

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

Responding to domestic violence: An exploration of the experiences of volunteers and paid staff  
at Victim Support

A thesis presented in partial fulfillment of the requirements for the degree of

Master of Science  
in  
Psychology

at Massey University, Auckland, New Zealand

Roxanne Leech  
2019

## Abstract

Domestic Violence (DV) is a worldwide health and social problem and in Aotearoa New Zealand (Aotearoa NZ), DV prevalence is high. Women are often over-represented as victims of DV and this serves as a reminder that, like the global picture, DV in Aotearoa NZ is a gendered issue. Providing support for women following DV incidents is crucial to ensure the safety and well-being of those affected. Despite many governmental and non-governmental agencies providing DV services, little research has explored the experiences of those individuals at the frontline who hold invaluable information on responding to DV. The aim of this study was to explore and understand the experiences of front-line DV responders, to understand the challenges and opportunities of their work to inform the DV service sector. The study was conducted at Victim Support, a not-for-profit organisation that provides a DV service for victims. Qualitative interviews with volunteers, support workers and supervisors working in a region with high DV rates were conducted and analysed from a feminist standpoint, using a descriptive thematic approach. The analysis identified that providing DV responses is both personal and emotional. Personal experiences shaped the responders' understanding of DV and providing responses involved victims sharing emotional and personal experiences. Participants felt that the integral components of providing effective DV responses included: building rapport, strengthening trust, listening, and offering consistent support. Other characteristics like practicing empathy, patience and non-judgement, alongside self-awareness and collegial accountability ensured victims' needs were put first. In addition to personal challenges involved in providing DV responses, participants also experienced difficulties related to the environments in which they work. Relying on volunteers to provide responses, high caseloads, working with other agencies and providing responses within the police-led community DV response system were related to how DV responses were experienced. Participants used personal strategies to overcome the barriers in providing effective DV responses. Strategies in managing high caseloads and building stakeholder relationships highlighted the resourcefulness of the women providing the responses. The analysis provides insights into the challenges involved in providing DV responses and potential solutions. The study has highlighted the need for more focus on removing obstacles to effective DV responses being provided by service providers, particularly those at the frontline of DV service provision.

Key words:

Domestic violence, Victim Support, victim support services, service provision, victim

## **Acknowledgments**

To the staff and volunteers at Victim Support, thank you for the work you do. I am so grateful that you took time out of your very busy lives to share your experiences with me. I walked away from every interview with such admiration for your efforts and commitment to supporting women who have been the victims of domestic violence.

A big mihi to Victim Support management for agreeing to the research being conducted at your organisation. I am always very proud to say I was once an employee at Victim Support. This was my first job when I came to New Zealand and it was a time I personally felt the manaakitanga you stand for.

To my friends (my adopted New Zealand family), thank you for being a great source of encouragement and support. I am blessed to have you in my life.

And finally, thank you to my academic supervisor Mandy Morgan. The past two years have been quite a journey and I have felt 100% supported and encouraged along the way. I have learnt so much from you and have thoroughly enjoyed working with you. I hope our paths cross in the not so distant future.

## Table of Contents

Abstract	2
Acknowledgments	3
Table of Contents	4
Chapter One: An Introduction	7
A reflexive positioning	7
Framing the context	8
Not merely semantics: Exploring relevant terms and definitions.	8
Victim Support as a service provider.	12
Victim Support and responses to domestic violence.	13
Chapter Two: Literature review	17
The Global Prevalence of Intimate Partner Violence	17
Prevalence of domestic violence in Aotearoa New Zealand	19
Service Provision for domestic violence in Aotearoa	21
International Victim Support Services	24
Challenge in understanding domestic violence victim service provision - particularly experiences at the frontline	26
Chapter Three: Methodology	28
Theoretical framework	28
Androcentrism and Feminist Epistemology.	28
Feminist Standpoint Epistemology and its place in the current study.	29
Research Method	31
Ethical Considerations.	31
Gaining access to the research site and research participants.	33
Recruitment and research participants.	33
Data collection procedures.	34
Data Analysis	36
Thematic analysis.	36
Reflexivity.	37
Chapter Four: Responding to domestic violence is personal and emotional	39
Theme One: Personal and emotional experiences shape domestic violence responses	39
Personal motivations for joining Victim Support.	39

Personal satisfaction motivates domestic violence responses.	42
Personal experiences shape understandings of domestic violence.	43
Domestic violence victims share emotional personal experiences.	46
Theme Two: Effective domestic violence responses involves feeling, managing and revealing genuine emotions	47
Building rapport is the foundation for an effective domestic violence response.	47
Strengthening trust: empathic listening and non-judgement.	49
Empathy and listening.	49
Patience and consistency is key.	51
Maintaining non-judgmental responses through self-awareness and collegial accountability.	54
Theme Three: Victims' responses can be challenging	55
When a victim doesn't respond to initial contact.	55
Victims' initial response to domestic violence support services.	58
Victims' responses to on-going support.	60
Using empathy to manage judgments and frustrations.	62
A balancing act: encouragement or persuasion.	65
Challenges providing responses when domestic violence is personal and emotional	67
Chapter Five: Environmental challenges to domestic violence responses	69
Theme One: Victim Supports reliance on volunteers is problematic	69
Challenge of recruitment and retention.	69
Difficulty allocating domestic violence cases to volunteers.	71
Unrealistic expectations & staff attempts to manage them.	72
Different perspectives of volunteers and paid staff.	73
Theme Two: Managing high caseloads	75
Theme Three: Working with other agencies is challenging	81
Difficulty accessing other services.	81
Agencies unable to meet service demands.	86
Stakeholder engagement and providing domestic violence responses.	88
Theme Four: Systems have their place but...	88
Victim Support receiving lower risk referrals.	90
Increased workload.	91
A lost community approach.	92
Lack of clarity around information sharing.	93
Lack of clarity around the process.	95
Roadblocks in providing domestic violence responses	96
Chapter Six: Conclusion	97

