# 7. Where to next? Let’s decide what our goals are

To get anywhere, it pays to be clear on the destination. In this case, it means being clear on what we are seeking to achieve. The New Zealand Parliamentarians’ Group on Population and Development (NZPPD) released their report Creating a Culture of Non-Violence in June 2005, summarising submissions from an Open Hearing on the elimination of violence against women and children. The review of government activities in this area, presented as an appendix to their report, highlights one of the inherent tensions in the goals that we are setting for ourselves.

This tension requires explicit recognition: we are trying to create a culture of nonviolence, but the majority of our actions have focused on responding to perpetrators, victims and their children who are known/ identified to the system. While these service based responses are important, they come under the heading of ‘secondary or tertiary prevention’, and are unlikely to lower the overall incidence of violence. Similarly, we have developed legislation that outlines what is outside the bounds of acceptable behaviour. This legislative framework is crucial for developing a responsive strategy to known cases of intimate partner violence, but in the absence of clear evidence that legislation is a deterrent, we have to be clear that its role is primarily one of setting of ‘minimal standards’ of behaviour – that is, zero tolerance for violence. (See Zorn 1999 for additional discussions on the role of legislations in these issues.) However, if the true goal is to develop a ‘culture of non-violence’, then we need to start talking about what this would look like. This is likely to mean that we have to start discussing and identifying what a culture of non-violence encompasses, and identifying the component skills, resources and institutional and cultural supports that will allow us to acquire and enact this. Rather than just telling people what we don’t want them to do, or what behaviour is unacceptable (seldom an effective strategy for behaviour change), we may find that if we are clear about what healthy non-violent relationships look like, why we want them and what the ‘goodies’ are that go along with them, for both victims and perpetrators, then this becomes a goal that people are interested in achieving.

An example: A recent anthropological study of young adult New Zealanders sought to identify their perceptions of healthy and unhealthy intimate heterosexual relationships, and factors that influenced these. The study reported that many young people had clear conceptions of what a healthy relationship looked like (involving trust, empathy, communication, intimacy and balance). When asked about factors that influenced their knowledge of intimate relationships, answers could be grouped according to individual experience, learning from family and friends, and popular culture transmitted through media such as movies, books and magazines. What informants identified, however, was that much of their learning on how to ‘do’ healthy relationships came from individual experience or informal observations of friends and family, and that when they encountered difficulty with relationships, they tended to fall back more on ‘popular culture’ images of how these situations should be handled (McKenzie 2004).

This study identifies some fascinating issues. The majority of people interviewed shared a common vision of a healthy, well-functioning relationship, but the component skills and resources needed to support such a relationship were often learned in an ad hoc way (or developed implicitly, rather than explicitly). Skills and resources for managing situations of tension or conflict seemed particularly poorly developed, and were reliant on models that have been developed for different purposes such as creating dramatic tension in media formats. If we are trying to develop a culture of non-violence, are these things we should be leaving to chance? Or is this an area that we need to start an explicit dialogue on talking about what healthy relationships look like and what they don’t include; costs and benefits of having healthy versus unhealthy relationships for both victims and perpetrators; and identifying the skills and supports needed to achieve them. If we can agree on what we want, then we can start looking at which sectors of our society are best positioned to help us achieve which parts of these goals, because we need everybody to be involved. The next sections outline how.

## 7.1 A theoretical framework for violence prevention

As the complexity of factors contributing to the occurrence of violence has become clear, there have been efforts to develop frameworks for conceptualising, identifying and addressing these factors. The ecological model shown in Figure 7.1 is currently one of the most common frameworks used to represent the levels of influence that contribute to violent behaviour. The model allows representation and exploration of the relationship between individual and contextual factors and considers violence as the product of multiple levels of influence on behaviour. Further details of the different levels are provided in Box 7.1.

### Figure 7.1:

**Image:** Oval shape with layers showing levels of influence on behaviour

Starting with the inner layer, the layers are as follows:

* Individual
* Family/Relationship
* Institutional
* Community
* Societal

Source: World Report on Violence and Health, Krug et al 2002.

