approached for any future research of this service (see Appendix Four).

The ethics application approval letter was made by UNITEC in August 2012 (see Appendix Seven). The paramount consideration in this project was to ensure that the research participants are

involved in a safe and ethical research study. The consideration of key ethical issues included informed consent, cultural and social sensitivity and respect, avoidance of conflict of interest, and minimisation of harm as outlined in Unitec's research ethics guidelines (2010).

### ***Informed consent***

The participants who give their consent to participate in this research may decide not to take part if they wish for any reason. They could withdraw from the research at any time prior to the data collection stage as explained on the information sheet and consent form (see Appendices Three and Four).

### ***Cultural and social sensitivity and respect***

Participants from any ethnicity, culture, and age were involved in this project. The 64 clients selected for the questionnaire analysis were 14% Western Asian, 41% Pākehā/European; 25% Māori or of Māori descent and 20% Pacifica, and so it was likely that interviews also covered a range of cultures. As stated, men create a point of diversity beyond the scope of this project and were not invited to participate in the interview process of this research project. My training has involved a number of courses and refreshers that have sensitised me to diverse culture perspectives, as has my counselling practice particularly in relation to the lens that different groups have around domestic violence. I identify as Pākehā, and it is my practice to seek cultural advice at the outset of work with clients (and in this project, participants) from cultural perspectives that are clearly different from my own.

### ***Avoidance of conflict of interest***

With regard to conflicts of interest, I have been employed by Shine since August 2010 to manage and deliver training contracts and requests. I do not have any involvement with the safe@home service or the safety first service provided by Shine. Although I have not worked with any clients of this service, if this had occurred, I would not have invited them to be interviewed as a research participant.

### ***Minimisation of harm***

I met the participants at their homes or a place of their choosing for the interview stage where safety measures was considered. I ensured that I meet with the participant on their own unless a safe support person was wanted by the participant. Also given the nature of our conversation, I also confirmed with the participant that no child over 2 years would be present so the risk of the child hearing details of violence and parental anguish was not possible.

An ethical consideration involved the possibility that the interview process could reveal safety threats that participants are currently experiencing. These threats might be the on-going effects of living with violence and/or current domestic violence being perpetrated by the same or different offender. If, during the recruitment process, the safe@home coordinator became aware of the distress of potential participant, the focus would be shifted to securing support, not on recruitment.

Safety threats could emerge and become dominant and distressing in the conversations even where participants seem well grounded. My approach is not to pursue areas that are clearly distressing, to create breaks where these are needed, and to terminate the interview if I felt the participant was in any danger of being re-traumatised. If necessary, I would refer participants appropriately (most likely to Shine) and avoid being in the role of counsellor or social worker. However the latter may be required for brief intervention in any crisis situation that occurs or appears during any stage of this research.

## Chapter 4 – Results

### 4.1 Introduction

The following will present results from the pre-service and post-service self-assessed questionnaire evaluations of 64 clients, and the results from the interviews conducted with 10 participants. The pre-service evaluation was completed at the first home visit and included a home audit process to ascertain what practical components of the service is required. The post-service evaluation was completed within one to three months following the completion of the safe@home service.

These results have been categorised and cover the level of fear or risk of harm from the offender, the impact of this fear on their quality of life, vigilance, sleep, relationships and restrictions. In addition, the pre-service section includes the impact on work, study and finances and the post-service section additionally includes the overall comments made by the clients about the safe@home service.

The results from the interview data will be presented under three main subsections, 1) pre-service, 2) at the time of the service and post-service, and 3) currently or at the time of the interview. The results have also been categorised and these will be referred to at the beginning of each subsection.

Throughout the analysis of the interviews, I will be attending to differences that may emerge between the two groups selected for the interviews - the least satisfied group and the most satisfied group. These differences will be noted and discussed further in the following chapter.

### 4.2 Questionnaire evaluation – quantitative data

Age	20-29 = 22%; 30-39 = 28%; 40-49 = 36%; 50+ = 13%; Not known = 1%
Ethnicity	Pākehā/European = 41%; Māori = 25%; Pacifica = 20%; Western Asia = 14%;
Relationship to offender	Ex-partner = 92%; Family member = 8%;
Home status	Own home = 23%; Private rental = 38%; Housing NZ Corporation = 39%;
Employment status	Full time = 22%; Part time = 9%; Beneficiary = 53%; Student = 10%; Not known = 6%
Number of children	No children = 9%; One child = 25%; Two children = 30%; Three children = 20%; Four or more children = 13%; Not known = 3%

Table 4.1 shows the demographics of the 64 clients of the safe@home service, which includes the 10 research interviewees, all of whom had completed the pre and post self-assessed questionnaires. In age and culture this is a diverse group, but economically, as the home and employment status data

shows, there is high number at bottom end of the socio-economic scale, with a majority being beneficiaries and in rental accommodation, including state housing (Housing New Zealand Corporation).

	1	2	3	4	5	6	7	8	9	
1) Personal safety and home security	1.00									
2) Current fear or risk of harm from the offender	0.22	1.00								
3) Incidents since the security upgrade was completed	0.18	0.29 <sup>1</sup>	1.00							
4) Children scared they are of the offenders	0.08	0.22	0.24	1.00						
5) Quality of life as result of the improved security	0.16	0.12	-0.01	0.09	1.00					
6) Level of confidence in the Criminal Justice system	0.00	-0.14	-0.10	0.01	-0.01	1.00				
7) Overall comment about being part of safe@home	0.10	-0.10	-0.13	0.15	0.32 <sup>2</sup>	0.02	1.00			
8) Average of the scales (1 to 7)	0.49 <sup>3</sup>	0.49 <sup>3</sup>	0.4 <sup>3</sup>	0.61 <sup>3</sup>	0.48 <sup>3</sup>	0.31 <sup>2</sup>	0.35 <sup>3</sup>	1.00		
9) Age	0.03	-0.11	0.08	0.09	0.03	0.12	-0.04	0.08	1.00	
10) Western Asian	0.03	0.01	0.04	0.05	0.01	0.23	-0.14	0.10	0.02	
11) Pākehā/European	0.00	-	0.36 <sup>3</sup>	-0.09	0.14	-0.04	0.01	0.15	-0.05	0.11
12) Māori	0.04	0.21	-0.22	-0.13	-0.05	0.29 <sup>1</sup>	0.09	-0.15	-0.04	
13) Pacifica	-0.07	0.20	0.33 <sup>2</sup>	-0.07	0.09	0.11	-0.17	0.15	-0.11	

1=p<0.05, 2=p<0.02, 3=p<0.01 (two-tailed, df=54)

Table 4.2 correlates the measure of change used in the pre and post-service evaluation questionnaires with the key demographic variables of culture and age. The first thing to note is that there is no significant correlation between average measure of success with safe@home and culture or age – i.e. safe@home is equally effective with all these groups. The various measure of success does seem to be measuring different factors that contribute to success as there are only two significant inter-correlations out of a possible 21. These two relationships seem logical: the more threatening incidents, the higher the level of fear and the higher the quality of life, the greater the level of overall satisfaction. Three significant correlations between culture and measures of success suggest that Europeans are less likely to numerically assign a high rating to the change produced by safe@home (question 2 is a comparison of two 1-7 point rating questions); that Pacifica are more likely to identify reduction in incidents as a mark of success; and Māori are least likely to feel more confident in the criminal justice system. Overall, the correlations show very little differences exist between the four cultural groups that completed the questionnaires.

Table 4.3: Average improvement (pre, post comparison) in self-assessed questionnaire as rated by the researcher (rating scale used except for the *overall comment*: 5=much better 4=better 3=the same 2=worse 1=much worse), significance level, and significant differences between factors (t-tests, two tailed;  $p < 0.05$ ;  $n = 64$  unless otherwise stated)

Factor	Average change	Significance level	Significant differences
a) How do you rate your level of confidence and faith in the Criminal Justice system to protect you and your family? e.g. Police, Family Court processes, lawyers (n=63)	3.3	$p < 0.05$	all
b) Where there are children, check how scared they are of the offender (n=58)	3.9	$p < 0.005$	all
c) Rating of your current fear or risk of harm from the offender	4.3	$p < 0.0001$	all except d)
d) Have there been any incidents since the security upgrade was completed? (n=63)	4.3	$p < 0.0001$	all except c) & e)
e) Effects on quality of life as result of the improved security	4.5	$p < 0.0001$	all except d) & f)
f) Currently feelings about your personal safety and home security	4.6	$p < 0.0001$	all except e) & g)
g) Overall comment about being part of safe@home 5=extremely positive 4=positive 3=not sure 2=negative 1=extremely negative	4.6	$p < 0.0001$	all except f)
Overall average change	4.2	$p < 0.0001$	

Table 4.3 shows the change results from six directly comparable questions on the pre and post self-assessed questionnaires, the overall comment about change and the average score. Using a paired sample t-test, it is clear that the changes assessed from pre to post represented a huge shift in level of safety and security experienced by the safe@home clients. The client rated question on *current fear or risk of harm from the offender* showed a highly significant difference, of a magnitude similar to the researcher rated questions. An analysis of variance showed that there was a significant difference between the factors ( $p = 0.000$ ), and further t-tests showed significant differences between almost all of the factors. Two areas of change (a and b), while significant, were the smallest with marginal improvement and perhaps suggest areas that the clients have less direct knowledge about (the law, children) in comparison to their more direct knowledge about the other four areas of change (c to g – the clients), all of which showed highly significant changes.

Table 4.4: Correlations between overall satisfaction and risk assessment scores			
	Overall satisfaction	Police risk assessment	Shine risk assessment
Overall satisfaction	1		
Police risk assessment (n=45)	-0.39*	1	
Shine risk assessment (n=54)	-0.063	0.14	1
*r=0.39, p<0.002 one tailed; 0.004 two tailed, df=43			

Table 4.4 shows a significant correlation between the overall satisfaction between the clients in table 4.1 and the Police risk assessment. Clients with higher risk assessment were less satisfied overall. In contrast, the correlation between this group and the Shine risk assessment was not significant.

### 4.3 Questionnaire pre-service evaluation – qualitative data

The quoted verbatim was collected between 2009 and 2011. The clients are all anonymous.

#### 4.3.1 Fear

The level of fear and impact on their quality of life as described by the 64 clients prior to the service has been categorised as either moderate or high level of fear.

##### Moderate level of fear

Less than one fifth of the clients described a moderate level of fear. Some felt “reasonably safe and ok”, “bit nervous” and having “anxiety that comes and goes”. A quarter of these clients related this nervousness or worry to their concern of the abuser entering their home. One client felt “reasonably safe but I have to shut windows now which I normally wouldn't”; another felt “happy he doesn't have a key but I worry about some of the windows”; whilst another client felt “quite nervous. He knows which doors to get into”.

##### High level of fear

More than four fifths of the clients described a high current level of fear for their personal safety and security and its, at times, devastating impact on their quality of life. “[I] live in fear”, “[I'm] fearful and vulnerable”, “so stressed”, “anxious all the time” and “[it's] totally shattered every aspect of my life” were typical comments.

Two clients described their level of fear in relation to having to move again. For example, one client felt “unsafe and fearful of the unknown, especially at night. Drained and my brain is in overdrive. Constant moving from fear for my life”; and another client claimed: “[I've] been thinking of moving again, am sick of the stalking. [I] live with constant anxiety”.

Three clients specifically talked about the direct threats they received from their perpetrator. For example one stated: “[I’m] not safe at all. [He] has threatened to kill me”; another claimed “[I’m] very unsafe in and outside home. He has threatened to burn the house down and burn my vehicle. [I’m] very depressed and on anti-depressants. Constant stress”. One client talked about the impact of being threatened by her partner: “[I’m] scared. [He’s made] threats to take the children and destroy me. I’m upset, isolated, and suicidal”.

#### **4.3.2 Impact on quality of life**

Many described the “grinding” psychological impact. One client said: “he has ground me down. [I’ve] lost confidence and independence”. Another client described an increase in a health condition: “I freak out when alone and have hidden in wardrobe till someone comes home. I freak out at night with any noise. I’ve had more epileptic seizures due to stress. I’m messed up in my head”. Another felt “a bit paranoid. Mind f...ked. Totally affected”.

At times the impact of the abuse was so great that four clients questioned whether they actually “have a life”. One client said: “I don’t feel safe, I’m anxious all the time. [It’s] had huge effects. It’s crippling. I don’t have a life” and another client described the effect on her sense of self: “[It’s] ruined my life, taken everything, and broken my spirit. I’m not the same person I used to be”.

Clients talked about the impact of put downs, name calling and blaming, all commonly experienced by victims of psychological abuse, and feeling shame and blame. One client felt “always ashamed. [He] put in my head that I’m not good enough” and another talked about feeling “guilty for the worry I’ve caused my parents”. Another said: “[it’s] affected my confidence” and “my sense of being a good mum. [It’s] disrupted my maternal instinct and has taken a toll on my relationship with my children”.

#### **4.3.3 Children’s level of fear**

Clients with children were also asked how scared the children are of the offender. Responses to this question have been categorised as either low to moderate level of fear or a high level of fear. Some clients also talked about their children’s behaviour and the impact of the abuse on their children.

One third of the clients described their children’s level of fear as low to moderate whereas two thirds of the clients described this as high. Responses included descriptions that ranged from children being “not afraid” to “afraid”, “nervous”, “scared” to “petrified” and “absolutely terrified”. One client claimed her child said: “mummy, I don’t like it when he does that crazy stuff”; and another said: “[he’s] afraid of him and gets angry. He wants to be around me all the time and told

me he doesn't want him anywhere near". One client talked about her child shaking and saying to her - "I don't want him to come back".

Responses from clients who said their children had little or no fear of the offender varied with one client believing "they are not afraid of their father" whilst another expressed more uncertainty: "I don't think they are scared of him". Another client claimed her child is unaware of the situation: "[my child] is oblivious to what is going on. Don't talk about it". A few clients talked about their child's love for their father - "he loves his dad"; and similarly "they love their father a lot"; and another said: "[my son] is missing his dad and crying for him".

#### **4.3.4 Children's behaviour**

Over a third of the clients talked specifically about their children's behaviour with three claiming that their children showed "no sign of behavioural problems". This is in stark contrast to other responses that included four clients stating that their children tried to understand what was happening. There was the child who asked "why does he hit you?"; the child who felt she needed to fix the problem of "drinking and arguing"; the "frustration" of the daughter who feels she cannot "do anything when [her parents] argue"; and the child seeking some resolution by talking with his "kindy friends". One client described her children as "confused about the situation" another described her son as taking a position to defend both parents: "[my son] protects his dad but would fight him if he laid a hand on me". Nightmares were experienced by the children of two clients and another said her children "can't sleep". One client said her child "wants to sleep in my bed".

For some children the aftermath of violence meant significant change. One child who witnessed a violent incident was no longer able to live with the client. Another claimed: "[the] aftermath has affected [my son]... with lots of agencies involved". Another said her children "stay in the house, only go out for shopping", whereas another said her child did "not want to stay at home" and is "always checking and vigilant". One client talked about her anxieties "rubbing off" on her son "especially with locking everything". Restrictions were in place for children who wanted to continue their routine, with one client stating that when the children "want to go to Sunday school, I say no". Restrictions were placed on another child being able to spend time with his father and the client related this to his level of fear - "[he has] no fear since supervised access".

For the majority of women and children, the level of fear of the offender and the impact of this fear significantly and indeed sometimes severely affected their sense of self, security and behaviour that all need to be considered with any intervention.

### **4.3.5 Client's behaviour**

#### *Vigilance*

The fear and anxiety created in the abusive relationship resulted in clients taking up vigilant type behaviours such as checking their environment in order to prevent further victimisation with 42% of clients talking about checking “windows and doors” or “voices or loud noises” or “parked cars”. Three quarters of these clients related this checking behaviour to night time. One client’s response encompassed typical comments made - “[I] always check windows and doors at night. [I] wake up when I hear voices or loud noises. [I’m] vigilant.” Feeling uneasy through to paranoia was also mentioned, for example, one client said: “at night I cringe if I hear a car and get up and check things”; another claimed to feel a “bit paranoid especially at night about noise and cars” and another said: “[I] freak out at night with any noise”; and similarly: “[I] always [feel] paranoid hearing cars or noises outside”.