References	100
Appendix A	115
Appendix B	122
Appendix C	125
Appendix D	127
Appendix E	128

## Chapter One: An Introduction

### A reflexive positioning

I am writing this thesis because I believe in advocating for people. I have gone through dark times personally, and would have not made it through these without the support of people. These people were not necessarily health professionals or modern day Mother Therasas. They were ordinary individuals who showed me empathy, treated me fairly and with love. I experienced this greatly when I emigrated to Aotearoa NZ from South Africa solo. The first job I secured in the country was as a service co-ordinator for Victim Support (VS). I had never heard of this organisation before, however I felt prepared for the role having come from a country riddled with crime. Was I given an education! I had no idea of the extent of DV in Aotearoa NZ. I had come to Aotearoa NZ for a life of safety and freedom. Little did I know that thousands of women felt like prisoners within their own homes and relationships. As the majority of the support work included responses to DV, my responsibility as a service co-ordinator was to support volunteer and support worker's DV responses. On some occasions, when resources were limited, I provided the front line response myself. I was fortunate enough during this time to be educated in the psychological aspects of DV, as well as given the opportunity to learn skills on how to respond effectively. When I left VS, I did so with great respect for the organisation and for those who volunteer and work there. When it came to exploring a research site for the present study, VS was an important site to research as I was aware that little research had been conducted there in the past and no DV research had ever been completed there. I also understood that, because VS staff and volunteers spent so much of their time responding to others' needs, they were not likely to have as many opportunities for others to advocate, listen, empathise and support them in the work they do. My hope was that the study would make a supportive contribution to the people who work in the organisation and assist them in how they respond to DV.

When I worked at VS, I was presented many opportunities for self-reflection. Whilst I experienced very strong feelings of being culturally different from my colleagues, this was expected because I was a recent immigrant. The more surprising awareness I had was around my gender. The office in which I worked was based in a police station. The majority of staff were men wearing a uniform. I was in the minority and one of the very few woman wearing ordinary work attire. Every morning I asked myself what I could wear that day that would not draw too much attention to my body. I held a notion that if I dressed in a way that hid my femininity I would somehow have a greater chance of gaining respect from men who were colleagues and eliminate any likelihood of ever being accused of seducing men. These thoughts and fears were



far from the reality that I experienced working in the police station where I developed respectful and professional relationships. Because of these conflicting realities, I started to question where my gendered expectations had come from. I began re-evaluating my previous experiences and when the gender inequalities in my world become frightfully obvious, I started questioning, “Why did the man who became my colleague and was hired at exactly the same time as me in the same role earn more than me?” and “Is preventing physical or sexual assault part of the preparations for a guy’s night out with mates?!” Although I felt empowered to have begun this questioning and taking a feminist standpoint for myself, I was aware that I was still privileged in comparison to many women here, and around the world. This thesis is therefore not only a means of personal and professional growth, but it is an attempt to contribute in some small way by advocating for women, both those who provide DV services and those who receive them.

### **Framing the context**

Before exploring the literature on DV, it is imperative to frame the context for the current study. This section begins with explaining the concepts commonly used in the intervention and research space, what issues exist when different terms are used interchangeably, and how terms are used within this particular study. It then goes on to describe VS as an organisation and the DV responses it provides.

#### **Not merely semantics: Exploring relevant terms and definitions.**

There is little consistency in definitions used to describe DV (Jewkes, 2002). Definitions of DV vary across judicial, therapeutic and advocacy contexts as well as within the field of research (Breckenridge, Rees & Murray, 2015). Terms like battering, family harm (FH), family violence (FV) and Intimate Partner Violence (IPV) are often used interchangeably with DV. Definitions are particularly important in this field as they influence how DV prevalence rates are estimated and understood. For example, the lack of an operational definition of FV in Aotearoa NZ is a limitation to research into FV as definitions vary across data sets (Gulliver & Fanslow, 2012). Furthermore, definitions are important as they determine what is considered DV and who is regarded a ‘victim’ of DV. Lacking clear and consistent terminology can have implications for how judicial systems and governmental and non-governmental organisations respond to the needs of people affected by DV. For example, in Aotearoa NZ, there have been recent changes to how terminology is used in legislation. In July 2019, the Family Violence Act (2018) replaced the Domestic Violence Act (1995) and a major change included replacing “domestic violence” with “family violence”. Section nine of The Family Violence Act (2018) defines the family violence as follows:

“(1) In this Act, family violence, in relation to a person, means violence inflicted—

(a) against that person; and

(b) by any other person with whom that person is, or has been, in a family relationship.

(2) In this section, violence means all or any of the following:

(a) physical abuse:

(b) sexual abuse:

(c) psychological abuse.

(3) Violence against a person includes a pattern of behaviour (done, for example, to isolate from family members or friends) that is made up of a number of acts that are all or any of physical abuse, sexual abuse, and psychological abuse, and that may have 1 or both of the following features:

(a) it is coercive or controlling (because it is done against the person to coerce or control, or with the effect of coercing or controlling, the person):

(b) it causes the person, or may cause the person, cumulative harm.

(4) Violence against a person may be dowry-related violence (that is, violence that arises solely or in part from concerns about whether, how, or how much any gifts, goods, money, other property, or other benefits are—

(a) given to or for a party to a marriage or proposed marriage; and

(b) received by or for the other party to the marriage or proposed marriage)”).