In addition to providing a tool for conceptualising risk and protective factors at different levels and the interactive nature of these factors, this framework is useful for conceptualising the types of interventions that have been tried. Analysis on this basis indicates that the majority of family violence interventions have been directed at the individual level, and/or the family/relationship level (e.g. refuge support, child protective services, EAN services). More limited forays have been made into interventions that seek to address links across these levels (e.g. co-ordinated community response programmes that incorporate services for victims and perpetrators through co-ordinated action with various institutions). With the exception of advances in legislation, action at the societal level has been sporadic and un-sustained, such as short-term media campaigns.

Further complicating the picture is that interventions are not only targeted at different ecological levels, but also scattered across different sectors, with some administered through justice, others in health, still others in social services. This makes it harder to get an overarching picture of the interventions that have been attempted, and the gaps that remain. Yet it has been recognised for some time that co-ordinated community responses to violence require input from all sectors, and that each sector has unique contributions to make (see Co-ordinated Community Action Model, Figure 7.2).

**Box 7.1: Levels of the ecological model (Adapted from Krug et al 2002)**

Individual: Biological and personal history factors, including biological and demographic factors, factors such as impulsivity, low educational attainment, substance abuse and prior history of aggression and abuse.

Relationship: Proximal social relationships, for example, relations with peers, intimate partners and family members. Interacting on an almost daily basis or sharing a common domicile with an abuser may increase the opportunity for violent encounters. Individuals in continuing relationships may increase the likelihood of repeat victimisation.

Institutional: This level has been added due to increasing recognition of the importance of institutions and institutional practice in influencing behaviour. This level is often not pictured in representations of the model.

Community: The community contexts in which social relationships are embedded – such as schools, workplaces and neighbourhoods. This level seeks to identify the characteristics of these settings that are associated with being victims or perpetrators of violence. These include for example: high levels of residential mobility (where people do not stay for a long time in a particular dwelling, but move many times); heterogeneity (highly diverse population, with little of the social ‘glue’ that binds communities together); high population density; communities with problems such as drug trafficking; high levels of unemployment; and widespread social isolation (people not knowing their neighbours or having no involvement in the local community). Opportunities for violence are greater in some community contexts than others – for instance, in areas of poverty or physical deterioration, or where there are few institutional supports.

Societal: Larger societal factors that influence rates of violence. These include, for example: cultural norms that support violence as an acceptable way to resolve conflicts; norms that give priority to parental rights over child welfare; and norms that entrench male dominance over women and children. Larger societal factors also include the health, educational, economic and social policies that maintain high levels of economic or social inequality between groups in society.

There are complex linkages between these levels. The Ecological Model highlights the multiple causes of violence and the interaction of risk factors operating within the family and broader community, social, cultural and economic contexts.

The model also shows how violence may be caused by different factors at different stages of life. While some risk factors may be unique to a particular type of violence, more commonly various types of violence share a number of risk factors. Prevailing cultural norms, poverty, social isolation and factors such as alcohol abuse, substance abuse and access to firearms are risk factors for more than one type of violence. As a result, it is not unusual for some individuals at risk to experience more than one type of violence. The links between violence and the interaction between individual factors and the broader social, cultural and economic contexts suggest that addressing risk factors across multiple levels of the ecological model may contribute to decreases in more than one type of violence.

Adapted from: World Report on Violence and Health, Krug et al 2002.

### Figure 7.2:

Co-ordinated community action model

A demonstration of ways communities can accountably act to support victims of domestic violence.

Image: Circle with eight sections and ‘You’ in the centre. The circle is centred ‘Desire to make a difference’.