Whilst more clients talked about checking at night, some clients talked about checking anytime and checking specifically for their perpetrator. For example, one said: “[I’d] constantly be checking for him, always someone with me”; and another: “[I’m] on guard of him and his friends”. Although not stated, looking out for the offender is suggested, perhaps, by the clients who said: “[I’m] always looking over my back no matter where I am” and “[I] look out for cars and check who is parked outside”.

#### *Sleep*

It is not surprising that the impact of experiencing abuse in a relationship and over half of the clients talking about their current sleep or lack of. Whilst the descriptions varied from “always sleep well” to having “times of sleeping problems” for two clients to “not sleeping”, 95% of this group of clients talked about having “trouble getting to sleep”, “sleeping lightly” and/or “waking often”. The impact of the lack of sleep was described as “affecting concentration and energy” and leaving them feeling “drained of energy”.

Six clients specifically talked about worry, anxiety and fear as restricting their sleep. One client “had wine to get to sleep” and taking sleeping medication was considered by another client - “sleep is shit. [I’m] thinking about taking sleeping pills”. Another who had access to medication said: “I wasn’t sleeping so got some sleeping tabs but try not to take them”; and similarly another: “[I] don't sleep well, constantly tired. Wake up with any noises. Have prescribed sleeping pills but won't take them”.

Four clients said they had moved from their bedroom to the lounge. One client said: “[I’m] not able to sleep, just sat in lounge”; another said: “[I’m] sleeping in the lounge”; another two clients said: “[I] sleep with the kids in the lounge”. Other clients talked about the lack of sleep having a negative impact on their relationship with their children. For example, one said: “[I] get up at night every few hours and check things. Trouble getting to sleep. [I] feel like shit, drained, hard to concentrate, low energy, too tired to play with son”; and another - “[I’m] not sleeping well. [I have] less energy, feel like a zombie and [I] yell at the kids”.

Over one third of the clients talked about having some type of protective or comfort measure to aid their sleep. The kind of protection used for this purpose varied from sleeping with “lights on” and a “phone by the bed” to “mum staying” and “sleeping mostly fine with dog in room”. More extreme protective measures were used by two clients who claimed having a “knife under my pillow and sleeping in [my] clothes” and “sleeping with a metal bar by the bed”.

### *Restrictions*

Abuse in relationships adversely impact on clients’ personal freedom and choice such as spending time away from home, going to work, seeing family and socialising with friends and over half of the clients referred to this with comments such as “not going out”, “feeling trapped”, and of being “completely isolated from friends [and] not allowed out of the house”. One client stated: “it’s real hard being locked down, not being able to do what I want, having to ask for permission” and another described it as being “controlled with no freedom”.

The fear of further abuse confined some clients inside their home hence restricting them from doing common tasks and enjoyable outdoor activities. For instance, this meant for one client “getting a neighbour to do the lawns”; and another said: “I don’t leave the house even to hang out the washing. I get nervous and think he could be following or around the corner”. A similar claim was made by another client: “[I] love gardening and would like one but can’t as have to keep the section clear so there is nothing for him to hide behind”. Furthermore the idea of leaving their home can be a major issue. For example one client said she was “having panic attacks when I go out. [I’m] worried when I leave and come home”; and another talked about serious concerns for her home security - “I don’t go out as [I’m] scared of coming home to find place smashed up”.

The effect of abuse shutting down future possibilities and hope is suggested by one client who stated: “[it’s] totally closed my life down”.

### **4.3.6 Relationships**

Restrictions have a powerful effect on relationships and clients described the change in their personality from being in an abusive relationship. One client claimed to be “social” in the past but now not “want[ing] to do stuff”. Other clients made reference to the restrictions made by their ex-partner when they were in the relationship. For example, one client claimed: “[he] tried to stop me from seeing my friends” and another said: “he would stop me from seeing some people”. The impact of feeling confined inside their home and restricted from external activities for some clients was extreme. Whilst one client described it as “become [like] a hermit”; other clients described feeling imprisoned - “[it’s] like I live in a prison everyday”; and similarly - “[it] feels like I’m a prisoner in my own home”.

Those restrictions continued even though the women have separated from their partners. Their continuing experience of isolation, separation and loss of connection from family and friends has shut down relationships for nearly one third of clients. One client claimed the “loss of family due to his violence”; and similarly another claimed to have “lost all our previous friends”. Fear of what the offender could do was the experience for one client who said: “[I’m] fearful for my family” and similar comments were made by other that included, “[My] family won't visit because of him”; and “[I] don't see mum as much, she doesn't like him”; and “[I] never go and see my family”. The degree of fear and lack of trust indicated by these clients also extended to friends and beyond for two clients - “[I’ve] shut myself off from friends. [I’m] less trusting of others” and “[I’m] suspicious of everyone”.

The impact of the abuse can also contribute to social restriction through self-blame and this was described by almost half of the clients who talked about how they blamed themselves for being in the abusive situation and felt “bad”, “embarrassed” and “ashamed” with “incredible guilt”. One client said: “I feel bad about the choice I made allowing it to happen”; and another said: “[I feel] guilty that I gave him so much attention”. One client who felt ashamed said: “[I] kept it [the abuse] as a secret”; and another client who felt shame and “like a failure for being in a relationship with someone like that”. These feelings led one client to become “immersed” in church - “I have been disobedient to God to have got in that situation”. Extreme isolation due to the abuse and feeling “embarrassed” led to “years of lying” for another client.

The notion of establishing new relationships with other men mentioned by nearly one third of clients was accompanied by a degree of fear. For instance, one client said: “[I’m] fearful of relationships”; another claimed: “[I’m] scared of men generally [and] afraid of another relationship”. Merely the idea of being in another relationship was difficult to contemplate for one client who exclaimed: “I

couldn't even think about being in another relationship”, and similarly another declared to “never ever want to be in a relationship again”.

#### **4.3.7 Work, study and finances**

All areas that encompass a person’s quality of life are subject to adversity due to the violence or abuse and over one quarter of the clients talked about this in relation to their study, their work and their financial situation. Three clients talked about having to discontinue their study - “I couldn’t continue my study, [he] said all my decisions were useless”; and another said: “[I] can’t finish my course”; and similarly another claimed: “[I] lost my 'mojo', couldn't study, [it's] basically wrecked my life”.

Some clients talked about losing jobs and not being able to get work. For example, one client wrote: “[I] lost jobs due to him, makes me change clothing, harassed me at work”; and another said: “I have failed to follow up job opportunities because of having black eyes at the time of interview”. Clients in employment talked about how their work was affected by the abuse. One client felt “shame at work”; another said it was “hard to work”. Another client claimed that her “work is affected. [I’m] drained of energy, lost my appetite, focus and concentration”.

Economic abuse is not uncommon for women in abusive relationships where for example the offender takes money from their partner or does not support financially. Typical comments made by clients included - “[He] took all my money” and “never paid me back” or “didn’t pay for anything” or “[I was] supporting him financially”. This type of abuse results in victims carrying responsibility for a substantial financial burden and this was mentioned by two clients who claimed they were left in debt - one described this as a “massive debt” and the other felt that “without his debt I would be in my own home by now”.

It is apparent from the client responses that the enormous cost for victims of domestic violence cannot be disputed or underestimated. The physical, financial, emotional, and spiritual costs to their lives are described by clients along with the loss or damage in their relationship to significant others and their future aspirations. The complexities involved in abusive relationships are often hidden (such as the guilt and shame of the clients), however they all need to be addressed with a timely and effective approach if short and longer term safety and well-being is to be achieved.

### **4.4 Post-service questionnaire evaluation – qualitative data**

#### **4.4.1 Fear**

In a similar fashion to the pre-service responses, the level of fear and impact on their quality of life as described by the 64 clients following the completion of the service has been categorised as either moderate or high level of fear.

Only 3% of clients described their current level as at the same level before the service. For example, one client wrote: "I won't feel safe till I'm divorced. If he ever found me alone, he will physically harm me" and another client claimed: "[my] fear goes up and down. [I'm] good and not so good. I locked myself out of house and was able to break in within 2 minutes".

In strong contrast, nearly all of the clients, 97%, reported a change in their level of fear and their quality of life with comments that varied from and included - "bit better", "feel[ing] half safe", "pretty safe" and "relatively safe". Comments about a reduction in anxiety were also made such as feeling "less anxious generally". One client said: "I guess it did help, did ease my mind"; and another claimed: "[it's a] good feeling knowing I'm safe. Not as anxious and nervous at home alone".

Some clients mentioned their ex-partner when talking about their level of fear. For example, although one client said she felt "much safer", she also talked about feeling worried and claimed: "[he] still sends threatening texts and messages ... He still tries to have control over me". Knowing the offender was in prison was relevant for one client and her fear - "[I'm] good because he is in custody. I won't feel safe when he is released. [It] is much better as I know he can't get in easily". One client's comment suggests she had talked to her ex-partner about the service and said: "he won't come around. [He] knows I will call the Police"; and another: "I was really scared of him before but have talked to him and things are better, he hasn't come around".

One third of the clients described "feeling less fearful" of the offender, "not as anxious" and "safer" following the service with many of these clients specifically mentioning their home. One client claimed her "house is secure and I don't have to worry when I come home. [I] feel secure, not as anxious as I used to be. Things are really different. Everything is going upwards"; and another felt "very safe. [My] house feels safe. [I] feel totally in control of my life. Improved, we're now free [and I] don't feel scared when I go outside".

Further variations in the level of fear for the clients were related to time and place. For example one client said: "I feel alright when I'm locked in here. Feel million times safer at home"; another claimed: "some improvement but I still worry at night"; and similarly another: "[I] feel a bit anxious at night but not during the day". This client additionally described life as "more stable" and said: "We can focus on life and not worry about broken windows".

Whilst one client claimed that “things [are] easier for me, more secure, stress free”; a dramatic change was described by one client: “[the] safest I have ever felt. I walk around freely without fear and I’m not looking over my shoulder. My lifestyles changed so much. Everything’s happening so fast, feels like a fairy story”.

Where Māori appeared to be worse off in respect to their level of fear pre-service, there was no difference between Māori and any other ethnicity post-service.

#### ***4.4.2 Impact on quality of life due to security features***

Seventy percent of all clients talked about the practical components they received as part of the safe@home service and almost one quarter of clients talking specifically about the impact of having a personal alarm with nearly three quarters of these clients claiming to “feel safer”, “much better” and having “peace of mind”.

Wearing the personal alarm varied for the clients as suggested by one client: “alarm makes a huge difference. Peace of mind, big difference. I wear the alarm when he picks up the children”; whereas another client claimed to feel “much better as I know he can't get in easily. I wear the panic button all the time”. Nearly one quarter of the clients mentioned it was great to know “[I] only need to push the [alarm] button for the Police to come ... to get assistance”.

For one client this was not the case and could only imagine the positive impact that having an alarm would make - “no alarm yet. [I’m] not 100%”. Another client expressed her concern about returning the alarm - “the alarm made us feel safer and feel good with alarm. [I’m] still a bit worried what he would do once alarm goes”.

Nearly half of the clients talked about the impact of other practical components of the service such as locks, doors, peepholes and/or the security lights with just under half of these clients claiming a positive difference specifically due to having upgraded locks. One client said: “if you didn't put in locks, I would have been on the edge always” and other talked about not “feel[ing] I need someone with me with the new locks”. Clients described feeling “happier”, more “confident”, more “secure” and “safer”. Just over half of these clients talked about the benefit of the locks or stays in conjunction with other upgrades. One client expressed their surprise at the impact - “the lights and stays did make a difference. I didn't think it would”.

The impact of having security lights installed as part of the upgrade was mentioned by just under one fifth of the clients. The impact varied for clients from “feeling a bit better” to “feeling more secure now”. Two clients talked about going out now at night knowing the lights are in place and another client talked about her surprise at the impact: “the lights and stuff have made a huge

difference. I couldn't believe that it would". One client felt that "having the security lights made it easier to broach the subject with the neighbours, told them about it so they keep an eye on my place too".

Five clients talked about how the solid door that replaced their glass door helped them to feel safe. One client said: "[the] doors have made a big difference. I'm safe now to be on my own". Three clients talked about the peephole and how this helped them and increased their safety. For example one client said to have "less worry. I can see through peephole, it's great".

#### **4.4.3 Children's level of fear and behaviour**

Again clients with children were also asked how scared the children are of the offender following the completion of the service and the responses to this question have been categorised as either low to moderate level of fear or a high level of fear.

Ninety four percent of clients who responded to the question about their children's level of fear of the offender rated this as moderate or not at all. Typical comments included "not scared", "don't worry now", "happy" and "relaxed". One client talked about what others had noticed about her children: "everyone said that they have come out of their shells".

Some clients talked specifically about their children's behaviours where one child was described as "keeping quiet" and another believed her child was "doing better" although "quiet, traumatised". One client talked about her children being quiet and were angry about what they [the parents] "do to each other". Other clients talked about their children "doing better at school" or had been "seeing a counsellor". One client believes "[my child] has dealt with the aftermath of what happened, had counselling". Two clients talked about their children now "sleeping well".

Other comments made by clients included talking about their children's relationship with their father. For example, one claimed: "my son has never been a victim"; and another client said she believes her son "misses his dad" and similarly another: "if anything they miss their dad". On-going contact with their father was mentioned by one client - "[children] sometimes visit their father ... not causing any problems for them"; another talked about how her child "gets excited to see him". One mother, without custody of her children, said: "they don't like coming to my house. They would rather stay with their dad".

The remaining 6% of clients talked about their children still being at a high level of fear from the offender following the safe@home service. One client said her child was about to start counselling due to this, another claimed her child was still "very scared of him"; and one client said her children "keep asking if he is coming back, they don't want him to".

#### **4.4.4 Client's behaviour**

There were no comments about the need for vigilance, suggesting that clients were much more relaxed.

##### *Restrictions*

Almost one third of clients talked about the impact that the security upgrades and service had on the restrictions they experienced, pre-service. Feeling free and having more freedom to “open curtains” or “open windows” or “more freedom even just to open doors” were typical comments made by almost half of the clients. For example, one client felt “now free and don't feel scared when I go outside”; another said: “[I'm] not hiding anymore”; and another can now “walk around freely without fear and I'm not looking over my shoulder”. Gaining a sense of normality is suggested by one client who claimed: “life is becoming normal”.

A few clients who talked about this claimed little or no change. For instance one client felt “still a bit hesitant to go out, but becoming calmer”; and for another there's “constant awareness of possibly seeing him, [I] wonder what [my child] would do if he approached her. One client claimed she now felt more “like a prisoner in my own home”, where “[my] neighbour mows the lawns” and “I used to be social, but I hardly go out now”.

##### *Sleep*

Over half of the clients talked about how they were now sleeping with three clients indicating little change. For example one client described “not sleeping well”; another claimed to “sleep better if home all day but not if I've been out” and another said she is “sleeping elsewhere”. However, most clients noted positive changes and reported sleeping “a bit better”, “better” or “heaps better”. One client exclaimed: “[I'm sleeping] much better, almost back to normal”.

The impact on sleep was taking its toll for some clients prior to the service and sleeping medication was taken or considered. This was referred to by one client who claimed: “[I] have stopped taking the sleeping pills” and another claimed to be “sleeping through the night without pills”. The significance of sleep was indicated by clients with one client claiming to now “sleep all through the night” and two clients stating they are now sleeping “8 hours”. One client said she is “finally starting to sleep properly”; and another professed that “sleeping better is the main thing”.

#### **4.4.5 Relationships**

Reconnecting with family and friends was mentioned by a few clients who claimed to spending “more time with family at home”; and to “go out with friends now”. One client described what

others noticed about her: “[I’m] working and I like my friends. Everyone sees how much better I am - prettier, healthier, and happier. I love going to work, can do what I want now - go for walks, pools, out at night”.

#### **4.4.6 Overall comments**

More than a quarter of the clients who responded to the request for a final overall comment, talked about how they valued the feeling of being safer, having “peace of mind”, more security and protection, and knowing that “someone’s watching out for me”. One client said: “the improved security enabled me to stay in my house. Thought I had to leave but been here 9 years so really great not having the upheaval of moving”; and another claimed the experience “has been amazing, validating and given me peace of mind”. Safety is the foundation for quality of life as noted in this comment “a sense of security is paramount to a good existence”, and this is recognised, perhaps, by another client who felt that “CYF have not made contact ... [because they] must think my home is a lot safer”.