The Ministry of Justice maintain that the previous legal definition of DV failed to “reflect a modern understanding of FV as an on-going pattern of control that can take many different forms” (Ministry of Justice, 2016, p.8) and this resulted in ambiguity around whom The Act protected and in what circumstances. Changing the terminology from DV to FV is also recommended to better represent the range of relationships within a family, provide better service responses to meet the needs of Māori people, introduces the term perpetrator, and better identifies the harms experienced by victims of FV (New Zealand Family Clearing House, 2017). The change in the terminology has, however, resulted in The Act no longer covering violence that occurs outside of a family relationship. For example, dating relationships and people sharing households, but who are not in family relationships and who may not identify themselves or be seen by others as ‘family’. It is worth noting here that both DV and FV have been argued as inadequate terms because they fail to reflect the gendered nature of violence (Neville, 2013).

Using these terms (which are the common practice in Aotearoa NZ Government and judicial systems), mask the gendered nature of violence, particularly within intimate partner relationships (Morgan & Coombes, 2014). To acknowledge the role gender plays, it has been suggested the term violence against women and girls rather than DV or FV is used and that this is considered to be more consistent with the country's international commitments (Ministry of Justice, 2016). Using violence against women as the relevant concept is still not without problems, as using this term may obscure violence that occurs within same sex relationships, against men and boys in other family relationships and for people who identify as gender non-binary. This highlights the difficulty with not using inclusive terminology in this space.

For some time now, prior to the recent introduction of the Family Violence Act, FV has been used as a broad term to include DV. This is evident not only in the availability of research into this area, but also in government and judicial sectors. The Aotearoa NZ Government's webpage for the *It's Not Ok* campaign (Family Violence It's Not Okay, 2018) states: "In New Zealand law, family violence is known as domestic violence". The New Zealand police (NZ police) too fail to draw the distinction between the two definitions and use them interchangeably. On the NZ Police website (New Zealand Police, n.d.), they note that "family violence is a crime" and then proceed to explain what the law says about DV. As VS's services are influenced by the guidelines set out by the Ministry of Justice and the NZ Police, it is not surprising that VS staff and volunteers have been influenced by the language used here and have adopted this as their own.

Definitions and language used are not merely about choosing correct terms to represent a specific phenomenon. They have great influence on how DV is socially understood. Evidence of this can be seen in the recent trend in Aotearoa NZ to use FH as a blanket term used to describe IPV, DV and more specifically violence against women. FH is a term introduced by the NZ Police as a way of improving their responses to violence by promoting a broader understanding of harm than just physical assault, and is an attempt to encourage their staff to take a more holistic approach to DV (New Zealand Police, n.d.). Despite being intended for police practice, the term has infiltrated other sectors and has become more broadly used. By using the term family violence, the gendered nature of DV is obscured. Whilst there is a need to recognise that men too can be victims of DV and women the perpetrators, Gavey (2005, p.8) cautions us to keep a realistic view of the matter at hand by stating:

We must keep our recognition of these possibilities and actualities in perspective. To do otherwise is to do a huge disservice to women who are the victims and survivors of male partner violence.

Whilst the concepts DV, FV, and FH are used interchangeably, one concept which VS does attempt to make clear in their practice is the concept of victim. Having a clear understanding of who is the victim of DV is pertinent to all DV prevention and intervention, but is especially significant for VS as the service provides responses to victims of DV and affected family members, specifically excluding perpetrators. The term victim drives their entire service delivery, as the main function of the organisation is to provide advocacy for victims, ensuring they have knowledge and an understanding of their rights within the criminal justice system. It is obvious why VS uses the term victim as this term is used by the criminal justice system that informs VS' practice. The term however is entangled in a complex debate.

Firstly, the criminal justice system makes a clear distinction between who is a victim and who is a perpetrator. In IPV relationships, the term predominant perpetrator is used to define the person “who is the most significant or principal aggressor...and who has a pattern of using violence to exercise coercive control” (FVDRC, 2016, p.119), whilst a primary victim is “the person who (in the abuse history of the relationship) is experiencing on-going coercive and controlling behaviours from their intimate partner” (FVDRC, 2016, p.119). However, in the lived experience of those involved in providing responses to DV, difficulties arise as police reports do not always make a clear distinction between the predominant perpetrator and primary victim. For example, in cases where women use violence to resist coercive control or defend themselves they may be treated as the perpetrator of a particular incident that police attend (New Zealand Law Commission, 2016). Where there is a lack of clarity in police reports, it creates ambiguity for VS around who they can and cannot support. For purposes of this report the term perpetrator will be used for the person who cannot receive VS support, as it is the preferred term used by the NZ Police and VS.

Whilst the term victim is problematic because of ambiguity in some police reports, the second issue related to its use is that it reflects the non-gendered language approach used by the criminal justice system. Similar to the use of DV, FV and FH to describe what is more accurately described as violence against women, the term victim plays into the gender neutral formulation of the problem and poses a threat of undermining efforts to stop violence against women (Gavey, 2005).

Thirdly, labeling a woman who has experienced DV by her partner a victim may also imply she is passive and powerless. The word victim suggests she is damaged and trapped within her situation, disregarding the fact that she has the ability to make choices, thereby devaluing her capacities (Gupta, 2014). Whilst ‘survivor’ has been suggested as a preferred term, as it acknowledges the agency of women (Kelly, 1988), this can shift attention from the androcentric system in which women are positioned. Moreover, the practical implications of using the term survivor can be a disservice to women where the funding and support provided by the criminal

justice system, like that of Aotearoa NZ, is dependent on the identification of victims. Whilst the debate is on-going and is still unresolved for feminists, VS necessarily uses terminology based on that used in the criminal justice system.

VS advocates for the rights of victims specified in the Victims' Rights Act (2002) and the Victims Code of Rights (2015). The Code promotes the idea of criminal justice carried out for victims and outlines key principles and entitlements drawn from the Act. Furthermore, it explains the obligations of, and guidelines for, all providers of victim services, includes victim rights in the criminal and youth justice systems and sets out the process of complaints, should the protection or enforcement of victim rights not be met. Although this code is applicable to diverse crimes, DV is included as a type of victimisation to which the Code applies (see Appendix A for a summary guide of the Code).