Each section says below:

* Health Care System
  + Develop safe methods for identification of DV
  + Provide referral, education and support services to victims and children
  + Use accountable documentation and reporting protocols
  + Devote a % of training to DV
* Justice System
  + Disclose relevant DV statistics
  + Use methods of intervention which do not rely on victim involvement
  + Enforce batterer’s compliance
  + Protect women an children’s safety
  + Adopt a ‘pro-arrest policy’
  + Provide easily accessible protection orders
* Education System
  + Support and educated teachers to identify students affected by DV
  + Teach violence prevention, conflict resolution and communications
  + Acknowledge gender bias in material and develop alternative
  + Require relationship education at all levels
  + Teach equal rights
* Clergy/Faith Communities
  + Speak out against DB from the pulpit
  + Routinely assess for DV in premarital and pastoral counselling
  + Develop working relationship with local DV response systems
  + Oppose use of biblical or theological justification for DV
* Media
  + Spotlight efforts that promote non-violence
  + Devote % of coverage to abused women and children’s needs
  + Cease labelling DV as ‘love gone sour’, ‘family quarrel’ etc.
  + Educate about dynamics/consequences of DV
  + Stop portraying abuser’s excuses as truth
* Employers
  + Provide employment security to victims
  + Practice a policy of non-violence
  + Provide flexible schedules, enlightened HR policies and leaves of absence for victims
  + Provide advocacy and support resources for victims
  + Make batterer’s employment conditional on remaining non-violent
* Government
  + Define violence as criminal behaviour
  + Provide progressive consequences in sentencing
  + Fund DV agencies and violence prevention education
  + Commute sentences of women who kill self-defence
* Social Service Providers
  + Deliver services responsive to women and children’s needs
  + Require staff to receive training on the dynamics of domestic violence
  + Oppose the way DV is pathologised
  + Prioritise safety
  + Utilise ways to identify DV

This model was developed by the Domestic Violence Institute of Michigan, based on the Domestic Abuse Intervention Project Wheel format.

How can we use these conceptual models to further our understanding of what has been done, what is planned and what needs to be addressed in the future? One approach is to combine the ecological model and co-ordinated community response model, as has been done in Figure 7.3. This indicates that all sectors have influence and responsibilities across all ecological levels, as well as interactions or links with other sectors. It suggests that achieving a society where family violence is unacceptable is only likely when a majority (or at least a critical mass) of sectors, operating across most of the ecological levels, are functioning in such a way that violence is not condoned or supported, and/or where healthy relationships are actively promoted.

### Figure 7.3:

Image: The Ecological Model shown in figure 7.1 and The Coordinated Community Action Model shown in figure 7.2 is merged together as one model

To illustrate the utility of this model, the following section presents an analysis of New Zealand’s efforts to respond to intimate partner violence over the past three decades.

The justice sector response to intimate partner violence has been one of the well-developed over the past 20 years (Figure 7.4). Some societal level response has been achieved through the implementation of the Domestic Violence Act 1995. Community level response has been achieved in some localities, through intensive effort (e.g. Hamilton Abuse Intervention Project, WAVES), and links with institutional change (e.g. police arrest policy in cases of domestic violence, the establishment of protection orders and court services for victims). The justice sector has also worked at the individual level, through the provision of programmes for perpetrators and victims of violence, and their children. These initiatives, developed through the collective work of government, justice sector staff and NGO groups over many years, are recognised as significant advances that promote a vital framework for response.

### Figure 7.4:

Image: similar to figure 7.3. Except the Justice sections for Societal, Community and Institutional. This is explains that some societal level response has been achieved through the implementation of the Domestic Violence Act 1995. Community level response has been achieved in some localities, through intensive effort (e.g. Hamilton Abuse Intervention Project, WAVES), and links with institutional change (e.g. police arrest policy in cases of domestic violence, the establishment of protection orders and court services for victims). The justice sector has also worked at the individual level, through the provision of programmes for perpetrators and victims of violence, and their children.

Yet despite these advances, there are concerns that implementation of these measures is not always creating the optimal result. In a study of the implementation of protection orders Hann (2004) suggested that the recent decrease in the number of applications for protection orders may be attributed to factors such as: victims’ lack of confidence in the system; the increased numbers of protection order applications being put ‘on notice’ ; and the increased burden of proof on victims of violence. Hann also suggests that the safety of some women has been compromised by an increasing variation in the ways in which protection orders are being put into practice. These include increased numbers of ‘without notice’ applications being put ‘on notice’ by judges, and judges, lawyers, police and the Legal Services Agency seeming to be more disbelieving of women’s realities of violence and requiring much more proof of violence.