Over half of the clients expressed feeling appreciative and grateful for the service. Typical comments included “very grateful”, “really thankful” “appreciate all your support”. One client felt “embarrassed that I had to have this but grateful” whilst another claimed the “[service] feels like a godsend. Five clients said they have or would recommend the service while another referred to the service as: “a great project. Work done quickly and quietly”; and similarly another client to those who delivered the service “who understood and willing to provide practical support ... love it, no complaints”.

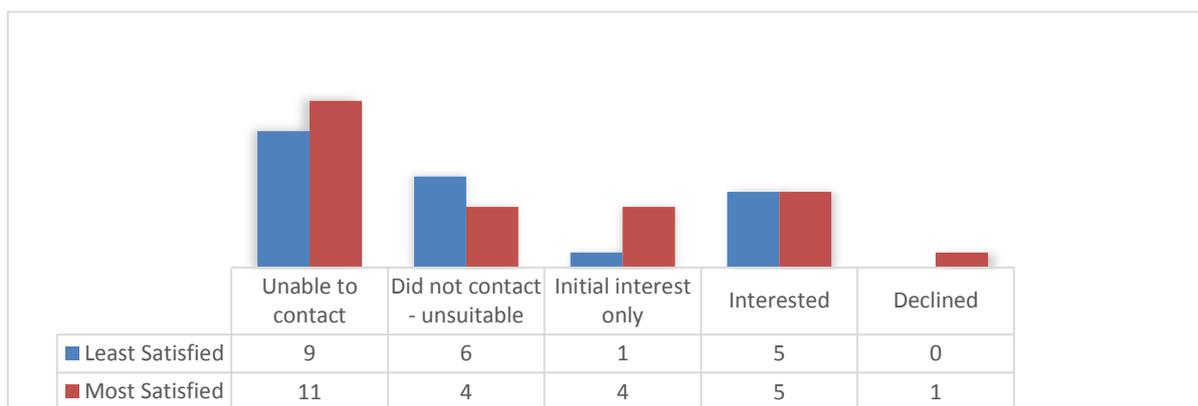
#### **4.5 Conclusion**

The experience of a high level of fear dropped from 80% prior to the safe@home to 3% in the post evaluation, signalling a huge shift in life quality driven by the specific interventions of the safe@home programme. Having the combination of security upgrades and feeling protected by others appeared to have a significant, although varied, positive impact for many of the clients. This reduction of fear spread through to less anxiety and fear for their children; to a much greater sense of safety, better sleep, fewer restrictions, and the ability to start the slow process of restoring affected relationships. The qualitative analysis confirms the quantitative analysis and the categorising process on which much of the quantitative analysis was based.

## 4.6 Evaluation of the interviews - potential interviewees

The 64 clients were ranked in either the most satisfied or the least satisfied group with the safe@home service according to their evaluations. The process of contacting clients by the safe@home coordinator begun by selecting potential participants from the extreme ends of this ranking. Forty-six potential participants were considered before there were 5 interested participants from each group.

Figure 4.1: Interview Recruiting Attempts N=41



Those not contactable included those who had deceased (one), moved overseas, or whose contact address was no longer available. Some potential interviewees were deemed as unsuitable as the safe@home coordinator was aware of on-going concerns such as alcohol and drug issues and/or that the ex-client had reunited with their former partner; that, for some, there was renewed police involvement and /or on-going services and support. It was felt that the inclusion of these clients was too complex and risky. Reasons for a change from the initial interest for five potential interviewees included - not having time to do the interview, not wanting to talk about the past, unreachable following their initial interest, and not at home and unable to contact at the time of the scheduled interview. Therefore, of the 16 actually contacted, 10 accepted.

## 4.7 Interviewees

At the completion of this process, interviews were conducted between November 2012 and April 2013 and completed with 10 research participants. The demographics for these participants are presented in Table 4.5. The names used are pseudonyms. It shows their relationship to the offender, where the difference between ex-partner and ex-de facto partner means the former relationship did not involve cohabitation. It also shows the average scores that the selection of least

Table 4.5. Demographics of the interview participants. Score in brackets are range scores.			
Groups	Least Satisfied (Karen, Amina, Mel)	Moderately satisfied (Dalia, Gloria, Kim, Jackie)	Most satisfied (Lynne, Mina, Sue)
Average overall level of satisfaction	3.86 (3.71–4.00)	4.25 (4.14-4.29)	4.76 (4.71-4.86)
Average Police Score	19.5 (18-21)	13 (9-19)	8.3 (-1-16)
Average Shine Score	26.3 (21-37)	26 (22-30)	17 (13-24)
Culture	2 European, 1 Māori.	2 European, 1 Pacifica, 1 West Asian	2 European, 1 West Asian
Housing Status	1 Private rental, 1 Own home, 1 NZ Housing Corp	2 Private rental, 1 Own home, 1 NZ Housing Corp	1 Private rental, 2 Own home
Employment Status	1 Full-time, 1 Student, 1 Beneficiary	1 Full-time, 1 Part-time, 2 Beneficiary	2 Part-time, 1 Beneficiary
Average age of children	9.3 (5-14)	9.9 (4-15)	13.5 (2-18)
Average number of children	2.3 (1-4)	2 (1-3)	2 (1-3)
Relationship to offender	2 Ex-wife, 1 Ex-partner	2 Ex-wife, 2 Ex-de facto partner	1 Ex-wife, 1 Ex-de facto partner, 1 Ex- partner
Length of relationship (years)	6, 4, 2	13, 2, 6, 16	5, 3, 3

satisfied/most satisfied participants was based on. Although 30 of the 64 clients had to be excluded from selection, this has had no impact on the range of scores of those selected for interviews, as this sample includes the highest score and third lowest. The least satisfied/most satisfied grouping of data left an overlap in the middle, and it made better sense to break the sample into three groups – *least satisfied* where things are better except for one or two areas, particularly around confidence and faith in the Criminal Justice system; *moderately satisfied* where things are definitely better; and *most satisfied* where things are much better. There is a significant correlation between the average overall satisfaction scores and the Police ( $r=-0.74$ ,  $p<0.02$ ,  $n=9$ ) and the Shine ( $r=0.57$ ,  $p<0.04$ ,  $n=10$ ) risk assessment scores. The profiles when compared with the questionnaire sample are broadly similar when we look at housing status, employment status, number of children and relationship to offender. Māori and Pacifica cultures are underrepresented. None of these demographic features other than the risk assessment scores, provide a clear distinction between the three groups.

## **4.8 Interviews - pre-service experience**

This section presents the data that relates to the pre-service as remembered and described by the 10 participants at the time of being interviewed. Topics covered in this section include the types of abuse the participants experienced, the level of fear for themselves and their children of the offender, the impact of the abuse, the influences of discourses, talking to others about the abuse, the turning points that occurred and any counselling or support services accessed by the participants.

### **4.8.1 Types of abuse**

All of the participants gave examples of the type of violence or abuse they experienced in the relationship. The examples given in the interview are not to be viewed as exhaustive, used in isolation or as separate from each other. For example, it could be argued that psychological abuse is automatically present with all other types of abuse and does not need to be described. Nevertheless, I have included it.

Threatening behaviour is common for victims who experience psychological abuse and this specific behaviour was mentioned by half of the participants. Amina talked about how her husband threatened to kill her and Lynne talked about her partner threatening to burn her house down and said: “you know it was tricky, cause I was never - it wasn’t physical, not directly, but there was threats of it though”. Threats to burn her house down were also made to Mina who said she “was so scared of him”. Jackie talked about once wanting to leave her partner because of the same threat and as did Mel who was living in her family home. Mel said:

“there were lots of threats to burn down the house, you know, cause my mum owns the house and he used to threatened me quite a lot, and he had taken me to places that he had burnt down you know, so that was a very real threat”.

Nearly half of the participants provided examples of physical abuse. Karen, Gloria, Jackie and Dalia talked about being “stabbed in the leg by a fork because I didn’t get him a spoon”, “hit my head against the wall, slap me, pull my hair, beat me up”, “head butted, hit, kicked” or “[his] hands around my throat and dragged into the bedroom”. Various forms of abuse experienced during pregnancy were mentioned by nearly half of the participants. Mina talked about being told by her ex-husband that she was “not a good woman ... not a good partner” when she needed to rest during her pregnancy. Amina said: “he even dropped me off at the hospital to give birth by myself” and Gloria described an incident when her ex-partner was “off the planet” and driving erratically when she was seven months pregnant, that led to a point where she waited till the car was slowing down

and she jumped out. She later went to the hospital to check baby was okay after not feeling baby move following this incident. Dalia talked specifically about the physical violence she experienced - "I got pregnant just a couple of months after marriage. He hit me throughout both pregnancies".

Dalia, Mina, Sue and Mel described physical and sexual abuse. Mel talked about her ex-partner being "pretty physical with punching and choking". She also said there was sexual abuse in the relationship but at the time as a young teenager she did not know it was abuse. It wasn't until she talked to someone about it who worked in that area that she realised. Other participants were also expected to participate in sexual behaviours that were unwelcomed. For example Mina talked about how her husband would withhold sex from her: "[he's] enjoying when maybe he noticed that if he says no I'm going to give him more and more ... just me giving him lots of joy". More common sexual abuse, perhaps, was described by Dalia whose ex-husband accused her of having sex with someone else and expected her to have sex with him every night - "I must admit when I didn't want it, he didn't make me, but because I was expected to, even when I didn't feel like it, most of the days I would."

Being coerced into sexual behaviours and the impact this can have on the victim was described by Sue:

"[he] had a thing about sex, like violent sex, and it absolutely freaked me out and he said it was a game, just a game not for real, but it really frightened me and sometimes when alcohol was involved he was really rough and I said it wasn't cool but he thought it was normal and then I saw it on the media and stuff and thought am I just a prude you know ..."

Sue said her then separated partner also raped her in her home.

Economic abuse was described by three participants. Amina said: "he never brought them [children] any clothes ... he never brought me anything the whole time". Dalia and Mina talked about working, however not being allowed to make financial decisions. Dalia said she "always worked even in the marriage but I never had a say about what happened to the money". Mina also talked about how her husband knew her mother gave her money - "when she gave me some money he knew that and he say 'give me money, give me money', started yelling, cursing and I didn't want to get stressed, fighting like this and sometimes I give him money".

#### **4.8.2 Fear**

Violence or abuse in an intimate relationship creates isolation and fear for victims of this behaviour, and all participants were asked to rate their level of fear of their ex-partner at the time of the

interview. The participants were asked to rate their level of fear from 1 no fear at all to 7 extremely fearful. Seven participants rated their fear pre-service at 7, two at 6 and one at 5.

All of the participants except Mina and Gloria gave examples along with their fear rating. Sue talked about how “determined” her partner was to see her and “would drive the streets looking for me, you know, he’d hang around the house outside and not go”. Karen talked about knowing what her husband was capable of and how this contributed to her high level of fear being “at the high end” (for example) when he would “just snap and call me a fucking bitch and stuff”. Dalia talked about being slapped in front of the kids if she didn’t say sorry for something “as simple as not putting salt on his dhal”.

Jackie’s fear was from her husband’s threats of taking her car, phone and locking her in his room, not allowing her to leave the house, leaving her to think “this was going to be my life”. Some participants talk about “having to walk on eggshells” and Lynne referred to this description when she talked about “living in a state of fear”. Amina talked about the one time she called the Police at the point “when it was extreme and there were alarm bells ...”

The fear for Kim increased after she gave birth to her daughter, with previous children being removed from her care because of drugs and violence. Kim rated her fear at the highest level and said: “there was more fear of him and the fear became even worse when I realised that one contact with me and I could lose the kids ‘cause that was the deal with CYF”. As well as threats to burn the family home down Mel said:

“he was in the criminal world and he used to tell me things, like he boasted about taking a girl hostage and doing this stuff to her and it was like he was saying my story cause what he did to her was what he was doing to me ...”

#### ***4.8.3 Level of fear for children***

Dalia, Jackie, Karen and Mina talked about their children’s level of fear of the offender with Jackie and Dalia describing their children’s fear as similar to their own. Jackie talked about how her children told her about some incidents, unbeknown to her, they had with their dad before separation and receiving the safe@home service. This is in contrast to Dalia who said she was well aware of her husband violence against her children: “My son was very scared and he used to stutter and my ex-husband would slap him in front of everyone, he was only 5 or 6”.

Karen also talked about her children’s experience of abuse from their father:

“An example was when a dinner was served, you know, and one of the kids, my daughter, wasn’t at the table and he slammed the table and yelled get here now and eat your fucking dinner you fucking cunt! Just that unpredictability. If he’s nice it’s a relief all round, but if he’s not, they’ll sit and eat their peas even if they don’t like them cause they don’t want Dad shouting at them”.

Although only a baby, Mina described how she believes her daughter was affected by her father’s abusive behaviour:

“... I remember he was holding my child and shouting, yelling, you know, to me and I noticed that you’re holding the child. Don’t shout because she was crying and he didn’t care, he didn’t care and I went and took child from him and I noticed that he doesn’t care about the child even when he holding the child - cuddling the child, shouting me, yelling, abusing me”.

Lynne did not talk about the level of fear for her teenage children prior to the service nor did Amina, Gloria and Kim who all had children under the age of five at that time. Sue’s partner was not known to any of her children. Although the Police and Shine risk assessment show a clear distinction between the three groups in the level of risk they were under at the outset, it is difficult to support those distinctions from the narratives of the participants with regard to the type of violence they experienced nor the level of fear the violence created.

#### **4.8.4 Impact of abuse**

Experiencing abuse or violence in an intimate relationship affect victims in a variety of ways and often impact on how victims view themselves. This impact of the abuse was described by all of the participants when they talked about what it was like for them being in the relationship with half of the participants talking about feeling ashamed, feeling to blame and feeling bad for being in the situation.

Trying to make sense of the situation was suggested by Gloria and Mina who felt “confused”. In order to try and make sense of what is happening, victims often attempt to understand where their partner is coming from and this is described by Karen who talked about being “sucked into his ‘poor me’ stories”, Amina who “tried to understand his beliefs”, and Mel echoed what is said by many victims who stay in abusive relationships - “[I thought I] could deal with it and he would change”. There is a sense from these three least satisfied participants of being more prepared to feel sorry for their partner. However this wasn’t confined to them as Sue said her “softening heart” kept her in

the relationship, a softening she felt towards her partner at the times when he would make promises to her.

Feeling blameworthy or bad about herself was indicated by Lynne who talked about staying in the relationship due to feeling fear, obligation and guilt. On the other hand, Jackie perhaps suggested the outcome for many when she said: “[I] hit rock bottom and got clinically depressed”. Experiencing violence in her family of origin and extended whānau, Kim said she thought that violence in a couple relationship was “normal”, as did Dalia despite not experiencing or witnessing violence growing up, but who was left thinking she was “deserving” of the violence that at times occurred in front of her husband’s family, subsequently being told by his family that it was her fault.

#### ***4.8.5 Influence of discourses***

The impact of abuse can also be compounded by discourses that sit outside the couple relationship. All of the participants referred to the wider discourses that had a strong influence on their commitment to the relationship. Although patriarchal values, practices and impact were mentioned by two participants (happy to have decisions made for me, the male is superior and head of the family), they were not in agreement with these values, with one not wanting her partner to make all of the decisions and the other feeling deprived of ‘those human rights and normal freedoms’. The discourse of keeping the family together appeared more powerful for over half of the participants who felt that keeping the family together were key to creating or maintaining the family unit. This resulted in the practice of certain roles for participants. For example Lynne talked about taking up a ‘mother role’ with her younger partner in her attempt to ‘please everyone’. Karen said she “wanted to keep the family together” and this desire continued following the separation when she was the supervisor after the protection order stated her husband could only see the children under supervised access. Karen said: “I was the supervisor just so we could be like a family at times”.

Similar to Karen, Jackie was also the supervisor for supervised access. Her commitment to love was at the centre of her commitment to maintaining the family unit. Her husband became “my absolute life”. She said her decision about family meant that her marriage to him was one “that was going to be it, my be all end all, my family and there would be no affairs. It would be one massively strong unit and the sense of family was huge”.

Kim talked about her longing to be loved: “he was a drug dealer and I didn’t want to be left alone and the only way he made me feel like I was loved was whatever he did to me. I thought, well, he is paying attention to me”. This need to be loved and the desire to have a family reflected Kim’s upbringing in foster care where

“we weren’t brought up in a nice family home ... it was really bad, really bad discipline, yeah so growing up by the time I was 12. I decided that if I was to have kids, I would have to be with the father and I did that ... you know I think I just wanted to be loved and have a family”.