According to the Victims' Rights Act, a victim is "a person who has experienced domestic violence" or "a child or young person residing with a person who [has experienced DV]" (Victims' Rights Act, 2002, p.8). The definition used here in the Victim's Rights Act (2002) has the same meaning given in the Domestic Violence Act (1995). Because VS's mandate is built on the definition of DV informed by the two Acts and the Code, the terms DV, victim and perpetrator were chosen as fitting for this particular research study. Because IPV is most commonly experienced in domestic relationships, and DV is commonly used to describe IPV, DV and IPV are used interchangeably throughout this research project, particularly when referring to population studies that explore DV prevalence.

### **Victim Support as a service provider.**

The effectiveness of a justice system depends on the trust, confidence, engagement and participation of victims...Because an effective system relies on victims' trust and confidence, there is an obligation to treat all victims with respect and dignity. (Ministry of Justice, 2016)

The New Zealand Ministry of Justice proposes that for the justice system to serve New Zealanders effectively, victims need to feel confidence and trust as they are often asked by the criminal justice system to make statements and provide evidence during various criminal law processes. Organisations and services providing support to victims play an integral part in ensuring that confidence and trust are maintained through providing advocacy around victims' rights. VS is one such organisation whose main role is providing advocacy for victims of crime and trauma.

VS is an independent incorporated society that provides a free community response to all victims of crime and trauma. It is a not for profit organisation funded by the Ministry of Health and operates nationally 24 hours a day, 365 days a year. A call centre is based in Wellington and nine regional offices are located in police stations across Aotearoa NZ (Northland/Waitemata, Waikato, Auckland, Counties Manukau, Central, Bay of Plenty/Eastern, Wellington, Canterbury/Tasman and Southern). Although no formal contract exists between VS and the NZ Police, a Memorandum of Understanding is in place which sees all victims of police reported crimes offered a referral to VS. The majority (85%) of referrals to VS are from front-line police and are made through a dedicated phone line (Victim Support, 2016). Other referrals include those made by government or non-governmental agencies or self-referrals made by victims either contacting the call centre or presenting at any of the nine police stations with regional VS offices attached.

Although the organisation employs support workers, volunteers make up the majority of the workforce at VS so the organisation relies heavily on volunteer support workers to deliver their services. Whilst VS provides responses to any crime and trauma, DV responses can include specific services appropriate to the victims' situation. Typically DV responses include offering emotional support, providing assistance with finding emergency accommodation, providing information regarding protection and parenting orders, helping victims navigate the justice system, aiding with writing Victim Impact Statements, attending parole and coronial hearings, providing court support at trials, and making referrals to other support networks and agencies where necessary. Moreover where costs are incurred by serious crimes, financial assistance can be provided through grants that reimburse expenses or cover the cost of counseling sessions. VS volunteers and support workers provide support to victims for as long as required through phone calls and face to face visits which could be at a variety of settings including in the victim's home or community, at police stations, at court or within other governmental and non-governmental agencies.

### **Victim Support and responses to domestic violence.**

Our involvement in family harm incidents has increased, and family harm often sits at the root of many other forms of crime and victimisation. We believe family harm is behind a third of our work, irrespective of the specific incident we're supporting... (Victim Support, 2018, p.14)

Although VS provides a service to victims of any crime or trauma, a significant proportion of these responses are related to DV. In 2016, of the 34,671 responses provided by the organisation, 10,471 concerned violence in the home. Although this made up only 30% of their

responses during 2016, these numbers are considered to under-represent the rate of DV that actually occurs within the population they serve due to under-reporting;

VS helps over 10,000 victims of family violence each year, but a much greater number of the victims we support may have an undocumented link to family violence, particularly given most family violence is unreported.

(Victim Support, 2018, p.14)

It is not surprising that a high number of VS responses are related to DV when an estimated 87% of the referrals they receive are from front line police and a reported 41% of frontline police time is spent responding to DV incidents (Victim Support, 2018). In a 2011 study conducted at VS to explore the needs of families of homicide victims, an estimated 40% of homicides the organisation responded to during that year were DV related offences. Of the 22 homicides that were included in the research, 39% of the victims were murdered by their current or ex-partner (Kingi, 2011). More recently, DV responses at VS have increased (Victim Support, 2018) and the increase can be attributed to increases in police DV responses (Victim Support, 2018). With rising numbers of attended DV incidents, the rates of IPV deaths, harm to children and sexual assault statistics, it is clear that VS will be frequently called upon to support victims of gender-based violence.

Although unable to determine whether the increase in reported DV incidents is due to rising DV incidents or an increased reporting of these, there is nonetheless a growing demand on DV services at VS and no doubt other agencies that provide DV services. In their 2018 annual report, VS senior management notes the attempts made to meet the recent demand and ensure DV is kept a key focus of their service delivery (Victim Support, 2018). Between the 2016 and 2017 financial years, VS provided FV specialist training to 114 of their volunteers and staff. This training focused on equipping support workers with the necessary knowledge and skills to respond effectively to often complex DV cases and covers topics like coercive control, the laws that underpin the work, and what specialist DV and related services are available. Recently VS' work with police and government has also included involvement in the Integrated Safety Response (ISR) and the Whāngaia Ngā Pa Harakeke (WNPH) initiatives. The ISR is a multi-agency model to FV in the Christchurch and Waikato regions in Aotearoa NZ and part of the wider Family Violence and Sexual Violence Work Programme, a cross-government project that aims to improve victim services (Ministry of Justice, 2019a). The ISR involves a collective approach by the New Zealand Government and non-governmental services to take a whole-of-family/whānau approach (New Zealand Police, n.d.) meaning the risks and needs of the family/whānau are at the centre of the FV response. The ISR requires governmental and non-