One way of interpreting these results is to look at the individual level within the justice sector, and the degree to which individuals within the system are operating in ways that are consistent with the overall framework. It is possible that the relationship level is also strongly implicated in this process, as individuals interact with those around them to create understandings that either support the major aims of the system (increasing victim safety and offender accountability), or create alternative conceptualisations that counter these aims. Examples of these alternatives are statements by judges, lawyers, MPs and other groups that women are using the Domestic Violence Act as ‘a sword not a shield’ (cited in Hann 2004).

Other responses to intimate partner violence have been initiated within New Zealand. These include health sector responses at the individual level (eg training programmes and policies directed at encouraging health care providers to screen, carry out risk assessment and refer victims of IPV) and the institutional level (implementation of policies and procedures with health care settings). Media responses at the societal level have also occurred (eg Reach Out Campaign in 1998), but have not been sustained. A small number of programmes with employers have also been initiated, focused on working with employers to support and assist staff who are victims of domestic violence through consultation on HR policies, general awareness training for staff and in-depth training for managers (Preventing Violence in the Home 2005). Government has undertaken initiatives at the societal level such as the development of legislation, strategy documents and implementation plans. The social services sector has recently started initiatives at the institutional level, with the Family Violence Funding Circuit Breaker Programme, which seeks to improve co-ordination and alignment of government funding processes. This sector is also involved at the individual level, with the Work and Income Family Violence Intervention Programme designed to help case managers identify and respond appropriately to victims and perpetrators of family violence (Ministry of Social Development 2005b). To date, little activity regarding religious/faith community involvement in intervention or prevention of intimate partner violence has taken place, although there was some discussion of it in the 1990s. In general, the education sector has not engaged strongly with this topic, although there are model programmes dealing with bullying and conflict resolution that would make good platforms for extension, and international models that have been evaluated and shown to be effective at preventing dating violence. Mapping these responses on an overall model gives us the opportunity to see that, although much intervention and a small amount of prevention has been attempted, the limited number of sectors that have been engaged and the small number of ecological levels that have been influenced are likely to be insufficient to create lasting change. This model may also help explain some of the evaluation findings of isolated programmes. For example, batterer intervention programmes have been noted for their limited success. Viewed from the context of the programme (and the dedicated people who may run it), this does not make much sense. But when viewed from the perspective that the man is receiving messages from the whole social system, perhaps the more surprising finding is that any perpetrators change at all. After all, his participation in the programme may have altered only one (or at most several) components of the overall picture. Further effort needs to be directed at ensuring consistency of response within sectors across ecological levels, and engaging new sectors where responses have been limited. Consistency is needed on a philosophical as well as practical level. One of the strengths of co-ordinated community intervention projects is that they are built on a shared analysis of violence – that it is a heavily gendered affair, an abuse of people’s rights, serves particular functions (cementing the power and control of the perpetrator) and is largely resident in the culture rather than the individual. This minimises the risk of unhelpful interventions, which endanger or blame victims. Clarifying the roles of each sector means that each will be able to focus their resources. For example, in this model, the justice sector would be able to concentrate on law enforcement and administration of sanctions, civil responses and other programmes as appropriate. This is appropriate, and quite feasible, if workers in this sector hold the belief that the other needs of the clients they are serving are being adequately met by other sectors, such as social services.

This model would look different for New Zealand’s responses to child abuse and elder abuse. Ultimately, the goal would be to overlay these models to discover where we can get maximum value, reduce duplication of effort, or find new avenues to develop prevention and intervention activities across all areas of family violence.

## 7.2 Working with different sectors across ecological levels

If we use this model as a conceptual tool to guide our future responses to family violence, one of the questions that surfaces quickly is ‘how do we engage each sector?’ The answer, of course, differs according to what degree of response each sector has already developed. Given the complexity of the system we are dealing with, the temporal sequence of steps to achieve sector engagement is also likely to vary, with some steps occurring simultaneously, occurring in a different order, and/or with initiatives needing to be re-launched or re-thought in response to emerging information. While recognising these complexities, it is still possible to suggest some fundamental steps that each sector is likely to need to engage in at some stage. These steps are described below, with reference to some of the ways each step has been taken in different sectors. The steps roughly correlate with working through the ecological levels, beginning with the societal level.