Keeping the family together was strongly influenced by cultural discourses for Dalia who talked about the expectation of having a family unit for the “kids growing up”. Within an extended family that normalised violence, she said:

“I mean honestly I didn’t think anything bad in his behaviour, I really was quite submissive ... I thought I was to blame, but I thought that at that stage it was a small thing to pay for the family unit, as long as we can stay together I really don’t mind, my kids cannot not have a dad not matter what kind of dad he is”.

However Dalia “didn’t think it was [love], I just thought I’d keep him happy you know and then the violence would stop and he would love me and of course we had kids together”. So even where love was not a driving force, the commitment to the family was. Gloria who had jumped out of a moving car seven months pregnant to escape her violent partner said of her conversation with the midwife, “... at the same time I’m covering for dad, yeah, because I still want the family to happen” regardless of knowing “I didn’t really love him”. Although Sue “knew he wouldn’t become my life partner” she valued the caring attributes of her partner “... he did those things [house maintenance] and taken care of me and cares about me you know”. Through some horrendous episodes and threats of violence, Mel clung to the belief she could change her partner (she didn’t mention love). The image of being a family was enough.

Staying in the marriage because of cultural discourses was also mentioned by Mina who talked about the negative view on divorce in her home country where women do not receive help and said “they think you’re a bad person cause you want to get divorce and you’re going to have a bad life after that if you divorce, you’re going to have bad relationship with others”. Amina referred to religious discourses when she talked about marrying her husband just two weeks after they met. Amina said she was involved in a religious movement for four years that she described as “cultish”. She met her husband one week after leaving -

“he wanted to get married to me like that (clicked her fingers) and I hadn’t had any male associations cause I was in kind of a female ashram and yeah it was like if you’re not a female monk or whatever then the next phase is marriage hopefully ...

[being part of an ashram] “heavily influenced my relationship and what I put up with”.

The influence of keeping the family unit together due to cultural, religious, familial or individual expectations and regardless of violence or abuse was particularly strong for the participants. These influences need careful consideration in order to understand how these wider influences impact on safety and decision making processes for many victims of domestic abuse.

#### **4.8.6 Talking about the abuse**

The impact of the abuse and the influence of discourses can also affect whether victims talk to someone about the violence or abuse they are experiencing, and all of the participants except Karen mentioned this.

To illustrate, when I asked Amina if she wanted to tell someone, she said: “I didn’t really kind of think about it at that time, it was like that was my kind of private issues between me and him”. Similarly, Mina didn’t want to put stress on her family who didn’t want her to marry her husband so she remained quiet whilst “trying to make it work”. Dalia’s marriage also was not supported by her family, but was arranged by her husband’s family. This stopped her from wanting her family to know about the abuse. Even when she said that “in the end I had to tell them” it was only about one incident because she “knew it would hurt them”.

Shame stopped Sue her from talking to people who she believed “have a perception that I’ve got it all together and I couldn’t really be honest” and the strong feelings Mel felt for her partner, as previously mentioned, stopped her from telling her mum. Although Lynne told the “odd friend” and Jackie “one friend” and Gloria disclosed some of the abuse “but not much”, Kim said she “told everybody”. When I asked Kim what she wanted to happen from telling everybody - the result was change:

“It was more just wanting to tell someone cause it sucked keeping in what I was going through and pretending everything was alright, but when I did open up to people it wasn’t what I expected, cause then CYFS got involved, the Police got involved and I [had] just wanted to tell someone”.

#### **4.8.7 Turning points**

Leaving a violent relationship or thinking differently about the relationship is often pre-empted by an incident or situation that create turning points or decision making points for victims of domestic violence. These turning points can vary considerably and were indicated by all of the participants.

Amina, Dalia and Mina's turning point occurred when their husband threatened to kill them, for Mina this also included threats to kill her mum who was living with them at the time. All of these participants called the Police at that time. To provide some context, Dalia talked about how her husband threatened to kill her after she said that she was not returning with him to their home country - "something snapped inside me and I said no, I'm not going, you go and do what you need to do. And that's when he really got violent ... (crying)". Even though this incident was a turning point for her, it was her husband who did the leaving as, Dalia explained, her marriage only ended "because he left otherwise, even at that point in time, I didn't have the courage to actually come out of the marriage, it's only because he left".

For others an act of violence signalled the turning point. Karen talked about how her husband hurt her once more after saying he'd never do it again, creating the point when she knew was the end of their marriage. Lynne's turning point in the relationship was the incident mentioned earlier when her former partner smashed her windows when she was out and her children were at home that she said was "the point of which I knew this was really wrong". Sue's turning point was after her partner would not take no for an answer and pushed his way into her home and raped her, as referred to previously. Sue described what happened:

"On the day he raped me, he rung and said he wanted to pop over for a coffee. He said I just want to come over and hug you and I said I don't want to see you. He said it sounds like you need a hug and I said I don't want to see you but he turned up. When I opened the door, I said 'now is not the time'. That he could see me so broken and he just pushed me straight to the bedroom and he could do that while I was as low as I could be (crying) and he just took me back to when I was a child. You know I didn't even fight him, I just felt broken".

Sometimes it is just the accretion of demeaning events that provokes a turning point. Jackie, after being treated like she didn't exist, said: "I just couldn't take anymore ... I thought then this is it". Knowing that nothing is going to change was mentioned by Mel who was in the same relationship for the second time, and also for Gloria who had returned to the relationship several times. Gloria said things changed when she said to herself - "... this is it and girl you've got to mean it this time and it's now my time to mourn his departure and this isn't going to work". Kim said she also returned to the relationship several times until she decided that "enough was enough with him and the drugs".

These responses highlight that the turning points for victims of domestic violence can happen after physical separation has occurred, they are no longer living with partner or the relationship is in some form of temporary hiatus.

#### **4.8.8 Counselling/support**

Over half of the participants had formal counselling or support services before the safe@home service. This experience was described as positive for Lynne and Mina, both a positive and negative experience for Gloria, and a negative experience for Jackie, Kim and Mel. Lynne talked about how counselling helped her for an unrelated issue, whereas Mina talked about it in respect to helping her understand the impact that the abuse could have on her daughter and future relationships. Gloria's positive and negative experience relates to two different counsellors, one she saw with her ex-partner and one on her own. She said the counselling she received with her partner at that time was unhelpful as his behaviour was normalised by the counsellor whereas her individual counsellor was helpful - "... she'd ask me how I feel and I'd say I feel confused and she'd say you are living in fear and I say yes, yeah ..."

Jackie, Kim and Mel described their counselling experience as negative. Jackie did not elaborate, however Kim and Mel suggested that this was, perhaps, due to their lack of readiness. To illustrate, Kim talked about the counselling she went to with her partner as part of Child Youth and Family trying to support them: "... it didn't work out cause we were so much into our drugs and more into feeling our pain and didn't believe counselling was what we needed, we just thought we needed our baby back ...". In a similar vein, Mel talked about taking an overdose and this led to counselling – "I didn't like it cause I didn't want to hear anything".

No participants talked about their children having any counselling prior to the relationship separation and the provision of the safe@home service. Karen, Amina, Dalia and Sue did not talk about receiving any formal counselling or support service prior to the safe@home service. There is a suggestion here that access to effective counselling (or readiness) could influence the initial assessment of risk done by the Police and getting the most from the safe@home programme.

An overview of the pre-intervention experience show that all of the participants were experiencing significant issues directly related to the violent relationship. The impact of the abuse was major and the participants' efforts to 'deal' with it or 'manage' it appeared fruitless, and the consequences for their children and their parenting capability, concerning.

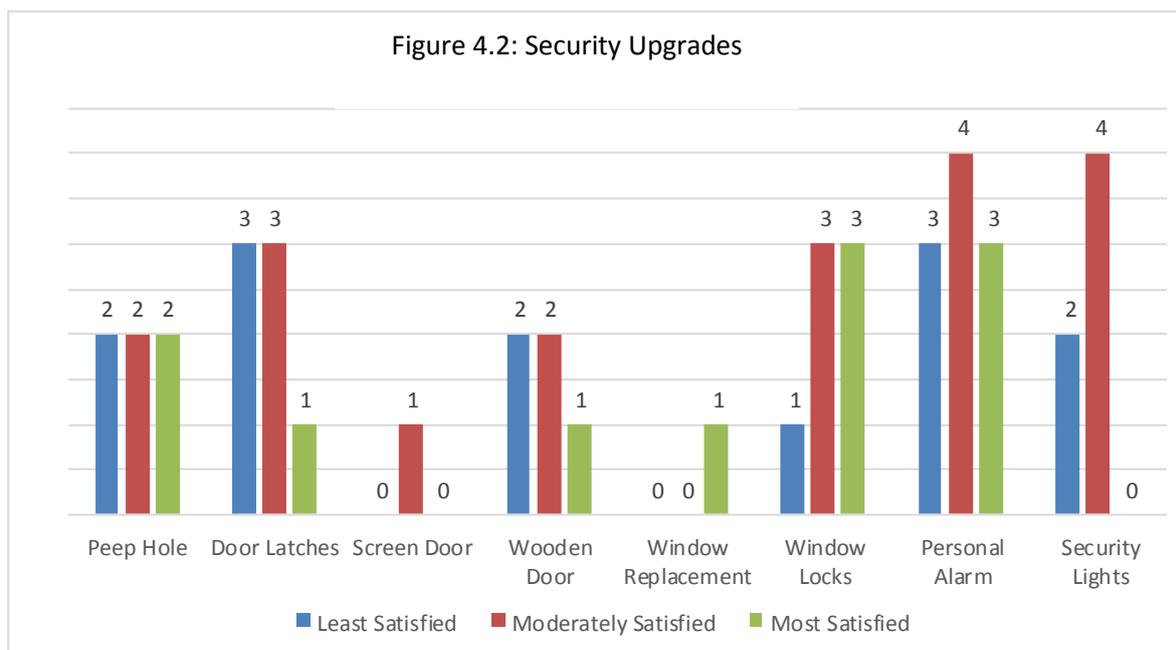
#### **4.9 Interviews – at the time of the service and early post-service**

This section presents the data that relates to the time of the safe@home service and early post-service as described by the 10 participants at the time of being interviewed. Topics covered in this section include what the participants remember about the service, relief, the level of fear for themselves and their children, further incidents and on-going abuse, restoring relationships and

developing new friendship and new life skills and counselling or support services accessed for the participants and/or their children.

#### 4.9.1 Remembering the safe@home service

All of the participants responded to the first question that asked what they particularly remember about the safe@home service and responses included the service coordinator, the availability of the service and the practical components of the service. Lynne, Sue and Gloria talked specifically about the safe@home coordinator saying they felt “understood” and talking to someone they could “trust”. Gloria said: “... [she] was professional and I felt safe with her ... she didn’t doubt my fears ...” Mina, Dalia and Mel were very positive about the idea of the service - “what a great idea, what great support really ... I just shout my God this is for free ...”; and “It surprised me that there was something like that and that it was for free ...”, and: “I remember being very thankful for it, you know it gave me an immediate sense of security ...”



#### 4.9.2 The practical components of the service

In total, forty three practical components or security upgrades were mentioned by the participants during the interview and these are shown in figure 4.2 for the three groups. Kim said she remembered her glass door being replaced by a wooden one: “[the glass door] kept getting smashed in all the time ... I definitely felt safe ...” Amina also said the first thing she remembered was having her glass door replaced, the extra locks and the security lights. Jackie referred to the extra locks in

response to this question and said it felt like “Fort Knox” remembering that “final feeling of being safe with the extra locks ...”

Dalia, Amina and Karen talked about the personal alarm and whereas Dalia said: “that [the alarm] made me feel really safe ...” Amina “ended up giving [it] back”. Whilst Karen remembered “what a difference it [the service] made” she also gave the alarm back - “I never felt I needed to use it, I’d just call the Police if I had to”. The incident that led to Amina returning the alarm back is explained further in this section.

All of the participants talked about how the various practical components of the service resulted in a sense of security. Typical comments made by the participants included feeling “less anxious”, “relaxed”, “more safe” and “relieved”. An immediate sense of security was mentioned by Mel and referred to by Dalia, Kim, Mina and Lynne who described feeling a sense of relief. For example, Lynne said: “I felt relief quick, amazingly so ... eventually you stop pressing the locks all the time and you know it’s ok and you don’t have to worry so much anymore”.

However not all participants experienced this, for example, Karen recalls that the relief “would have taken a bit of time, weeks probably until the realisation that oh you know I just feel more relaxed”. It was also different for Jackie who talked about feeling relief that was also accompanied by a constant fear that the alarm wouldn’t work. She described a situation where she felt relieved every time after the alarm was tested, but how that changed when the monitoring centre called her -

“... this really freaked me out, they rang up and said are you OK, your alarm got set off a couple of hours ago ... I checked it and it had come out of the wall and when it came out of the wall, it signalled to them, but they didn’t contact me, and I was thinking thank goodness that wasn’t for real”.

Remembering the service recalled various and similar aspects of the service in regards to the coordinator and the availability of the service, however difference in regards to the practical components and the impact of these. None of the most satisfied group mentioned using security lights, whereas almost everyone else did.

#### **4.9.3 Fear**

The participants were not asked to remember and rate what their level of fear of their offender was at the time or just following the service. The level of fear at this time was based on the post-service self-assessed evaluations that asked the participants to rate their level of fear of harm or risk of harm of the offender with 1 no fear at all and 7 extremely fearful.

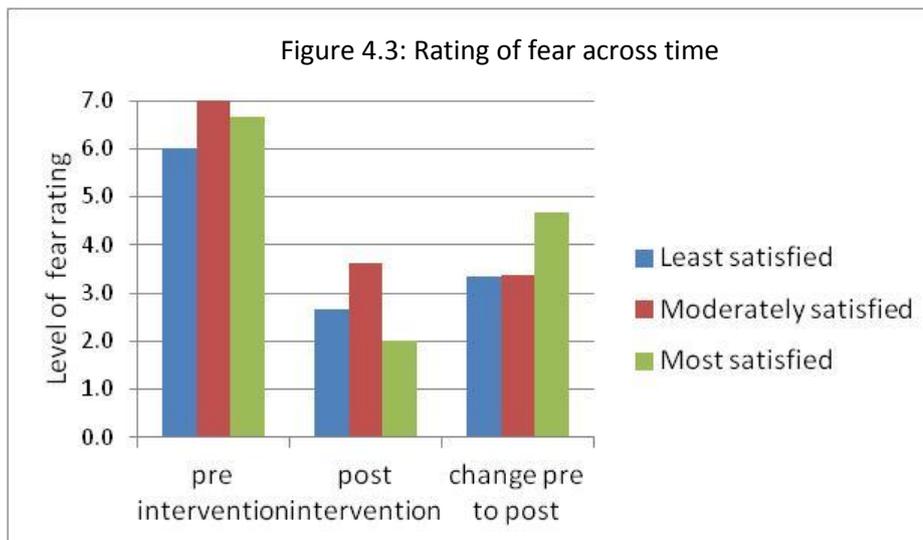


Figure 4.3 shows their level of fear as rated on their self-assessment evaluation of their level of fear (as discussed earlier) completed prior to the service and within 1 – 3 months following the completion of the service. The figure shows that the most satisfied group made the greatest change which is no surprise as the fear change score is part of composite satisfaction score.

#### **4.9.4 Further incidents and on-going abuse**

Separating from an abusive relationship does not guarantee the end of the violence or abuse with all of the participants except Mel, who left the country soon after the service and changed her number, experienced on-going abuse from their ex-partner. The type of abuse experienced by the participants varied and included texts and emails that were harassing and/or contained threats to kill. In addition, being stalked by their ex-partner, their ex-partner attempting to break in and for one participant, a further physical assault was experienced. Whilst one ex-partner made no contact once imprisoned, another adhered to having no contact for the period of time specified by the court, only to make contact again once that period had ended.

The worst incidents were experienced by participants from the least satisfied (2) and the moderate group (1). Karen and Kim talked about their ex-partner trying to break in following the service through the windows that now had latches. Karen described the attempt: "... one of the windows was open and I could hear him jiggling on the window but he couldn't get in of course" and similarly Kim said: "... he knew how to get into the house you know through the small window he'd climb in and open up the bigger window but because I had the latches on, he couldn't ..."