governmental agencies to work collaboratively. This includes NZ Police, child welfare & family services, Correctional Services, specialist FV non-government service providers, specialist kaupapa Māori services, and representatives from Health, Education, Justice and Social Development. Dedicated and specialist staff are funded within these pilots to provide responses to FV, particularly for high risk families. The ISR requires the use of a case management system to ensure accountability and effective data collection by those agencies involved. WNPH is also a police-led and inter-agency response to DV however takes an enhanced culturally responsive approach, encouraging family and whānau to drive change to reduce FH. In the WNPH, specialist DV Kaiawhina attend DV incidents with police and provide frontline DV responses, including working with the police to develop safety plans. Thereafter, the case is discussed at a Safety Assessment Meeting (SAM) where different governmental and non-governmental agencies rate the case as low, medium or high risk, and refers the case to the agency or agencies which can best address the needs of those affected. As WNPH takes a holistic approach to family violence and aims to reduce future risk of FH, victims, perpetrators and affected others are referred to different agencies who provide specific services, for example assisting in obtaining safe housing and providing treatment for mental illness or substance abuse. At the time of this study, the ISR and WNPH initiatives were operating in different locations across Aotearoa NZ and VS was one of the non-government agencies working collectively with NZ Police and other agencies to provide DV responses. In the context of the current study, in order to protect participant confidentiality (see Chapter Three for further discussion) any details that could identify the region where the participants provide DV responses are excluded. By implication, this means not specifying whether they are involved in the ISR or WNHP projects. Both these programmes will thus be referred to as police-led community response system (police-led CRS) throughout the current project.

In comparison to other non-government agencies that are involved in Police-led CRS, VS provides a unique response to DV. Many factors distinguish the organisation from other services that provide responses to DV. VS advocates not only for victims of DV but for victims who have experienced any form of crime and/or trauma. This sets it apart from the majority of organisations which provide specialist DV responses. Unlike many of these DV service providers, there are no requirements to receive this service other than being a victim. For example, there are no exclusions based on age, gender or ethnicity, financial or marital status, nor is there any exclusion based on whether an individual has dependents, pets or is living with mental health problems. As mentioned above, a Memorandum of Understanding exists between VS and the NZ Police and the relationship with the NZ Police sees VS offices situated within police stations across Aotearoa NZ. Through this location, VS support workers are often requested to assist victims in writing Victim Impact Statements which is a service not many



other organisations provide. Although other crisis lines exist, VS is comprised of a large network of diverse support workers from various ethnicities and language groups situated around the country who are available 24/7, all-year-round and provide on-going support to victims free from time constraints. For example, VS is able to provide a response to victims who require support in their spoken language, without having to go outside of the organisation for this service.

Furthermore, because VS is a nationally co-ordinated service, in cases where a victim requires relocation to another region for safety reasons, there is a continuity of service that is provided and VS is able to provide on-going support.

The factors discussed here can be said to give the organisation much scope in responding to DV in Aotearoa NZ. Therefore, exploring the responses by those who are providing the service could contribute towards the organisation's best practice in DV service delivery and possibly contribute to a better understanding of how VS participates in the wider context of DV intervention in Aotearoa NZ. To understand the wider context of DV in Aotearoa NZ, it is necessary to look to the literature in this space, which is discussed in more detail in the following chapter.

## **Chapter Two: Literature review**

Despite an extensive amount of research, DV continues to be a worldwide public issue. In recent years, there have been numerous international prevention and intervention responses to DV (Harvey, Garcia-Moreno & Butchart, 2007). Even though there is a focus on finding solutions, there are still attempts to understand the extent of the problem. A number of studies around the world have focused on prevalence of IPV, the most common form of violence against women (Devries et al., 2013), however, understanding global DV rates and trends has proved difficult as there is a lack of reliable comparative data across different nations (Devries et al., 2013; Garcia-Moreno et al., 2006). Furthermore, much DV research has failed to explore types of violence other than sexual and physical violence which makes it difficult to gain an understanding of the prevalence of DV. The international and national data available illustrates that DV is a gendered issue. High prevalence rates exist world-wide and Aotearoa NZ has been ranked high among the list of those countries belonging to the Organisation for Economic Cooperation and Development (OECD) (United Nations Women, 2011). DV has been shown to pose significant burdens on individuals, communities and the economy of Aotearoa NZ.

For purposes of the current study, whilst DV at a global level is considered, the focus of the literature review will be on DV service provision at a national level. The review begins by describing the global prevalence of IPV and research on generic, frontline and IPV service provision specifically for victims. It then explores both DV prevalence and service provision in the context of Aotearoa NZ. Whilst the chapter explores academic research on DV service prevention and intervention services, organisational policy and documentation sourced directly from VS has also been included.

The review of recent literature that follows provides a context for understanding the current DV service provision in Aotearoa NZ and highlights some of the significant gaps in the literature on DV service provision. By doing so, it supports the need for further study into understanding experiences of service providers so that the high quality responses to DV are supported.

### **The Global Prevalence of Intimate Partner Violence**

Violence against women is not an insignificant problem that only occurs in some pockets of society, but rather it is a global public health problem of epidemic proportions, requiring urgent action. (World Health Organisation, 2013, p.3)

There is consensus amongst social scientists that IPV is a fundamental public health, social policy, and human rights issue (World Health Organisation, 2013; Devries et al., 2013). IPV not only causes a range of physical, sexual and psychological harm for women (including death), it also impacts negatively on a woman's family, whānau and wider community. In addition, the cost incurred by the health and legal sector is a burden to countries' national budgets and overall development (United Nations [UN] Women, n.d.).