**Step 1:** Defining response to violence as part of the sector’s core business Identification and articulation of the sector’s appropriate response to violence is an important first step, with two critical components:

1. Identification and clear articulation of the role of the sector
2. Relevance.

The first can seem basic, but it often isn’t. The sectors represented in the conceptual model are broad, and each is made up of diverse groups, sub-systems and individuals who can hold widely divergent views on what they are doing and why. As a consequence, articulation of the fundamental principle underlying each sector’s ‘core business’ requires careful consideration. There may also be differences between how these principles are identified and articulated between sectors that are largely state controlled, and sectors in the private sphere such as media, employers and faith communities. The relevance of violence to each sector must also be explicitly stated. As evidence of the health impact of family violence has mounted, the health sector has become far more interested in developing responses to it. As information has emerged on how intimate partner violence reduces productivity within the workplace, there has been more scope to gain the ear of employers and enlist their collaboration in developing workplace procedures that support the safety of victims. The justice sector clearly has a well thought out framework for its response to intimate partner violence, articulated through the Domestic Violence Act. As a consequence of establishing this framework, flow-on procedural changes within the justice system were developed (see below). However, a prerequisite for these initiatives was ensuring that individuals within the system accepted the importance of addressing intimate partner violence as part of their job. Similarly, today’s police policies and practices would have been unthinkable several decades ago, when the police worked from the premise that their role in response to ‘domestics’ was to mediate but not arrest. And not until judges decided that they should provide protection for victims of partner abuse could the mechanisms to achieve this be developed.

The health sector has gone through a similar transition, and has made conscious efforts to identify appropriate responses to intimate partner violence that are consistent with the core principles of the sector. These are: beneficence – to do good; and non-malfeasance – to do no harm (Council on Ethical and Judicial Affairs, American Medical Association 1992). Once the issue of intimate partner violence was seen as relevant and ‘in scope’ then practitioners and others have worked to develop protocols and other institutional practices to respond.

**Step 2:** Identifying and developing appropriate procedural responses (pilot programmes)

Once addressing violence is defined as ‘in scope’ at a sector level and seen as a relevant sphere of action, thoughts move to considering what to do about it. This usually amounts to developing procedural responses or guidelines, often at the institutional level. If we are lucky these can be developed with reference to the experience of others, drawing on innovative responses created elsewhere, either documented in the research literature, or through access to best practice guidelines developed by others. However, as seen in the review section of this document, often this evidence is scanty or provides mixed results, is tied to a specific programme in one setting (e.g. home visitation programmes by one research lab in New York State) or is lacking altogether (e.g. guidelines for reporting family violence in the media). In cases where no response has been developed, we will be starting from the basics of what we think will work, based on our best understanding of what we are trying to achieve, and what tools we have available in the sector.

**Step 3:** Training and implementation

Once guidelines and protocols have been developed, and preferably evaluated, sectors often move on to training workers. This training generally encompasses explicit identification of the issues identified in Step 1, why the sector has an important role in responding to family violence and why it is relevant to the sector to do so. Once the workers have bought in to the framework of why it is important to incorporate this response into their work, training usually focuses on mechanisms for folding the new responses in with the existing approach, and practical strategies for undertaking any new tasks.

**Step 4:** Monitoring, feedback and regulation

This is the section that makes the chronological element of this work explicit. Where good operating frameworks have been established, energy may be best spent ensuring there is consistency between the goals and the implementation at different levels, and that appropriate and functional linkages have been made with other sectors. This will require monitoring and feedback loops. Where responses are newly developed, monitoring and feedback are also key, in order to check that the responses are working as intended and are producing the desired results. This is because sometimes, with the best intentions in the world, we get it wrong, and while getting it wrong doesn’t reflect well on the agency, it can have even worse implications for individuals. For example, a health care agency may have an appropriately developed policy of routine screening for the identification of intimate partner violence. A well-trained staff member may conduct the screening, and note presence of violence by a current partner in the notes. The notes may be given to the client, or be accessible to other family members. The current violent partner may readthe notes, and retaliate against the client for disclosing. So, subtleties of implementation can be very important.