Although no further physical assaults occurred in the home, Kim's worst nightmare of being assaulted again by her ex-partner became a reality outside her home sometime after the service.

Kim said this incident occurred when she was about to leave her ex-partners family one Christmas after picking up their presents for the children and her ex-partner arrived drunk -

“... and that’s when my worst nightmare came true because then I wasn’t at home. He smashed my phone before I could ring 111 and my mum was there and luckily she could get away with her phone cause during that period I got a mean hiding from him. And his family jumped in and his brothers ended up not beating him up but throwing him away and trying to get me into the van and away as soon as possible”.

Kim did not mention any subsequent assaults.

An incident also occurred for Amina at her home and resulted in her returning the personal alarm, as previously mentioned. Amina talked about being stalked by her ex-partner who had moved just around the corner from her home, and at that time she did not have a car and needed to walk to do any shopping. She went on to describe the incident saying she had allowed her ex-husband to enter her home to collect some of his belongings but “he [also] took my car keys and my car”. Amina began pressing the alarm but said she didn’t know if it worked:

“I pressed the alarm and I didn’t know whether anything had happened and I didn’t want to sit around waiting ... I wanted to pick up the phone afterwards but the phone was dead cause I’d pressed the alarm so I had to use the neighbours one and that was a stressful time and I didn’t want to press the alarm after that”.

Not long after this incident Amina returned the alarm.

The on-going abuse for all bar one of the participants following the safe@home service, highlights continuing safety issues that need considered monitoring with any intervention in order to reduce risk. Again it is worth noting that no assaults occurred for any of the participants in their homes.

#### ***4.9.5 Relationships and learning new life skills***

Despite the on-going abuse, the physical separation from the relationship did support desired changes for victims. For example, the collapse that occurs during a violent relationship in relationships with children, family members, friends and colleagues, can begin a process of restoration or reassessment once the violent relationship has ended. Developing new friendships, learning new life skills and restoring a sense of self is also possible.

Seven participants talked about restoring or reassessing relationships and three participants also talked about developing new life skills. Mel talked about her mother being angry that she had gone

back into the relationship with her ex-partner and said that ending the relationship and having no contact with him helped restore the relationship with her mum. Mel said that she “guess[ed] showing [mum] that this is our home and we are not running away from this, we are staying here together you know and feeling like this is the family home and having that strong structure ...”. Mina also talked about her relationship with her mum who was living with her at the time and was now relaxed and feeling safer after the service -

“... [mum] saw all the service in place, all this safety, she was so grateful of me and said thank God you can talk English, you know speak English and you can understand what they can give us and the life support, yeah”.

Focussing on the children was important. Gloria had a breakdown and said having some family members that understood this was vital:

“I was so tired and couldn’t do much and I think for my family it then all kicked in for them and they took over and I had to switch the world off if I was to do anything for my son ...”

Lynne was similarly motivated to get her immediate family relationships into equilibrium. She talked about “a lot of friction and conflict” between her and her teenage children during the relationship with her ex-partner who lived with them at times. Lynne said: “... we have worked on forgiveness and moving on from that time ... you know I think there’s trust between us so yeah I feel very hopeful for them as well, we have a happy home again ...”. Dalia also talked about how her role in the marriage affected how her children viewed her: “... at that stage said that I’m useless, that I’m just somebody who works in the kitchen”, said her son would call her hopeless and her daughter asked who is now going to take them to tennis. Dalia talked about how she had to ‘take the reins’ for her family and for her children who didn’t know “whether mum would be able to cope with it or make it OK, they didn’t know”. Now smiling, she talked about their closeness - “... we really became close the three of us and I didn’t expect that cause I thought they loved him more than they loved me”.

Amina also talked about it being hard to make decisions for herself and had her mother to help her who “didn’t know the extremities [of the violence] but was very supportive”. She also talked about it taking a long time to develop a social life and how “connecting with [old] friends is still continuing...” This is in contrast to Kim who talked about making new friends rather than restoring old friendships, but said the new friends she had made were into drugs and she hadn’t wanted to be tempted - “I don’t have friends now [laughs]. It’s that trust with people. Friends today now need to

be on the same level as me ...” Similar to Dalia, Amina and Kim talked about having to learn new things with Amina teaching herself to drive and Kim teaching herself how to cook:

“Today everyone loves to come over home for my cooking ... I’ve got a cupboard full of books and I love baking now and on Tuesday and Sunday I have family come over for dinner. In a way I’m showing my family that I can be strong and they tell me too. Like every day, like every time they come over they might see a little change, you know every week I might change a little bit more and I love the compliments when they tell me that I have changed a lot. You know they compliment me a lot my family, it’s awesome, it’s an awesome feeling to be going through this”.

Karen, Jackie and Sue didn’t talk about restoring relationships or learning new life skills.

#### **4.9.6 Counselling/support**

All of the participants received either formal counselling or support services following the safe@home service except Amina (least satisfied) who said her mum was her main support, and Dalia (moderately satisfied) who said she had good supportive friends that she and her children could talk to. The children of three participants received counselling or support services. Four participants who received formal counselling or support described a positive experience, two participants described as both a positive and negative experience and two participants described a negative experience.

Lynne accessed positive counselling she had in place even prior to the service and Karen had a positive experience from a formal support group that “helped me to look at things differently ... I have taken back some control by setting boundaries you know and emotionally detaching”. Both Kim and Gloria who had talked about a pre-service negative counselling experience, now also described a positive counselling experience they received post-service with descriptions such as “awesome” and “(with) someone I could trust”. Mina who described a pre-service positive experience of counselling and Mel who described a pre-service negative experience, now both described a post-service positive and negative counselling experience.

To explain, Mina talked about the help she received from a friend who is a trained counsellor and another counsellor who helped her understand the legal system in NZ, however she also talked about the other counsellor she only saw once:

“I didn’t like her because after the session she told me this, the only sentence she told me, she said you are good, you are very strong, you make a good decision, that’s all and I said I already knew this”.

Mel who described a pre-service negative experience of counselling following her overdose now talked about a positive counselling experience at campus that “helped me to focus on things rather than the things that were out of my control ... they were understanding and the order had on it that he couldn’t come to the university so I felt protected there”. Although this was helpful for Mel to continue her study, she also described a negative experience that occurred when she was referred onto another counsellor “to talk about the relationship ... but I found it really hard cause I didn’t want to deal with it with everything else so I only went a couple of times”.

Jackie was also referred to a counsellor and similarly described a negative experience post-service. She talked about going for three sessions seeing “a lady ... who I didn’t find was very skilled, it was just very text book” and perhaps in a similar vein, Sue who initiated counselling herself, said:

“I think I was out of her league and in the end I just stopped and thought you know if I’m too much for you to get your head around I wish you’d just tell me, I never went back”.

One third or seven out of the twenty one children received formal counselling or support services following the safe@home service. Karen and Gloria described a positive experience for their children with comments such as “[it] worked really well ...” and “... it was awesome” whilst Jackie said that although it was a positive experience for one of her children “... the eldest one hated it, hated talking about it and didn’t want to go ...” Lynne also talked about her teenage children not wanting to go to counselling, and Dalia said her children did not receive counselling after the service “because we had friends who would come over and talk to them”. None of the other participants who have children said that their children had counselling or any form of support following the safe@home service.

The effectiveness of counselling appears constrained by previous experience, whether it is a referral or the participant’s choice, and access to other sources of support. While nothing stands out as a difference between the groups, the greater willingness to use a counsellor (in Mina’s and Mel’s cases, more than one), shows that issues beyond safety also have to be addressed. Where counselling appears to have failed is with first time triers, Jackie and Sue.

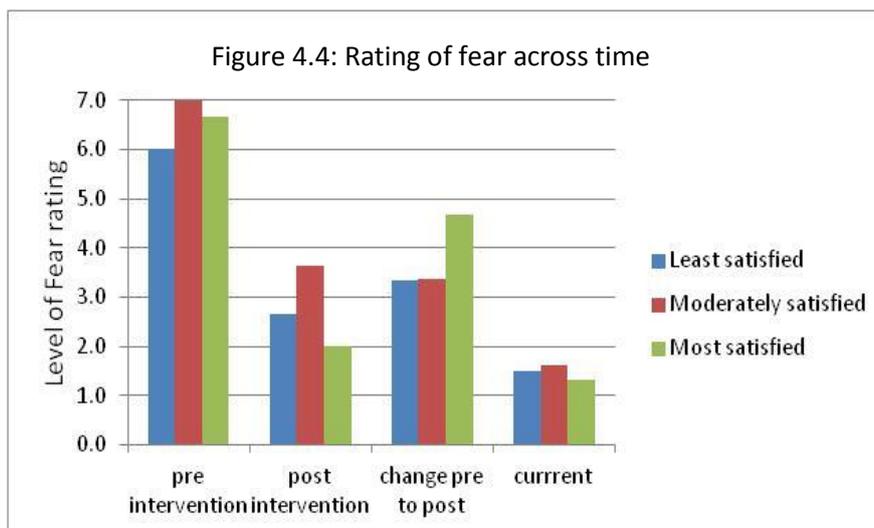
It seems apparent that the practical components of the safe@home service have particularly contributed to a huge reduction in the level of fear for participants immediately or within a relatively short period of time following the completion of the service. It provided space for other things to happen such as the restoration and the building of new relationships, the learning of new skills, and access to positive counselling for many of the women and their children.

## 4.10 Interviews - current situation and evaluation

This section presents the data that relates to the current situation as described by the 10 participants at the time of being interviewed and their current evaluation of the safe@home service they received. Topics covered in this section include the current level of fear for themselves and their children, the influence of discourses, thoughts about their children, ratings and/or descriptions about their current quality of life and overall well-being, reflections about self and their former partner/husband, accessing counselling or support services, and how life without the safe@home service may have looked and their future aspirations in moving forward. This section concludes with the participant's evaluation and suggested improvements for the safe@home service.

### 4.10.1 Fear

All participants were asked to rate their current level of fear of being harmed by their former partner with 1 no fear at all and 7 extremely fearful as shown in figure 4.4.



As the figure shows, the average of fear ratings for all participants is now almost 1.0 (no fear). Seven participants who rated their current level of fear at 1 made corroborating comments such as “definitely no fear of him now”, “don’t feel fearful of this guy anymore” and “he doesn’t scare me no more”. Lynne who rated her level of fear at 2 said: “I still have some fear”, and Mel who rated her level of fear at 2.5 said: “you know I haven’t spoken to him so there’s still that little bit of unsureness”.

Dalia, rated her level of fear at 3.5 - “... [it’s] because he’s still in the head, I don’t know if he will come here and try and make life difficult for me ...” and Karen, who rated her fear at 1, said this is due to her ex-husband being in jail:

“[when he is out it’s] probably a 6 or 7 as I’m always on my guard as I don’t know what sort of a state he is going to be in, even if he’s not drunk, he’s got all day and nothing to do and the kids are all he’s got”.

The level of fear rating made by the participants suggest that no clear distinction between the three groups could be made. However, both Karen and Mel from the least satisfied group and Dalia (moderately satisfied) are the most vulnerable.

Only two participants, Lynne and Gloria talked about their children’s current fear of the offender. Although Lynne’s children do not have any contact with her ex-partner who is not the children’s biological father, she said her daughter’s fear is “still quite high” however “she [daughter] said the other day this is starting to drop too, both my children are very wary of him and he has broken their trust completely and they would never forgive him”. Lynne said she believes that her being safe is contributing to this: “you know they know it’s over for good”. In stark contrast, Gloria talked about her son being currently fearful of his dad and confused - “... he saw his little brother being beaten”.

Amina, Sue, Kim and Mina did not talk directly about their children’s level of fear, however they shared their current thoughts about their children. Amina, perhaps in a similar vein to Lynne, talked about the link between a mother and her children and about change for her children who have come “out of their shells especially after about a year later, they just blossomed ... you know I think any child who is totally connected to their mother, like it was a roller coaster for all of us, I was very stressed out when I was in the relationship with him”. Kim also had to “focus on the bigger picture with my immediate family” and said that even though her violent partner was out of her life, her own family was “violent themselves, so it was having to pick and choose for the kids safety and even to this day I do that ... you know it’s about changing the violence seen around the kids”. Mina was pregnant during her abusive time and felt that the verbal abuse she endured during her pregnancy “all the nine months of carrying the child, my daughter ... [created] lots of problems”. She thinks her daughter was affected by what was happening - “she was crying a lot during the night ... screaming, crying, she didn’t want to separate from [my] bedroom ... for many, many months after ... maybe one year I noticed that she is calm and happy”.

Even where the children, as in Sue’s case, had never met her former partner, fear is present. “I’d never trust him around my children. That’s part of the reason I never let them meet him, I just couldn’t”. Although Sue’s daughters did not know the extent of the violence during her relationship, she talked about how important parenting is to her and expressed her sadness in particular towards her eldest daughter who “knows something went down ... you know it’s really impacted on my family and my daughters”.

#### **4.10.2 Current contact with their father**

At the time of the interview one third of the children had no contact or minimal contact with their biological father. For instance, Kim's two children to her ex-partner do not have any contact with their father. Mina and Amina's children also do not have contact with their fathers who have both returned to their home country overseas. Dalia's ex-husband has also returned to his home country and only has minimal contact with his two children. Although the contact is minimal, Dalia talked about her children being subjected to negative verbal comments made about her when they have contact with their dad - "the kids say that he says bad things about me, like I'm a bad mother and all that". For another eight children, any contact has either ceased due to the father stopping contact and/or continuing court processes, or contact is on-going but fraught with on-going conflict between parents with a formal parenting order. The latter involves only one child, the only child out of the twenty one children who has regular contact with his father.

As mentioned previously Karen and Jackie became the supervisor for the supervised access for some time following the service in order "to keep the family together" and "just so the kids could see him". Albeit uncomfortable with the situation and saying "the kids wanted to see him, they still love their dad", she said it started to become intrusive as it was in her home, so they continued meeting but over at the school. This arrangement has also currently ceased due to court proceedings. Being the supervisor also stopped working for Jackie after a period of time as "he used to draw out the visits and play with the kids' minds". Jackie said it been particularly hard for her son who "asks a lot where's my dad, when as I going to see my dad ..." and she has sought professional help to be able to help her son through this.

The remaining six children do not have any contact with their mother's former partner who is not their biological father.

#### **4.10.3 Quality of life and overall well-being**

Participants were asked to describe their current quality of life and/or their overall well-being. Amina, Mel, Dalia and Lynne described their quality of life as really good. Amina reflected on her personal change and being deprived of human rights and normal freedoms - "Yeah really good. I've found who I am really, just being who I am and not being based on other people of being controlled, you know having the normal freedom that everyone takes for granted". Mel also alluded to more self-awareness when she said: "this year has been really good, especially finding out where my dad is from and meeting people who don't know me but can tell me where I come from and the wider picture". Dalia said she is "not wanting of anything" and for the first time "living life with dignity",

and whilst Lynne said her quality of life means having “a lot of peace of mind” and feeling “a million miles away from that person who was trapped in that relationship ...”, she also described how she had to do a lot of work on herself to now be “in a very good place physically, emotionally and mentally”. She went further to explain -

“... you know I think the safe@home service was a very good starting point that sort of gave me enough kind of, you know, got me back on my feet cause I was so emotionally battered from that situation and I think it gave me a crucial small amount to help me help myself ...”

Jackie and Mina similarly described their quality of life as very good with Jackie claiming that’s “even being financially stretched” and Mina who although feels “I’m very, very safe now, really big change”, thinks it would be better but she is not confident in English, her job or her study as yet.

Karen and Gloria described her quality of life as good. Karen said:

“... we have all we need you know. Not so long ago I was driving home from work and it was a sunny day and I caught myself thinking that things are pretty good, there’s petrol in the car, food in the fridge, the kids are happy, it’s a sunny day, I’ve got a job and a bit of money in the bank, you know things are alright”.

For Gloria even the bad times are good – “yeah, you know even with the bad parts ...” and talked about being spiritually grounded that helps her be able to “walk with courage”.

Kim and Sue related their overall well-being to their parenting with Sue stating how important her parenting is to her and the need to be a “strong role model” for her daughters who “see me exhausted”. Similarly Kim mentioned being exhausted on a daily basis and thinking on some days that she can’t keep going for her children - “but when those days come I have to remind myself that I’ve come this far you know”.