Over the first ten years of this century there was a rapid increase in the number of population studies that explored IPV prevalence (Devries et al., 2013). It is not surprising that IPV, the most common form of violence against women (World Health Organisation, 2013) is on the international agenda as there have been decades of rallying by women's movements and civil society to draw attention to the issues (United Nations Women, n.d.). When reviewing the available literature however, gaining an understanding of the global prevalence of IPV proves difficult. Firstly, whilst an abundance of population studies have explored prevalence of IPV (Watts & Zimmerman, 2002), due to variations in how these studies have been conducted, drawing comparisons across the studies proves difficult (Devries et al., 2013; Russo & Pirlott, 2006; Watts & Zimmerman, 2002). Variations include measuring different levels of violence based on different definitions, and using different measures, sampling techniques and data collection techniques. Furthermore, many global IPV studies to date have focused on only physical and sexual violence in IPV (Devries et al., 2013; Garcia-Moreno et al., 2006). There appears to be a paucity of global data on other forms of violence, for example emotional and financial abuse. IPV includes not only physical and sexual violence but also psychological abuse which is often experienced alongside physical violence (Heise, Ellsberg & Gottmoeller, 2002). Psychological abuse can include financial abuse, stalking, damage to property and violence to pets. Excluding psychological and emotional abuse from IPV research therefore limits an understanding of the prevalence of IPV.

One study that has explored physical, sexual and emotional violence consistently across national boundaries is the *Multi-country study on Women's Health and DV* developed by WHO (Garcia-Moreno et al., 2006). The study explored the prevalence of IPV experienced by women across fifteen different sites in ten countries. Study results revealed that, of all women interviewed, between 15-71% of women who had ever had a partner, had experienced physical and/or sexual violence by their intimate partner. The findings illustrate that women are more likely to be victims of violence from intimate partners than any other perpetrator.

Similar findings were presented in the 2013 WHO study *Global and Regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. These results revealed that 35% of the global population of women are affected by violence (physical and/or sexual intimate partner violence or non-partner sexual

violence), with the majority of violence experienced as IPV against women. An estimated third of the global population of women are reported to experience physical and/sexual violence by their partners, and 38% of murders of women are committed by intimate partners (World Health Organisation, 2013).

Whilst both WHO studies have made considerable impact on the field of IPV research, there is still a lack of data around IPV. Quantifying the extent of the problem is essential so that efforts to eradicate it can be appropriately resourced and directed (European Institute for Gender Equality, n.d.; United Nations Population Fund, 2013). Campaigns such as the United Nations initiative *kNOwVAWdata* (United Nations Population Fund, 2016) have been established with the aim of solving this issue. By providing specialised training to researchers, it is hoped *kNOwVAWdata* will assist Asia Pacific countries in particular in measuring the prevalence of violence against women and improving both the availability and quality of data.

In addition to a lack of data, there are also gaps in the existing global DV data. There is an emphasis amongst DV research on physical assaults that leads to a misrepresentation of the abuse that occurs in close relationships. Current measurement technology is believed to be inadequate as it fails to explain the reason for the wide range in prevalence rates (for example, see the results from the two WHO study results mentioned above). In addition, outdated measures are still being used to assess DV prevalence (Hamby, 2014).

Unfortunately the research on prevalence of DV in Aotearoa NZ mirrors the global picture and like the global scene, understanding DV rates in Aotearoa NZ is not without its challenges (Gulliver & Fanslow, 2013). The section below outlines some of these challenges and describes what research tells us about DV prevalence rates and service provision within this context.

### **Prevalence of domestic violence in Aotearoa New Zealand**

In Aotearoa NZ, DV is a long-standing, complex problem and has been recognised as having significant negative impacts on individuals, families and society at large (Paulin & Edgar, 2013). *The New Zealand violence against women study* (Fanslow & Robinson, 2014), the first study in Aotearoa NZ to replicate the WHO Multi-Country Study on violence against women (World Health Organisation, 2005), revealed that among women who had ever had male partners, 33% of those residing in Auckland and 39% of those in Waikato had experienced at least one act of physical and/sexual violence from an intimate partner in their lifetime.

DV prevalence rates are currently high and have increased over the years (New Zealand Clearinghouse, 2017). According to the *2013 New Zealand Crime and Safety Survey* (Ministry of Justice, 2014) which interviewed 6943 adult New Zealand residents about the crime they had

experienced that year, there was a 5.7% increase in DV incidents since 2009. In addition, data provided by the NZ Police illustrates that the total number of FV police investigated incidents steadily increased from 69,279 in 2009 to 118,923 in 2016 (New Zealand Clearinghouse, 2017), although this may be a consequence of increased reporting.

In 2016, The Health, Quality & Safety Commission New Zealand released several findings on FV related deaths. Results from *The Family Violence Death Review Committee's (FVDRC) Fifth Report (2016)* indicate 188 FV death events were reported in Aotearoa NZ between 2009 and 2015. These deaths accounted for 40% of all homicides and related offences. Of the 188 death events, 47% (91) of these were IPV death events with 68% of deaths being those of women. Offences in these cases were committed disproportionately by men with 76% percent of offenders being men, as compared to 24% being women. In 99% of the IPV death events with a history of DV, women were involved as the primary victim and in 98% of these cases men were involved as the predominant perpetrator.

The more recent *2018 New Zealand Crime and Safety Survey (NZCASS)* conducted by the Ministry of Justice illustrates that during their lifetime, 21% of women living in Aotearoa NZ have experienced one or more incidents of partner violence compared to 10% of men. In terms of sexual violence prevalence rates, women (34%) are more likely than men (12%) to have experienced one or more incidents of sexual violence during their lifetime. The *2018 NZCVS* also revealed that only an estimated 23% of all crimes within a 12 month period were reported to the NZ Police which suggests that IPV is also significantly underreported.

The above findings confirm the global consensus that DV is a gendered issue (Healey, 2014), that women are more often than men the victims of DV, and that men are more often the perpetrators compared to women (Women's Refuge, 2015). Moreover, the findings demonstrate that DV rates are growing. It is of concern that the figures above do not provide a complete visual of the full extent of the problem.