The experience of monitoring responses in the justice sector suggests that monitoring needs to be carried out by external advocates, not by those within the system. This offers the potential to minimise the gap between victims’ realities and the way the system responds. If our intervention goal is to improve victim safety, we will only make progress if our responses are squarely based on victims’ realties. Regulations and sanctions are other ways of reinforcing the activity of different sectors, and the impact of changes both internally and externally. Rigorously enforced sanctions can be key to actually changing public behaviour. For example, rigorous enforcement of protection orders can send a strong signal that breaches of these orders will not be tolerated, and may lessen the likelihood of repeated offences. Without both the threat and actuality of sanctions, those who are not convinced of the ‘rightness’ of non-violence will not change their behaviour. Sanctions can also be administered by other cultural institutions, such as national sporting bodies or religious organisations.

**Step 5:** Revise and refresh

Information obtained as part of the monitoring and feedback process may prompt significant revision of a sector’s response. The revision may be radical, challenging the basic assumptions that the response was built on. An example is the fairly radical changes that have taken place in the justice system, based on the information that the ‘old’ responses weren’t contributing to safety for victims, or accountability of perpetrators. Alternatively, the revision may reflect a change in emphasis based on new information, such as the transition in programmes for perpetrators from ‘anger management’ to ‘non-violence’. Major changes in the underlying assumptions on which actions are based will, of course, require substantial revision of the programmes or initiatives.

In other cases, the revision required may be more moderate, in some cases just a reminder of an already developed response, such as the police arrest policy, first issued in 1987 and re-issued in 1992, each time accompanied by some renewed training and other organisational support. It may be a refinement of something that is mainly working well.

New and existing responses will need to be reviewed in light of ongoing information, on a regular basis. This step is important not only for making sure that the goals continue to be achieved, but to revisit how this sector/level response is working with the rest of the system. There may be implications here if there is change in other components of the overall system (responses from other sectors at different ecological levels).

**7.2.1** Working across sectors: collaboration and co-ordination

Collaboration and co-ordination are words frequently used in the context of family violence intervention work. Sometimes the co-ordination referred to can be conceptualised as ‘within sector’ work, such as the efforts made by the justice sector to get all of their systems operating in concert, from the initial police response through to appropriate court processes, sentencing and/or referral to programmes, and appropriate responses in case of breaches of protection orders. In other cases, the collaboration referred to is across sector boundaries, often involving joint work between victim and children’s advocates, police, criminal justice staff such as probation officers and staff from men’s programmes. Fewer examples exist that involve representation from other sectors such as health, education or faith communities.

The boundaries between sectors may be almost as important as the sectors themselves. The boundaries represent the opportunity to pass individuals from one helping system to another. While they are represented as black or dotted lines on the diagram, what they represent in the real world is the degree of co-ordination that exists (or fails to exist). If a handover is fumbled, or if the receiving agency doesn’t have the resources to follow up appropriately, then there is opportunity for people to slip through the gaps (Busch et al 1992). Sadly, this can be the time when we face episodes that become national tragedies, and which can devastate individuals, families and communities. If we are serious about prevention, our challenge is to make sure that individual:

1. Have a clear understanding of their role in preventing and responding to violence
2. Have a clear understanding of what actions they need to take
3. Have the resources to follow through.

Another key factor is the ‘co-ordinating agency’, a group of people or agency with the mandate to co-ordinate across sectoral boundaries. There is a need to ensure that co-ordination and collaboration exist at all ecological levels with communication between them. If managed effectively, co-ordinating agencies should ensure that duplication of effort is reduced, that lessons learned from previous implementation of programmes is not lost, and that knowledge is shared across sectors. Given that there is much work to be done, and each sector holds a unique piece of the puzzle, effective collaboration and co-ordination should also work to discourage ‘turf wars’ and ‘patch protection’. These can be an extensive energy drain and prohibit activity that moves us toward our goals.

The recent establishment of the Taskforce for Action on Violence within Families and Ministerial Team holds the promise of being able to achieve more co-ordinated action.