#### ***4.10.4 Reflections - thoughts about self and former partner/husband***

Six participants talked about what they think about themselves, their past relationship or their previous partner with comments that included - “he crosses my mind ... sometimes I try to understand it”, “feeling sorry for him”, thinking that “he made things much harder than they needed to be”, not seeing “him the same anymore” and not feeling any “attachment to him”.

Thinking back on their relationship and their former partner can raise further self-blame ideas and these were indicated by nearly half of the participants. Sue alluded to her uncertainty about whether she can trust her judgement when she said: “... every now and then I test the waters but I

don't know if I can choose someone that's right". Lynne talked about being "completely baffled" and "completely bewildered how you know I couldn't believe how I got myself into that situation". She talked about "my pattern of denial and attachment" that transpired in the relationship following an incident, a pattern that she said allowed herself to be manipulated due to her "loneliness" and "neediness".

Kim reflected on her childhood in respect to the violence she endured:

"... emotionally that's why I think I was able to be with these people that treated me so bad, you know just the attachment of wanting someone to love me or wanting someone who wants to care about me, so allowing those people in my life".

Dalia reflected on the violence she experienced in her marriage to her childhood:

"I was really pampered as a child, I had slaves you know and I thought in the marriage maybe I'm a brat and the first time he hit me I was like, I probably deserved it cause I'm a brat".

Amina, who was married after two weeks of leaving a religious organisation and meeting her partner talked about what might have been:

"the timing was all wrong in meeting him and when I think back on it I think if I had had a half hour conversation with somebody in that week and more before, it could have prevented me in making those decisions ... it would have [only] taken a good conversation to give me a bit of strength".

She also talked about the strong influence of the family unit in respect to the violence and said: "I was, like with the violence, so what if he hits you once in a while, he takes care of you, you have a family unit and that's the most important thing".

Reflecting on the relationship can also give rise to a sense of "loss" or feeling "robbed" of what could have been. Kim said it's "like part of me feels really sad cause I've heard he's being really good" and Jackie who gets upset when she thinks about him and their children "really wanted the kids to be stable and remain in one home". Mina, when she thinks about her wedding anniversary or is with friends "who all have family units", misses being in a family and wonders if she could have done more - "It's not necessarily [missing] him but it's a bit like a vacuum, something is missing, it's just different". She sometimes thinks there may have been less violence if she "didn't treat him like a God" and "maybe if I put my foot down, maybe" things would have been different.

#### **4.10.5 Counselling/support**

None of the participants except Karen who is still attending a formal support group talked about currently receiving any counselling services. Two participants who experienced a past negative counselling experience talked about their thoughts about this. For example, Sue said she initiated seeing a counsellor following the safe@home service “but in hindsight I think it would have been better to have someone recommended to me”.

Mel, Sue and Amina indicated that negative counselling experiences does not necessarily mean an unwillingness to try this avenue again. For example, Mel, now a recent tertiary graduate said: “I really want to talk to a counsellor now ...” and Sue who feels “not any better off emotionally now ... I’ve really just put a lid on it” also said - “I know I need to revisit it ... there is so much confusion over sex and violence and trust and what I’ve done to create this, you know, it’s all so enmeshed”. Amina who has not seen a counsellor, is interested in giving it a go - “I’ve had friends who’ve had counselling before and they’ve experienced it. I don’t think I’ve got any major issues but I know that I’ve had traumatising things in my life and I would like to experience counselling, I’d like to try it”.

Only Dalia mentioned the prospect of counselling for one of her children. She talked at the interview about her concern for one of her children ‘who is quiet’ and said she recently went to the school – “[they] will look out for him and they have counsellors there”.

Although clear distinctions could not be made between the groups, it is worth noting that Amina who had no pre-service counselling and Mel who described a negative pre-service experience of counselling and who both now are interested in counselling, belong to the least satisfied group.

#### **4.10.6 Life without the service**

All participants talked about what it would have meant if they did not have the safe@home service with half claiming they would have had to move, one claiming she would have stayed in her home regardless, two claiming they would have gone back into the relationship, one claiming health issues would have increased (“horrendous” migraines - Jackie) and another claiming she would have continued to have “issues with boundaries” (Mel).

While Mina believes that she “would just look for another place” and Gloria “wouldn’t be here, heck no, I would have been on a plane to Timbuktu. Gone”, Karen said they would have had to go to her dad’s once again, not an ideal situation, “... and then sort out what to do from there”. Dalia said she would have either stayed at a friends or gone to family overseas which “would have been terrible because I really love this country, the kids love it...” and Kim said she would have definitely moved and was willing to go into refuge again, a place she said she would never go into again: “... I got to

that point cause I was so scared, I thought maybe it was time to give up my house and go back into women's refuge..."

It is worth noting that just over half of the participants are living in the same home they shared with their ex-partner with two others moving by choice, one because she felt too scared to stay in the same home, another because she couldn't afford to take on the mortgage. One participant who was living in a rural area and moved into refuge before the service was provided at a rental place, talked about the probability of staying in her home if it had been offered at the time "just for stability for the kids to remain in the same school, in the same house ..." but now in hindsight said she's pleased she moved - "had I have stayed in that house, I think he would have absolutely stalked me, he would have known how to get into the house regardless of what I had done to it ..."

Both Sue and Lynne said they would have gone back into the relationship with Sue believing "... he would have wormed his way back into my life..." and Lynne believing that "this [the service] definitely stopped the cycle ... I felt like we had some protection so I could stick to my guns more". This inability to set and hold clear boundaries worried Mel as well:

"I think the practical stuff is really important cause you do all sorts of reasoning in your head and talk about things and reanalysing later and all this stuff, but with the practical things it shows about boundaries, cause that was my issue. I had an issue with boundaries and life having a physical boundary showed me this is what it looks like at the most extreme point and that was really helpful".

Amina said she would have been willing to take the risk of staying in her home: "I imagine that would have been more difficult, just having that fear of your house not being safe, cause even now you know all these things in place make me feel safe in my house". When we add up these "might have beens" and compare them with what actually happened, it's clear that biggest change was for Sue and Lynne (both in the most satisfied group) who, without safe@home, would still be with their abusive partners.

#### ***4.10.7 Moving forward - future aspirations***

Participants were asked about their future aspirations and eight participants responded. Returning to study, continuing current study or starting a career following study was mentioned by more than half of the participants. For example, Lynne is about to embark on post graduate study and furthering her career is important for Mel who is a recent graduate and is looking forward to a job opportunity in Australia. Mina too is currently studying in order to gain a certificate so she can continue her career in Australia where she will join her family so her pre-schooler can be with her

cousins. Study and moving to Australia is also part of Amina's future in order to be closer to family, but not for a time as "the kids are settled and doing well in school and I don't want to disrupt that" and will continue her professional development in New Zealand in the meantime.

Having the experience of being in a violent relationship has been the catalyst for Gloria to study in a related area in order to support other women who experience domestic violence and her "aspirations are to not walk away and do nothing with this experience". Kim talked about picking up her study that she began some time ago in order to be working, however not at this time -

"My number one thing is to be safe and happy and for me to continue doing this and keep having my kids. I know if I was to go backwards I would lose my kids, even one thing I would lose them and my future is to live for them and for them to grow up and have the lifestyle that I never had".

Aspirations for their children's future were shared by all of the participants bar Gloria. Avoiding the negative was the starting point for Karen and Lynne. Not to be like their alcoholic father was Karen's goal for her children. She talked about her life being "a lot more straight forward" when her husband is not part of things and she hopes that in the future her children will not be "adversely affected by him" and in particular, not become "alcoholics or have any bad additions". Lynne also fears any influence of what happened but is "very hopeful" for her children who she said are not showing any adverse effects and they have worked at "forgiveness and moving on from that time". Moving into positive territory Kim had a simple goal for her pre-schoolers "that they will do good at school". Similarly, Mina wants her daughter is "just be happy, enjoying life and not be scared of something that might happen to her"; Sue would like her children to learn "to love and accept people and be optimistic and have hope"; and Amina wants her children to be "good human beings ... to be free and not deprived of their freedom". Dalia takes up the theme of being "good human beings", having freedom, and adds having a good job and being in an equal relationship:

"... so I've told them they can do what they would like - be good business people with good jobs and they also have to be good human beings. I've told my daughter when you have a husband you don't have to support him, you want to be equal with him".

Jackie wants respectful relationship too for her children and hopes "that they will aim for the stars".

Being financially independent is identified by Amina who wants to be able to provide for her children, Dalia who wants to be able to give to her children and be a "good business woman", and

Sue who is trying to find “ways to bring in a two parent income as a woman”. If she can do that she’s “not even going to worry about finding a partner”.

Two of the participants are currently in new relationships and the remaining eight participants who are not currently in a relationship talked about their thoughts about a future relationship. This is an area of huge challenge as all too often toxic relationships, albeit unintentionally, repeat themselves. This is what may be happening for Jackie and Mel who are currently in relationships that have involved at least one violent incident. Although Jackie said her partner is seeking help for this and she has seen major changes “especially with our communication” she is fearful in living “with him or anyone ever again”. Mel talked about her current relationship “being demanding of me” and one that doesn’t necessarily fit with her hopes and aspirations as previously mentioned.

Although perhaps not initially, half of the participants are now open to the idea of another relationship. For instance, Kim whose focus is on her young children said: “maybe in the future” and Amina said: “I haven’t met anyone significant since but I would like to”. Karen said initially she wasn’t interested and although now it is “a bit of a time factor” with a busy life that consumes a lot of her energy talked about not wanting to be on her own for the rest of her life “so that door is ajar” and said: “I’d like to think I would find someone nice out there ...” Similarly, Gloria is now open to the idea of a relationship, an idea that now “appeals to me” and has replaced her initial response of saying that she was too busy or “how would anyone cope with this”. Dalia’s “openness” to a relationship suggests the continued influence of discourses when she talked about having someone else in her life “to be a good father and a good man”. She continued saying that she has not closed the door to being in another relationship: “... because I believe there are good men out there”.

However, few of the above group reflected on the nature of personal change and growth. Lynne said that being in a healthy relationship was “imperative”. She said this means feeling “safe where don’t have that fear they are going to turn in any second”. Lynne also talked about having to be able to trust “even though you have to take a leap of faith in that you know” and thinks that she is in a “healthy space where I’m not going to make the same lack of judgement today”.

A lack of trust of men and unwillingness to risk another relationship was mentioned by Sue who feels “really really degraded” but also believes that “in an ideal world I would have a partner to support me and listen to me”. Mina expressed her similar views perhaps to Sue by saying: “... I’m not thinking anymore about relationship now, I’m really, I’m feeling that I hate all men you know...” So for these last three women (all most satisfied) the challenge of future relationships is not so pressing.

#### **4.10.8. Suggested improvements**

Participants were asked what wasn't helpful, what could be improved in respect to the safe@home service. Mel expected fire-alarms:

"They were going to put in a fire alarm cause there were lots of threats to burn the house down ... I understand why it might not have happened, but if it hadn't been said in the first place, I wouldn't have thought about it".

Otherwise the service was "really really good cause I didn't expect it at all, I only thought it was going to be counselling". Amina wasn't properly trained in the use of her emergency police alarm:

"I didn't know that my phone would go dead when I pressed the button and that would have been useful to know that cause I just got much more scared when the phone was dead and I didn't know if the alarm had worked".

Amina's experience suggests that some training on how the alarm works and some follow-up when it is used would be helpful. Sue suggested receiving follow up calls especially when the alarm is returned would improve the service and said: "... I remember becoming fearful again as I was depending on that a lot".

Unrelated to the practical component of the service, Dalia talked about improving the service by providing on-going emotional support:

"it would have been good to have the support so even if you don't need it, just a dedicated person from Shine to call up like once a week to see how they are going and if they need anything or even run a focus group which would help for confidence ..."

On a similar vein, Mina who said she received "a great service that was enough" also said: "... I think though, counselling, even after two years for women like me maybe might be a good idea".

Jackie said she would have liked more support in finding services for her children:

"... just because it is such a hell situation where you've got no money, you've got no this [no that], so for the kids to get distracted from it all, you know - [there's] no dad, [there's a] new home. So all the coping, they have to do it. So [they needed] to have someone that was more directive in what to put in place. So it's almost like a ladder that you can climb that has a light at the end of it".

Karen, Sue and Dalia felt that the way the Police were involved with the service was “great and so supportive” (Karen). Similarly, Sue talked about her experience with the Police:

“I remember getting a letter from the Police after you know the break in saying they would be checking my house and I cried because I was so touched that people cared (crying). [It made me] remember my first marriage ... [when] I called them and they wouldn't come ...”

Dalia said “[the Police] are there just to protect me if I need them, Shine is there more for me emotionally. It is a wonderful combination”. Lynne wanted “more education and awareness around this stuff” for the role of the Police.

#### **4.10.9 Final comments**

Most of the participants responded to the question of whether they wished to make other comments by talking about their appreciation for the service. For example, Mel's surprise at how good the service was echoed by Lynne: “I just couldn't believe it, I just felt so grateful”; Gloria: “I was so wrapped with it”; Kim who said: “I just appreciate everything”; Karen: “I'm just thankful for the service”; Jackie: “... you know a brilliant service, really brilliant”; and Mina who said: “I just want to say I really appreciate the service. If I knew I had to pay for it now even though it is done but now I'm working, I would even now if they asked me”.

The impact of having both positive practical and emotional support in order to have the best outcome is particularly suggested by other comments made by Dalia and Kim. Dalia who was the only participant who had not left the relationship when she was first assessed. She said she would never have left. However, now she did not want to return to the relationship as her life became free of violence and she had good support: “... I'm so lucky and blessed where I am now and everything happened like clockwork once I started to move away, it was really hard but I had to for my children”.

Kim, who one could argue faced the strongest challenges at the time of the service, talked about her life now and said:

“... I always dreamt of a happy family, I always dreamt of what I'm doing now which is reality but back then when I was on drugs, I always wished for this lifestyle, wished to be away from my family cause they were so violent and wished to have kids and be a mum, be a full time mum and do everything that I'm doing now and my dreams come true, so yeah my dream has come true”.

## **Chapter 5 - Discussion**

### **5.1 Introduction**

A handful of international studies have investigated the impact for victims of domestic violence or abuse able to stay in their homes due to the use a crime prevention approach. This study is the first of its kind in New Zealand. The findings from this study highlight how the horrendous impact of domestic violence endured by victims during and after the relationship, has changed, for many dramatically, following the provision of the safe@home service.

This discussion will commence with a review of the data from 64 clients who received the safe@home service and completed the post-service questionnaire shortly after the completion of the service. A review of the data from 10 participants of this cohort who were interviewed about their experience and the impact of the violence on their children will follow. The correlation between the Police and Shine risk assessment scores and the client satisfaction scores for the 64 clients who completed the questionnaires and the 10 participant interviewees will be discussed. The need for further practical and emotional support following the service will be considered. Limitations and gaps pertaining to this study will be noted and recommendations for the safe@home service based on the findings will be made. This discussion will conclude with questions that this study has raised in light of a recent tragedy in New Zealand, together with my reflections as the researcher for this research project.

### **5.2 Review of the 64 safe@home clients**

The results in both components of this research show the complex issues faced by victims of domestic violence or abuse. This includes, from the analysis of the service questionnaires, an alarming self-rated high level of fear arising from (for example) threats to kill, severe and regular beatings, sexual assault and rape for just over 80% of the 64 clients investigated in this study prior to the service. This self-rated level of fear reduced dramatically, as did all the other researcher rated measures of change, after the safe@home intervention to a mild level of fear with the clients describing (for example) feeling relief, more confident and safer in their home for 97% of this sample. The outcomes were not significantly different across age and culture.

The impact of living with the high level of fear resulted in victims feeling trapped, isolated, feeling suicidal and not having a life. The confinement, described by many, resulted in having daily restrictions placed on them by their ex-partner who had successfully created an impasse between

the victim and life outside the relationship. Feeling robbed of a life, their children terrified, and having to ask their ex-partner for permission to do things such as leaving the house, infected any sense of self and purpose for many victims and resulted in them giving up study, work and other personal aspirations. Furthermore, for many participants, the separation from family and friends meant any attempt to challenge or even understand the abuse, which was at times supported by the friends and family of perpetrator, was not possible.