In Aotearoa NZ, an estimated 76% of DV is unreported (Ministry of Justice, 2014). Under-reporting of crimes, including DV, needs to be considered when understanding the actual prevalence of DV in Aotearoa NZ (Watts & Zimmerman, 2002). The current data describes just the tip of the iceberg of the DV that is occurring in the country, and the problem is thought to be much greater than illustrated by the available statistics. This is concerning as we already know through much research in this area what a great health and economic burden DV involves (Kim, 2016; Sherilee and Suzanne, 2014).

In relation to other developed countries, Aotearoa NZ's rates of DV are considerable. In 2011, the United Nations reported that Aotearoa NZ ranked as the country with the highest prevalence rate for DV of 14 countries belonging to the OECD (United Nations Women, 2011). The report illustrates that between 2000 and 2010, over 30% of Aotearoa NZ women reported

having experienced violence by their partners. Similar results were found when comparing prevalence rates of sexual intimate partner violence. Compared to 11 other OECD countries, Aotearoa NZ ranked the highest, with 14% of Aotearoa NZ women having experienced sexual violence from an intimate partner (New Zealand Family Clearinghouse, 2011).

As with global prevalence rates, it is difficult to gain a complete picture of DV prevalence rates in Aotearoa NZ. DV prevalence rates such as those mentioned above are often taken from data sources provided by police, courts, government social services and crime victim surveys. Very few databases are designed specifically for DV and are therefore not deemed reliable sources to track trends or changes in DV at a population level over time (Gulliver & Fanslow, 2013). The current data collection system in Aotearoa NZ is under developed and not equipped to collect data that can be used comparatively (Herbert & Mackenzie, 2014). For example, the Ministry of Justice cautions that, because of the differences between the NZCVS and NZCASS surveys, reliable comparisons cannot be drawn between the two (NZFVC, 2019).

There is no single data source to consistently identify and record DV in Aotearoa NZ (New Zealand Family Violence Clearinghouse, n.d.). Researchers and policy makers unfortunately have little choice but to rely on those sources which are available to them. Despite not being able to provide the complete picture of DV in Aotearoa NZ, the data that can be extracted from available databases can provide an indication of current prevalence and the related burden and harm it encompasses.

Even with the limitations of DV data both nationally and internationally, it is widely acknowledged that DV is a significant social and public health problem. Providing responses to DV victims are critical to address this. The following section provides an overview of DV service provision in Aotearoa NZ to explain VS's place in this context.

### **Service Provision for domestic violence in Aotearoa**

Aotearoa NZ has been publicly acknowledged as having some of the most advanced policies and campaigns for tackling DV (Denne, Coombes & Morgan, 2013). Over the years, the New Zealand Government has made significant changes to ensure legislation functions to protect victims of DV (Erhardt et al., 2013; Women's Refuge, n.d.) and a number of government and non-government services have been developed in an attempt to provide prevention and intervention for individuals and whānau affected by DV. The DV workforce play an integral role in providing responses to DV and experts in the field advocate the need for these responses to be of high quality (New Zealand Family Violence Clearinghouse, 2011). At the time of the current study, over 500 government and non-government service providers are listed on the Ministry of

Social Development's *Family Services Directory* ("Family Services Directory", n.d.). The list is comprehensive as it includes all service providers in Aotearoa NZ that offer any response related to DV. These responses range from specialist DV services whose core function is providing DV responses, to those services that provide only some level of service response to DV relevant to their core purpose. The Ministry of Justice has also developed a public register of domestic and family violence safety and nonviolence programme providers available on their website (Ministry of Justice, 2019b). This list includes service providers who offer safety programmes for women, men and children as well as men's non-violence programmes. Whilst VS is included in the directory, they are not listed on the MOJ public register for DV specialist service providers. It is relevant then to understand where the organisation fits in the context of DV service providers in the country. In order to understand this, it is first necessary to describe how DV services are commonly categorised by Ministry of Justice.

In Aotearoa NZ, the Ministry of Justice (supported by the NZ Government) groups DV service provision into three service levels; generalist, statutory, and specialist (Ministry of Justice, 2017). Generalist service providers are those where DV responses do not comprise core work but who deliver relevant services as they come into contact with victims of DV due to the nature of their work setting. The Ministry's categorisation includes organisations like Housing New Zealand as an example of generalist service groups, as well as organisations working within healthcare, schools, and church-based services. Whereas generalist service providers may only encounter DV incidentally in the course of their core work, the next level of service providers, statutory service providers, have DV service delivery included specifically in their service delivery. These types of services are designed to provide statutory and/or legal responses to DV, however, this is not their only core business. An example of a statutory service provider would include child welfare and family services. Both generalist and statutory providers are regarded as non-specialist services. Unlike those working in specialist agencies, individuals working in these organisations will not necessarily possess the knowledge, skills and training required for responses to high risk and complex situations, even though there may be some trained specialists or specialist teams within the provider's organisation. On the other hand, specialist service providers have a core mandate to respond to FV, and practitioners are required to be highly knowledgeable and skilled in responding to DV. Specialist service providers include agencies like women's refuge whose core focus is on preventing and stopping DV.

Based on the Government classification of DV services, categorising VS is somewhat complicated. VS does not fit the category of a statutory service provider as it does not provide a statutory or legal service. Also, even though VS is in some sense a generalist service provider, because it provides support and advocacy to victims who have experienced any type of crime and/or trauma, it is not simply a generalist service as it does indeed offer specialist DV service

responses. For example, volunteers and staff are provided training specifically around responding to DV and a specialist DV support worker role has been established in the organisation. Despite having these specialist responses to DV, VS still does not qualify as a specialist provider because this would require DV to be the organisations' core mandate, which it is not. When compared to the other listed DV service providers which can be classified according to three categories, VS is quite a unique service provider. This makes it particularly difficult to understand its services in the wider DV service response context.