**7.2.2** Prioritising and resourcing responses

The conceptual framework outlined above presents steps for working through each sector across all ecological levels, building in mechanisms for monitoring and ongoing improvements in response and ensuring that collaboration and co-operation operate at all levels. While conceptually simple, the framework and suggested steps for putting the framework into action represent an enormous amount of work that needs to be done – and there are not unlimited pots of money or people resources to do the work. This means we need to be strategic in the decisions we make about what to do next, look for successful models to build on and develop strategic partnerships wherever possible. Strategic decisions might be made on a range of different criteria, such as a desire to fill a significant gap in the overall framework. These could include decisions to seek to engage a sector where there has been little activity around the prevention of family violence (e.g. the faith community), or decisions to seek to extend activity within a sector to different ecological levels (e.g. extend model programmes on employer responses to intimate partner violence to other ecological levels, such as the institutional level). Wise allocation of resources will be dependent on a clear assessment of what is going on at present, and developing responses that are appropriate to the scale that each sector is ready for. For example, it is clear that, at present, the media and the faith communities do not have well-developed conceptions of how they might work to address family violence. As a consequence, any suggestion that an extensive programme of work be rolled out within these sectors would be clearly ludicrous. But, as there is a need to engage these sectors, good arguments could be made for commissioning and carrying out smaller-scale projects that could, for example, help to articulate the role of these sectors in responding to family violence or promoting healthy relationships and provide examples of how these goals could be put into practice. For other sectors, where responses are already more well developed (e.g. justice, health), strategically directed effort might suggest concentrating more on the implementation and monitoring of programmes, and/or the development of new activities to fill identified gaps.

Strategic work also means seeking to avoid duplication of effort, and working to identified strengths. In this context, two ways forward are the identification of key partners, and piggybacking on, or adapting, strategies used successfully. In the family violence prevention field, education is a key sector that has not yet come strongly to the table. Yet education and its partners already have a number of programmes that are (potentially) available universally (eg Keeping Ourselves Safe, Kia Kaha, Cool Schools) or to high-risk children (eg TRAVELLERS). These could be used as a platform for building programmes that address other aspects of non-violence and healthy relationships.

There are also other partners, who are natural allies to the family violence community, and whose work could be mutually reinforcing. Examples include Rape Crisis Auckland, which already runs programmes for the prevention of sexual assault in some high schools, or ALAC, which is currently running a media-based programme to change attitudes and ultimately behaviours related to binge drinking. There may also be successful initiatives from other interest groups that we can learn from, such as the consumer and research-led media initiative to change attitudes to mental illness (the Like Minds, Like Mine campaign).

Insights and methods from other disciplines (eg sociology, anthropology) may help to inform us of mechanisms that may influence other ecological levels. These may include social networking at the family/relationship level (Myers, McGrady, Marrow and Mueller 1997), or the community readiness model at the community level set out in Box 7.2. This model may help us tailor our interventions to communities, and track incremental changes over time.

**Box 7.2: Community Readiness Model**

The Community Readiness Model was developed following the recognition that communities exhibit substantial variation in their interest and willingness to try new prevention strategies. For example, some communities may not publicly recognise the existence of a problem in their local community, while other communities may express considerable interest in an identified problem, yet have little knowledge about what to do about it, and still other communities may have highly developed responses to the same problem. Without understanding this variation, many supposedly ‘effective’ programmes might be doomed to failure, or waste considerable resources trying to instigate programmes that are beyond the community’s ability to support.

The Community Readiness Model establishes a mechanism for systematically assessing a community’s readiness to initiate or maintain prevention programmes around a specific issue. Utilising semi-structured interviews with key informants in each community, the model can be used to map a community according to a nine stage model of community readiness. The stages are:

* Community tolerance which suggests that the behaviour is accepted and considered normative.
* Denial involves the belief that the problem does not exist or that change is impossible.
* Vague awareness involves recognition, but no motivation for action.
* Preparation involves active planning.
* Initiation involves implementation of a programme.
* Institutionalisation indicates that one or two programmes are operating and are stable.
* Confirmation/expansion involves recognition of limitations and attempts to improve existing programmes.
* Professionalization is marked by sophistication, training and effective evaluation.