Following the safe@home service, with an absence of the violence or abuse in the home and the presence of security upgrades, many clients experienced an unexpected change - typically, a great sense of relief, safety and freedom. This brought about in changes of routine where the clients talked about doing what many may take for granted such as drawing the curtains and opening the newly secured windows. In stark contrast to their state prior to the service, the clients spoke about how they and their children felt happy and were sleeping better. The immediacy of this experience was surprising for most of the clients, who did not expect the impact of having the service to happen so quickly and for life to change so fast. This study suggests that receiving the practical components of the safe@home service such as the security lights, the personal alarm, and door and window locks, were the primary cause of the positive changes to their quality of life.

This result of overwhelming success in the short term represents the first medium size analysis of the effectiveness of safe at home models. The research covered in the introduction (see s2.12.7) that is favourably disposed to safe at home programmes, investigates preliminary models, small samples, atypical participants (e.g. the homeless), and generally is much less convincing. None of the quantitative studies has explored the longer term effects of safe at home programmes.

## **5.3 Review of the interviews**

### ***5.3.1 The participants***

The interviews provide the first longer-term account of the impact of safe@home and the fine grain on how it might work and what gaps it might have. What does this fine grain picture tell us? The level of fear rated after the safe@home service continued to decrease and at the time of the interview was at a minimum for seven of the ten participants and very low for the rest, all of whom had received the service at least 12 months prior. However, two participants spoke of having some fear and some unsureness about their ex-partner, and a third had no concerns only when her ex-partner was in prison and she did not have to be on guard about his whereabouts. Some further incidents of abuse occurred such as threatening texts and emails, and a further physical assault

outside the home. Conversely, this study found that no further abusive incidents occurred in the homes where the participants and their children remained despite attempts to break in.

With respect to the violence prior to the safe@home service, the narratives confirmed in detail the experiences above from the questionnaire. It was not unusual to hear the participants refer to the isolation and restrictions they endured as a part of 'that life' – a life that comprised of, but was not limited to, being hit, yelled at, threatened, punched, slapped, kicked, being dragged into the bedroom, being subjected to rough sex and being raped at home. Not surprising, the participants also talked about feeling confused and responsible, believing the situation was their fault. An issue not mentioned in the questionnaire was the financial abuse described by nearly one third of the participants as, for example, not having access to the money they had earned or not being part of financial decisions. Financial or economic abuse has recently been recognised as a specific type of psychological abuse and was officially included under the *Domestic Violence Act 1995* through section 5 of the *Domestic Violence Amendment Act (2013)*.

Reviewing the narratives, the themes of attachment and psychological entrapment covered in s2.9.2 and s2.9.3 are powerfully present. Fear is profound, but it is not what keeps victims in the relationship. When we explore the social discourses that sustain violent relationships, patriarchy per se is not one of them. It is present and named by a West Asian participant who said "the male is superior in relationships and just in terms of being head of the whole family kind of thing and being the provider", but she didn't believe it and probably would not have used safe@home if she had. What held participants most in thrall was the discourse of the vital importance of keeping the family unit together. This was particularly strong. This commitment was based on their own early family experience, often troubled, and their desire to do better for their children than their parents did; on ideas of romantic and everlasting love (as in Towns and Adam's 2000 study); on the value of fatherhood; and to a limited extent on patriarchal, cultural or religious discourses. This discourse is powerful because it is present across so many cultural, religious and political divides and is a real source of shame and perturbation for just about all of us when our family unit or those around us break down. Thus, the interview participants kept their abuse a secret (as in Nelson & Spalding's 2009 study) rather than talking about the abuse and seeking help (as in Fanslow & Robinson's 2010 study) and talked about being "bad", "embarrassed" and "ashamed" and having "incredible guilt", confirming the construction of blame of self that is aligned with the discourse on the vital importance of maintaining the family unit which is an effect of the abusive milieu. Consequently, it cannot be easily undermined, and the value of the family unit has to be assessed on a case by case basis.

The catalyst for change or a turning point for all of the participants and breaking the cycle of abuse for most required an individual assessment of the value of the family unit for the participants. In some cases, it's a dramatic and awful event such as rape, for some it's the slow accretion of abusive events leaving them fatigued and recognition that nothing is going to change, for some they had enough and wanted to do something about it (as in Fanslow & Robinson's 2010 study). For others the turning point was imposed on them by the departure of the partner from the relationship and country, which now they are grateful for. For some the psychological turning point of feeling confident of not returning to the relationship, came after being safe at home for several months, when they knew there was a sustainable alternative. They did not have to imagine it.

The notion that turning points occur for victims at the time of separation and the beginning of the safe@home service negates the emotional change that occurs in the relationship, leading one to believe that physical separation is all that is required. Indeed if that is all that is necessary, the likelihood of returning to the relationship is extremely high. This study highlights that when high risk victims who were once restricted and isolated from their relationships with family and friends, began living violence free in their homes, were then provided the opportunity to invest in the restoration or reassessment of these relationships. Relationships that had been severed by the abuse. Seventy percent of the participants in this study talked about this opening and an additional 30% of the participants talked about learning new life skills such as cooking, driving and taking up new parenting roles (for example) driving the children to sports practise. This raises questions – what is the meaning of safety and can this really be achieved before other emotional ties are strongly in place for victims who are no longer in relationships that are abusive?

Counselling plays a major role to build on the psychological shift that occurs from turning points. These need to be understood by those working with victims affected by domestic violence as outlined in s2.9 in order to actively support a process of change. A process for change model was developed by Prochaska and DiClemente (1982), commonly known as the stages of change model, that outlines five stages that people move through to achieve successful change in their life. The findings from this study suggest that the participants moved from the pre-contemplative and contemplative stages to the preparation, action and maintenance stages whilst engaging with this service (as outlined in this model). The maintenance stage requires on-going support and investment in order to reduce the likelihood of becoming vulnerable to the returning/relapsing stage, and it appears highly possible that the participants who learned new behaviours through life skills such as cooking and learning to drive made such investments. These new behaviours or life skills contributed to a raising confidence in the creation of a new life, and could be described as reinforcers alongside the restoring of relationships, commencing study or work. Such reinforcers

contribute to future aspirations and moving forward, supporting the concepts of the investment model where psychological entrapment is likely without such investment (Bell & Naugle, 2005).

Participants who received counselling described differing experiences of this service. Two participants who described negative experiences of counselling at the time of the interview also spoke about their willingness to give counselling another try. Although the counsellor's lack of understanding of their situation was claimed by two participants, others suggested their lack of readiness or simply wrong timing for them to engage with counselling. One could argue that counselling is not the answer for victims who are held in thrall, anxious and exhausted, whilst living with domestic abuse or just post separation. This fatigue can result in a daily existence focussed on survival and endeavouring to get through the tasks that are at hand. In sum, life for victims in this situation could be described as 'survival mode' - living at the bottom of Maslow's hierarchy. Fatigue and coming to the realisation that their partner was not going to change along with an increase in the violence and humiliation, were themes experienced by the participants and identified as their turning point or catalyst for change (as in Chang et al.'s 2010 study). If one considers a reality of daily survival perhaps spanning over a number of years and attaches such meaning to their life, once safety and a reduction in fear is experienced, does it not seem unsurprising one then wonders - what is my life now?

This question begs us to step back into the lives of the participants who at the interviews rated their current level of fear of their former partner as low, in stark comparison to their rating prior to the service. One could argue that this is enough for them to move forward with their lives. However the findings in this study suggest that other issues (for example), impact of sexual abuse as a child and unhealthy family relationships/dynamics, that perhaps lay dormant whilst the victims were operating in survival mode, will surface at a later stage. Therefore, the process of recovery towards wellness does not stop once symptom relief is achieved.

Although offered and arranged through a referral process, Shine's safe@home service has no standardised component of counselling built into the service process, and Shine's other services are focussed on crisis support and short term social work services rather than counselling services. Whilst the participants in this study mentioned that counselling was offered or personally sought, it raises the question of the role of counselling in the Shine safe@home service in order to address the on-going work required for long term wellness, and in comparison to other safe at home models (for example see Edward's 2011 study) that do have a dedicated counselling component.

### **5.3.2 Children**

The majority of participants were aware of the direct abuse towards their children, for example, being yelled at, sworn at, slapped, or the experience of indirect abuse from witnessing the violence such as a baby that became very distressed from her father's yelling, highlighting the co-occurrence between partner and child abuse (as in Eldeson's 1999 study). However, one third of the mothers had not mentioned their children when discussing their level of fear prior to the safe@home service, and in the quantitative data the change for children was one of the two smallest areas of improvement. In the interviews some mothers said they did not know about their children's distress as they were not told by their children about their partner's behaviour towards them until after their separation, suggesting the similar parallels of not disclosing abuse for both adult and child victims. Some children remained fearful and also continued to be victims in that their contact time was being used by their father to verbally abuse their mother, or put her mother down at times when she was not there. The alternative was not to see their father at all, which raise issues about the access to a nurturing male adult.

Domestic violence has been referred to as an assault on the mother-child relationship where the offender undermines the relationship she has with her child(ren). This can result in mothers not less able to parent, but rather having less capacity to parent as they would otherwise due to living with the violence (Humphreys, Mullender, Thiara, & Skamballis, 2006). This may be played out in mother's spending less time with their children or thinking less about their children due to the preoccupation involved in managing their abusive partner as well as living with the aftermath of the violence. This study lends support with over half of the participants talking specifically about needing to restore their relationship with their children (for example) working on forgiveness, or sharing their thoughts about how the violence impacted their parenting (for example) from being stressed.

Whilst the offender was not the biological father for nearly one third of the children, this study highlights that the separation of the partner-relationship can also mean the physical separation for father-child. This on the one hand is important for the safety of the child, but on the other fails to deal with the need for a father-child relationship. This is one of potentially many issues that have to be addressed in the future as part of the recovery process for both mother and children. Many of the participants talked about their commitment to keeping the family unit even after the separation and this led two participants to be the supervisor of the father-child contact in order for their children to see their father and all of the family together. These arrangements had to be discontinued due to the abuse from their father towards their mother at this contact time, (for

example) threatening to kill, not leaving when asked, and thus demonstrating the challenges in this area.

The change of not having their father at home, although perhaps experienced as relief for some, is not the case for all as this research has shown, with some children wanting actively to spend time with their father. The future for children and the restoration of their relationship with their father is unknown at that time and the likelihood of their mother re-partnering with someone else is high. As a result, children are not only being deprived of parenting from their father, but one could argue that because their mother is working through the complex issues that arise and negotiating new territory, then she may not be, through no fault of her own, as emotionally available to her children as what is needed. For children, building positive connections with both parents including their father and/or other nurturing males, is an area that needs to be addressed within the context of safe at home programmes.

It is of no surprise that the recovery process for children runs parallels to the journey of the adult victim. Making sense of the abuse, creating and making meaning of a new life and family and perhaps new roles can be involved. This research study indicates that only a portion of children received counselling or formal support at the time of the safe@home service and none at the time of the interview, although one participant raised concerns about her son and has alerted the school who have counsellors.

#### **5.4 Risk assessment and average satisfaction measures**

A significant negative correlation was found between the Police risk assessment scores and the overall level of satisfaction of clients of the safe@home service. This was true for the questionnaire cohort of 64 and for the nine in the interview sample who had done the Police risk assessment. As well, the Shine risk assessment also correlated with the interview sample. Those who score poorly on the risk assessments have poorer overall satisfaction scores. This suggests that those who were least satisfied began with more problematic and complex issues, whereas those most satisfied had fewer and perhaps more straight forward issues to contend with. This begs the question of whether the qualitative data supports the idea that those with the highest risk assessment have had a more difficult time after the implementation of safe@home.

The overview answer is that neither the Police, nor Shine risk assessment scores, nor the average satisfaction scores, clearly predict outcomes a year or so later after safe@home has been put in place. The narrative data confirms some features on which the Police risk assessment is based. The three with the highest risk assessment scores (Mel, Karen and Gloria) have all had some of the

following issues: repeated attempts to leave their abusive relationships; frequent prior contact with the Police; partners with significant criminal records; and major substance abuse problems in the past. Where are they now? Along with Amina (who had no police risk assessment), all had the lowest overall satisfaction scores, post-test. Karen and Mel both rate themselves as still vulnerable. Karen's partner continued trying to get into the house after safe@home was installed and Mel is again in an abusive relationship. Both Karen and Gloria, while generally good, have their bad times where "walking with courage" is required. Gloria described herself as having a mental health breakdown.

At the other end of the scale Sue, Mina, Dalia and Jackie had the lowest police risk assessment scores, and while Sue and Mina are two of the three most satisfied post safe@home, Dalia has the highest current fear rating and Jackie has re-engaged in a potentially abusive relationship. Other factors such as access to counselling before and after safe@home may have prepared some for the adjustments to be made, while others are yet to take that step, but there is no clear pattern in relation to risk assessment scores, and the overall picture from the qualitative data is one of large overlaps between the high and low risk groups.

Looking at the average satisfaction scores post safe@home service and the final outcomes a year plus on as gleaned from the narrative data, it is possible to suggest that the average satisfaction scores can predict where things will be a year later. In the least satisfied group, Karen and Mel still see themselves as vulnerable, and with Amina, all three have had recent experience of significant abuse as have Kim and Jackie in the moderately satisfied group. In the most satisfied group, Sue, Mina and Lynne all have low (Lynne) or no fear, none used security lights and all were putting their children's needs ahead of any further engagement with men, whereas the others had a much stronger interest in starting a new relationship - an essentially risky process in the early stages of recovery from domestic violence as Jackie's and Mel's experience has shown. It is risky because of multiple mental and physical health problems that arise from domestic violence as we have seen in s2.5, including an increased vulnerability to substance abuse and future violence (see also Ellsberg, Garcia-Moreno, Heise, Jansen, & Watts, 2008; Anderson, Bonomi, Reid, & Thompson, 2006) that need to be addressed before committing to new partnerships.

This research did not set out to explore the predictive abilities of assessments of risk or progress, and so what is of interest, is the possibility that a clearer focus in this area may help target longer term support in a more individualised fashion that addresses specific vulnerabilities. Given the objective of the safe@home service, it appears that other risks or the broader issues faced by victims of domestic abuse cannot be addressed by the current service.

The service does appear to address the financial burden of domestic violence which is important to consider. Given the treasury estimate that the average cost to NZ per homicide is \$3.9 million (Roper & Thompson, 2006), it seems worthy to compare this with the average cost of the Shine safe@home service of \$4,500 for one client<sup>1</sup>, resulting in a total of \$288,000.00 for the 64 clients involved in this research - all of whom were able to stay safe and in their homes. Whilst it is difficult to estimate any direct financial cost for emotional costs, it could be argued that the significant reduction in fear and the increased positive impact on the participant's quality of life and overall wellbeing, in an indirect but likely outcome of this service.

### **5.5 Practical and emotional support following the service**

How do victims who have experienced domestic violence or abuse move forward and be a fully functioning member of society? How can their children be secure, happy and developing? What needs to be added to the safe@home service so that its support for victims of domestic abuse goes beyond keeping them safe in their homes to helping them become a fully operating person and family? Edwards (2004) contends that any successful safe at home model requires long term safety measures and support for victims and their children, and this study lends support to this. For example, one participant talked about the complexities she faced at the time of the service and would have liked someone to put some structure in place for her children, a task she found too difficult at that time to do. Such a structure would provide both practical and emotional support for her children, and two further participants suggested emotional support would have been helpful - for one when the alarm that she was dependent on was returned, and for the second, wanting to join a group focussed on personal empowerment.

Providing further practical and emotional support that goes beyond the crisis-orientated requirement of a safe at home model could further improve the outcomes for victims, children and their relationships. This study has highlighted how victims of abuse have to adapt to their situations as a way of managing the abuse. Dealing with the unpredictability of abusive behaviour is cognitively very demanding and can lead to attachment and entrapment, as discussed by all the participants in this study. Practically leaving the relationship and becoming emotionally detached from this relationship are two very different tasks. Some participants experienced feelings of attachment and grief, with one woman meeting up with her ex-partner again thinking he had changed only to be mistaken, and two other participants taking up the role of supervisors to keep the family unit still intact.

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<sup>1</sup> J. Drumm, personal communication, February 13, 2012

The creation of a new life for victims and children who have been abused takes time and requires a recovery process that is tailored to victim's specific practical and emotional needs. With the overwhelm that can accompany such a process, it is not unreasonable to suggest that skilled practitioners or advocates such as social workers could assume this in their role that is attached to the safe at home service.

## **5.6 Limitations and gaps in this study**

There are limitations that relate to this particular research study. One is in the process of selection for the questionnaire analysis and the interviews as not all post-service evaluations were completed. Therefore, a comparative analysis was not able to be made and effectively halved the initial sample. However, a risk assessment comparison of the included and excluded groups showed no significant differences between them, showing that the questionnaire clients are a representative group.

Another limitation pertains to the high level of discards in the selection of the two interview groups. It is certainly possible that those who were contactable were too vulnerable to be interviewed or changed their mind after the initial request and would have had a different story to tell. As well the small number of interviewees make the findings of this study difficult to generalise. However, the fact that the questionnaire clients are a representative group and that the stories from the interviews and questionnaires are strongly aligned in so far as the different time scales permit, allows us to have some confidence in the generalisability of the broad conclusions of the study in relation to the effectiveness of the safe@home programme.

Gaps in this study include the omission of male victims who had the safe@home service in this particular study that leaves a gap for future study about their experience, perhaps one that could be compared to their female counterparts. The assessment of children's experience was made by their mother or female caregiver in the questionnaires and interviews, creating a gap for future research to include the voice and experience of children who have been involved in the safe@home service.

## **5.7 Recommendations**

This research has found that the Shine safe@home service reduces fear for victims of domestic abuse, enables women and children to remain safe in their homes, reduces on-going re-victimisation and contributes to an increase in overall wellbeing and quality of life. It has also highlighted that on-going abuse does continue and indeed can result in another violent incident, albeit outside of the home, suggesting the home is safe but how safe is the person? This study suggests that victims of domestic violence require a tailored response that matches their situation and needs – one that includes the provision of emotional as well as practical support. This study found that although

almost all the participants in this study were appreciative of the service provided at the time, there are issues that potential surface such as childhood trauma that require counselling at some stage following the completion of the service.

There is the need to address practical issues that were raised in this study and may have been avoided. Firstly there was the lack of a fire alarm, stated by one participant, which never came despite her perpetrator threatening to burn the home down. Secondly was the personal alarm, arguably integral to this service, which however raised concerns for two participants in this study. One who was called a couple of hours after the alarm was activated, unknown to her, is concerning and suggests that monitoring of this service is required. The other who returned the alarm following an incident when she wasn't able to use her phone and became stressed, suggests that it may be beneficial if clients of the service were taken through a 'test run' or had written information about the alarm process.

The role of the Police in this service is pertinent and requires consistent practices, and whilst one participant suggested that the Police have more training in this area, others talked about the helpful involvement from the Police (for example) stopping by to check all is ok or driving by intermittently - one participant basing her assessment on previous experience with the Police when no help was provided.

Based on this study, it is strongly recommended that:

- The safe@home pre and post self-assessment tool has a standardised built in component to identify and respond to any immediate or future counselling needs for the client and/or children.
- A specialised domestic abuse service is built into the safe@home model or which works alongside the service that is child focussed in order to address the specific needs of children. These may include the restoration of the mother-child relationship (if victim) and the maintenance of a nurturing and positive relationship with their father or other male figure.
- A follow-up component is added to the existing service to address any practical concerns or emotional needs of the clients. This would, for example, ensure that the required practical components have been provided and used correctly, to monitor the services provided by other organisations involved in this service, and to provide more intensive support to address issues such as finances, child-care and school care. Participants in this study suggest that the service could include follow up calls, focus groups and help to access services for their children. As highlighted in this study, each client needs to be provided services on a

case by case basis and the length of on-going support would be determined by need and negotiation.

- The Shine safe@home model is made available in other areas nationwide. Indeed, if the aim of the service is to keep victims and children safe and stable in their homes, then this pertains to all victims of domestic violence or abuse residing in Aotearoa/New Zealand.

## 5.8 Conclusion

The last recommendation warrants further explanation and illustration. This study has found that women and children who have experienced ongoing domestic violence and who have received the safe@home service experience positive change in their lives, for some enormous positive change. This suggests that the wider availability of this service would be to the betterment of all implicated in domestic violence - individuals, families, communities, society and Aotearoa/New Zealand. Preventing re-victimisation, increasing health and well-being, and collectively making homes a safe haven for families with a safe@home service is not only cost effective but more importantly saves lives. This surely implies that the service is ready to go nationwide and the time for this further expansion is now. This is supported by the Family Violence Death Review Committee (2013) who recommend that the government Taskforce for Action on Violence within Families “consider the provision and availability of living free from violence programmes, which are developed to address the specific needs and experiences of women who have been abused ...” (p. 12).

To illustrate what can happen when such a service is not available, I turn to a recent tragedy in Dunedin that resulted in public despair and outrage, and leaving many people to wonder what could have been done to avoid the murder of two young children from the hands of their father who in turn shot and killed himself (“Murder victims named in Dunedin shooting”, 2014). There were two elements in this case that are highly relevant to the safe@home service: the father used a key to a lock that had not been changed to enter the house, and the mother had a panic alarm which was not connected to the Police. Although this is an extreme event, the scenario of young children living with their mother who is separated from her former partner, a respondent to a protection order, is not uncommon.

What difference might the safe@home service afford families who are currently living in this scenario if it was more widely available? This study has shown that having security upgrades buys time for the victims when their offender is attempting to gain entry, with change of locks and a personal monitored alarm resulting in the Police prioritising their immediate response. Managing unsuccessful break-in attempts and knowing what to do when their safety is at risk resulted in an

increase in confidence and competence for victims, including some children, who have had the safe@home service. Neighbours have been identified as supports for victims from knowing about the service and who can be involved in a crisis intervention that doesn't mean placing themselves in potential harm. Ultimately, the provision of the safe@home service may dissuade partners and ex-partners from making a potentially fatal decision from knowing the house is protected and the community is involved in keeping victims of domestic violence and their children safe in their homes.

## **5.9 Reflections**

Being the researcher in this study left me to wonder whether safe@home would have made a difference in my own experience of domestic violence, as mentioned in s1.1. The idea that my children and I could remain in the family home when I separated from my ex-partner was not even entertained. I took it for granted, and it was widely accepted at that time, separation meant that being the leaver, I had to leave and live in rental accommodation despite my prior affluent lifestyle (as least until matrimonial settlement). However, the psychological abuse (towards myself and the children) and the financial abuse continued and no financial settlement was made. All of this resulted in many days of struggle and despair for myself and my children. Would I have accepted the safe@home service if this had been offered? I think I would have declined. I wanted to leave the home, it suffocated me and I felt trapped. Nevertheless, knowing I had the option to decide whether to remain safely in our home or leave would have helped me feel supported, protected and able to leave with some dignity, rather than a refugee in flight.

I also reflected on my work as a counsellor practicing in the area of domestic violence and found that I continue to be frustrated, albeit not surprised, at the lack of understanding and/or simplistic professional responses regarding the dynamics and complexity of domestic violence and factors that influence victims to stay in or support them to leave the violence/abuse. Whilst acknowledging that victims of abuse often re-engage with a partner who uses violence or abuse, my experience as a former victim of domestic abuse and now a professional working in this sector, aids me to support victims rather than judge, to advocate for safety, and continue to believe in change for both victims and perpetrators.

Over the years of experience counselling clients who had experienced domestic violence/abuse, I am sometimes left wondering about what needs to be attended to first, emotions or practicalities. I always work on the side of practical safety and in this respect argue for the latter, meaning, addressing the practical needs prior to working with the emotional needs even though they are present and may also need some attending to. After all, how beneficial is a 'talk' process when someone is living in fear of their ex-partner or on the move yet again to escape on-going abuse with

minimal or no support and perhaps no secure place to live in and call home? I have also noticed a clear difference with clients when needs such as basic resources, health and property have been met, or in the process of being met, that enables them to be more readily engaged with any counselling work. This engagement may contribute, for example, to an exploration and making sense process of the influences that impacted on the relationship with their abusive partner and the ability to re-story their experience and indeed, become the author of their path ahead. As George Bernard Shaw aptly states:

*“Life isn't about finding yourself. Life is about creating yourself”.*

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# Appendix One - Pre self-assessment evaluations

## Victim Safety Self-assessment – BEFORE Security Upgrade

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1) How long have you been in your present accommodation?

\_\_\_\_\_

2) Have you ever had to relocate because of violence? In the past 2 years?

\_\_\_\_\_

3) How do you currently feel about your personal safety and home security? Check sleeping?

\_\_\_\_\_  
\_\_\_\_\_

4) On a scale of 1 to 7, where would you rate your current fear of or risk of harm from the offender?  
(Check what they think the offender might do).

\_\_\_\_\_  
\_\_\_\_\_

5) What was the worst incident in the past 3 months?

\_\_\_\_\_  
\_\_\_\_\_

6) Where there are children, check how scared they are of the offender.  
Note any signs of stress eg bed wetting, sleep problems, aggression, passivity, eating problems.

\_\_\_\_\_  
\_\_\_\_\_

7) Effects on quality of life eg. restrictions to lifestyle as a result of the offender's behaviour or as a result of their fear of the offender.

\_\_\_\_\_  
\_\_\_\_\_

8) How do you rate your level of confidence and faith in the Criminal Justice system to protect you and your family? eg. Police, Family Court processes, lawyers.

\_\_\_\_\_  
\_\_\_\_\_

## Appendix Two – Post self-assessment evaluations

### Victim Safety Self-assessment – AFTER Security Upgrade

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(1) How do you currently feel about your personal safety and home security? Check sleeping?

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2) On a scale of 1 to 7, where would you rate your current fear or risk of harm from the offender?  
(Check what they think the offender might do).

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3) Have there been any incidents since the security upgrade was completed?

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4) Where there are children, check how scared they are of the offender.

Note any signs of stress eg bed wetting, sleep problems, aggression, passivity, eating probs .

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5) Effects on quality of life as result of the improved security .

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6) How do you rate your level of confidence and faith in the Criminal Justice system to protect you  
and your family? eg Police, Family Court processes, lawyers

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7) Any issues regarding the tradespeople or process of having the security upgrade work done?

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8) Overall comment about being part of safe@home?

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## Appendix Three – Participant information sheet

I am currently enrolled in the Master of Social Practice programme at UNITEC New Zealand and I seek your participation in meeting the requirements of research for a Thesis course in 2012 which forms a substantial part of this degree.

I am an experienced counsellor/social worker with eleven years of work experience predominately in the area of domestic violence. I would like to conduct a confidential research project with people who have been involved in the safe@home service provided by Shine that has been completed for at least 12 months. I am employed by Shine but I do not have any involvement with the safe@home service.

The aim of my project is to evaluate the impact of the safe@home project with past clients of this service and I would be asking you to spend time with me to have a conversation and answer some questions I would like to ask you. I am interested in what ways this service supports women and children who have left violent relationships and remain in their homes. I am interested in hearing from you how this may have impacted on your overall wellbeing, financial and housing situation as well as being able to move forward with life free of violence. I would also like to know what is important to you in regards to your past, current and future situation.

Our time together should not exceed 2 hours and if it does we could arrange another time to meet. I anticipate that I would come to your home for this however I am happy to meet with you anywhere that you feel comfortable. I will need to talk with you away from children who are 2 years old and over as they are verbal at this age and what we discuss may not be appropriate for them to repeat and/or hear. I will tape our conversation and I will ask you to view the transcripts made from this so you can change anything you wish. The tapes will be destroyed once they are transcribed and these transcripts will be digitally stored for five years in a password protected computer file.

You, your ex-partner and your children will not be identified in the thesis in any way. You are free to ask me not to use any of the conversation. The reports made from my project will have nothing in it that could identify you, your whanau or family or your place of residence or work in any way and may be published.

Even if you consent to being a participant of this research project, you can withdraw at any time prior to us talking together and within two weeks of receiving the interview transcripts to review.

If you would like to discuss anything with me before you sign the consent form, you can contact me, phone 8154595 or email [yolandam@2shine.org.nz](mailto:yolandam@2shine.org.nz). I am happy to answer any queries or concerns you may have. You may also wish to contact one of my supervisors, Geoff Bridgman (Principal), phone 8154321 X5071 or email [gbridgman@unitec.ac.nz](mailto:gbridgman@unitec.ac.nz) or Gavin Rennie, phone 815-2918 or email [grennie@unitec.ac.nz](mailto:grennie@unitec.ac.nz)

## Appendix Four – Participant consent form

**Title of the project:**

**The Impact of Using a Crime Prevention Approach to Keep Potential Homicide Victims of Domestic Violence Safe in their Homes**

**Principal Researcher:** Yolanda Meima

**Name of Participant:** \_\_\_\_\_

I understand the purpose of the research project that I have been invited to take part in. I have been given, and have read a written explanation of what is asked of me. I have had an opportunity to discuss and ask questions and I have had them answered.

I understand that I may withdraw from the project at any time prior to me speaking with the researcher and within two weeks of me receiving the interview transcripts to review and, if I do, my rights to support or the safe@home service if needed at any time in the future will not be affected in any way.

I understand that my consent to take part does not alter my legal rights.

I understand that information obtained will be held securely and that any information held on record for the project will not personally identify me, my ex partner, my whanau or family, my residence or my place of work in anyway.

I understand that none of the reports from this project will contain information that will identify me.

I understand that findings from this research may be published

I understand that if I have any concerns, at any time about the research, I can contact either the principal supervisor of this research project Geoff Bridgman, phone 8154321 X5071 or email gbridgman @unitec.ac.nz or Gavin Rennie, phone 815-2918 or email grennie@unitec.ac.nz

I consent to take part in this research

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Appendix Five – Interview questions guide

1. What do you particularly remember about the safe@home service?  
(what aspects of the safe@home service helped you (and your children) or didn't help you (and your children) to feel safe from being re-offended by your ex-partner, what it was like when you finished?)
2. How has it been for you (and your children) since you finished being a client of the safe@home service? (what is the level of fear of harm from your ex-partner for you now and what that means to you? Sleeping? Signs of stress? eg bed wetting, sleep problems, aggression, passivity, eating probs)
3. Overall how would you rate:
  - a. your current feelings about your personal safety and home security?  
1= extremely unsafe, 7 = extremely safe
  - b. your current fear or risk of harm from the offender?  
1= extremely worried high, 7 = not at all worried
  - c. how scared the children are of the offender?  
1= extremely scared, 7= not scared at all
4. How would you describe your current overall well-being and what that means to you?  
(what is your current housing situation like for you now and what that means to you? what is your current financial situation like for you now and what that means to you?)
5. Overall how would you rate your current quality of life? 1= extremely poor, 7= extremely good
6. What future aspirations do you have for you (and your children)?
7. What could be done to improve safe@home service?

## Appendix Six – Letter of authorisation

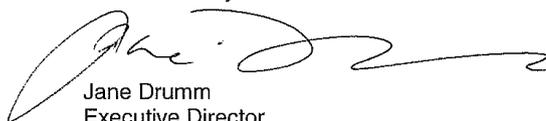


16 August 2011

To Whom It May Concern:

This letter is to state that I, being the Executive Director of Safer Homes in New Zealand Everyday, give Yolanda Meima authority to obtain information on client files who have been involved in the Shine Safe@home service. The information obtained by Yolanda from client files is to be used solely for her UNITEC Masters Thesis and she must obtain permission by me for any other reason.

Yours sincerely



Jane Drumm  
Executive Director

*\*safer homes in nz everyday*

Shine Patron: The Hon. Dame Silvia Cartwright PCNZM, DBE, QSO

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## Appendix Seven – Ethics approval



Yolanda Meima  
103 Western Springs Rd  
Auckland 1022

Dear Yolanda,

Your file number for this application: **2012-1048**

Title: **The Impact of Using a Crime Prevention Approach to Keep Potential Homicide Victims of Domestic Violence Safe in their Homes.**

Your application for ethics approval has been reviewed by the Unitec Research Ethics Committee (UREC) and has been approved for the following period:

**Start date: 25.7.12**

**Finish date: 25.7.13**

Please note that:

- 1. The above dates must be referred to on the information AND consent forms given to all participants.**
- 2. You must inform UREC, in advance, of any ethically-relevant deviation in the project. This may require additional approval.**
- 3. Organisational consent/s must be cited and approved by your primary reader prior to any organisations or corporations participating in your research. You may only conduct research with organisations for which you have consent.**

You may now commence your research according to the protocols approved by UREC. We wish you every success with your project.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'G. Whalley'.

Gillian Whalley  
Deputy Chair, UREC

Cc: Geoff Bridgeman  
Cynthia Almeida