Each of these stages is linked with specific, action-oriented strategies designed to assist communities to move to the next stage. The model thus has utility as a planning tool for deciding what might be the optimal targeting of resources or programmatic activity within a community. Further, if community readiness assessment is undertaken again at a later interval, it can be used to track community progression through the stages of response, which may provide us with measures of intermediate outcomes toward our goals.

Source: Edwards, Jumper-Thurman, Plested, Oetting and Swanson 2000.

Ultimately, decisions as to which sectors to engage next are likely to be influenced by a combination of strategy and pragmatism, giving consideration to which sectors we need to involve because of the unique role they fill in our society, where we can make strategic links, and finding champions within the field who are willing to extend their range of practice.

Finally, there must be recognition that resourcing needs to be appropriate to the scale of the task that is being set. Small projects may only need small budgets, but big ones will need bigger budgets. While there are always extreme challenges in wresting money out of already committed budgets, it must be recognised that family violence is already extremely costly to the country. Adequate money spent on prevention has the potential to cost us less than picking up the pieces.

**7.2.3 Who can do the work?**

The fields of policy, practice, advocacy and research need to work together if advances in preventing family violence are to be made. Policy-makers have the ability to keep the elimination of family violence on the public agenda, as well as leveraging resources to make the work happen. Skilled practitioners understand the dynamics and structures of their fields, and can design workable responses that complement the existing scope of their work. Advocates have a vital role because they hear the stories of many victims and, as a consequence, have access to information about how violence impacts on major areas of victims’ lives. This can lead to identification of holes in the system, and keep up the pressure for ongoing improvement until we get it right. Researchers, if they do their job well, have the ability to: document the extent of the problems; set up surveillance systems that will help us track the scale of the problem (see Box 7.3); unpack core beliefs that can underpin violent behaviour; help to work through conceptual issues; and help to track change and identify areas that need improvement.

We will need everybody at the table.

**Box 7.3: Measuring changes over time: public health surveillance**

Public health surveillance is a term used to describe the systematic collection and reporting of information (usually incidence and prevalence) over time. Traditionally, surveillance involves systematic, ongoing collection, analysis and interpretation of data already available from sources such as mortality and inpatient hospitalisations, or other service-based statistics. These data are typically collected for other agency-related purposes, but can later be extracted and used for surveillance purposes. In addition to allowing examination of trends over time, these data are typically inexpensive to collect. However, information collected for general purposes may be of limited value in tracking family violence, as the relationship of the perpetrator to the victim is often not recorded. Information from service agencies may also be limited, because of bounds of confidentiality. International standards and suggested minimum data elements have been developed for public health surveillance of intimate partner violence (Saltzman et al 1999) and sexual violence (Basile and Saltzman 2002). Koziol-McLain and colleagues (2002) reviewed possible indicators collected by the Ministry of Health, Ministry of Justice, Department of Courts, Department of Corrections, Police, ACC, CYF, the National Collective of Independent Women’s Refuge Inc. and Age Concern New Zealand Inc.

Surveys, on the other hand, involve systematic data collection from a representative sample of the population of interest for analysis and interpretation. Survey data are collected directly from individuals affected by the condition under surveillance. Surveys allow flexibility in the types of questions that can be asked and the level of detail of information that can be collected, since they do not rely upon information already existing in official agency records. Unlike traditional surveillance, surveys offer the opportunity to gather information from those who have experienced violence and from similar individuals who have not for purposes of comparison. However, they are sometimes more expensive than record reviews. New Zealand is fortunate in having data on the extent of intimate partner violence from a variety of local and national surveys. With the exception of the NZNSVC, however, these do not provide information on an ongoing basis that would allow monitoring of trends over time. One option for obtaining some of these data on an ongoing basis might be to ‘piggy-back’ modules for assessing incidence and prevalence of violence onto other routine surveys (eg health surveys, reproductive health surveys). Some international modules have been developed such as the Behavioral Risk Factor Survey (BRFS) 10 in the USA. There have, however, been no population-based surveys of child abuse or elder abuse, though some population-based data are available on child abuse through large cohort studies.