Whilst services can be categorised as generalist, statutory or specialist they too can be further differentiated in terms of the levels of service they provide and the people to whom they provide their services. For example, particular services have a prevention focus, some focus on intervention and others take a dual focus. Services too may be tailored for high risk and first responses and others may provide support after a DV incident has occurred. Women's refuge, for example, might be able to respond immediately to a crisis situation by providing emergency accommodation, whilst longer term support services may include a women's empowerment programme or support with finding longer term accommodation through Housing New Zealand.

The duration of service and support provided to those affected by DV also varies between service providers because of a number of factors including the capacity of the workforce and funding. VS, unlike many other DV service providers has no limit on the duration of their service provision. Volunteers and support workers provide on-going emotional and practical support for as long as a victim requires.

Unlike some service providers who support victims, perpetrators, both victim and perpetrator, or the entire family and whānau affected by the perpetrator's violence, VS has an exclusive focus on primary victims of DV and affected others. They are not mandated to support children who are victimised, but do however offer support to parents and caregivers.

While some service providers offer DV responses to clients who identify with certain ethnic or cultural groups, for example Shakti women's refuge who provide services to women who are of Asian, African and Middle Eastern descent, VS is not culturally-specific, and provides DV responses to any cultural or ethnic group. As mentioned above, VS has a national network of volunteers and support workers who are able to offer language and cultural specific DV responses if required.

VS is thus uniquely situated in the context of the DV service provision. Compared to the more specialised DV service providers, the organisation has a wider scope in certain aspects. For example, they are a nationally co-ordinated service providing a response to all victims of crime and/trauma, regardless of culture or ethnicity and provide this response for an unlimited time, if necessary. In comparison to more specialised DV service providers, their scope is somewhat



narrower. For example, they provide responses to victims of DV only (and do not provide support directly to children) and do not offer direct supports like safe-housing and counselling.

Although VS is a unique service provider in Aotearoa NZ, there are services like VS abroad and VS also shares some similarities with other national support agencies. The following section provides context to understand VS's position both nationally and internationally in respect of offering generic responses to all crime and trauma and frontline DV responses.

### **International Victim Support Services**

Crime and trauma can have immediate and long-lasting negative effects on the physical and emotional well-being of victims, their families and whānau, and rehabilitative services are needed to mitigate these (Johnston-Way & O'Sullivan, 2016). To provide support and advocacy for victims, a number of generic victim services have been established worldwide. Although not affiliated, there are a number of victim support agencies around the world called Victim Support, including organisations in Scotland, England and Wales, the Netherlands, Malta, and Estonia. Like VS New Zealand these organisations are free, national, not-for-profit organisations that rely on volunteers and paid staff to provide front line responses and on-going emotional and practical support for any victims of crime or trauma. Moreover, they are like VS as they offer a generic service and have a specific focus on supporting victims of DV. The existence of these organisations around Europe highlights the need for DV responses to victims and the importance of frontline DV responses in supporting victims of DV. Public health professionals, policy-makers, researchers, and those providing DV responses regard DV services as integral to provide support to victims of DV, and victims who have experienced DV themselves have reported a need for these services (Breiding et al., 2014 as cited in Soonook & Choi, 2017). Understanding the effectiveness of these services and the DV responses they provide has been an important focus in DV research, however, it appears that no global systematic approach to studying DV frontline service responses to victims has been established<sup>1</sup>.

Over the past four decades, a wide range of DV services across the globe has been developed to provide responses (Ragavan et al., 2019). Services most typically required for women who are victims of DV include: emergency call centres, healthcare services, crisis counselling and referrals, women's refuges and safe housing, police services and access to justice, and legal and social support (United Nations Women, 2019). The services and methods service providers use to address DV vary internationally because they are heavily influenced by a country's legal framework, economy, culture, religion, general commitment to end DV, and

---

<sup>1</sup> The responses referred to here include those DV responses that are provided from the time a particular incident of harm occurs, and therefore literature on the prevention of DV harm has not been included.

attitudes towards the criminal justice system (E. Buzawa & C. Buzawa, 2017). For example, in the USA most resources are allocated to perpetrator-focused services, whereas in Australia, the United Kingdom, Germany and other highly developed countries in Europe, victim services receive more attention (E. Buzawa & C. Buzawa, 2017). International variations in services police-led CRS make it difficult to understand DV responses on a global scale.

Historically, research into the effectiveness of DV services in preventing and responding to DV has explored responses within specific service providers. This has commonly included evaluation of programmes that a service provider offers or an evaluation of the service provider itself (Hamby, Finkelhor & Turner, 2015). Research has also focused on DV responses across service providers that fall within the same sector, for example looking into the specific DV responses provided by police, social workers, women's refuge advocates and others involved in responding to DV. There is a trend in the research that has explored DV responses in specific sectors to focus on DV responses in medical settings, so much so that the oversight of DV service provision in other settings is suggested to have prevented these other service providers from improving their DV responses (Soonok & Choi, 2017).

Reviews of literature on DV service responses which are thought to be effective, or at least promising have also been undertaken in an attempt to bring together evidence of DV responses across sectors (for example, Soonok & Choi, 2017). Whilst the findings of these studies provide useful insight into effective DV approaches, the diversity of frontline interventions makes it difficult to compare these findings and draw systematic conclusions (Signorelli et al., 2018).

Despite this ad hoc international approach to studying DV service responses, there is widespread acknowledgment that DV is a global problem and much research, both in Aotearoa NZ and internationally, has explored how to address this issue. Although there is general agreement that DV responses require input across many levels, sectors and by numerous parties (World Health Organisation, 2005), current research tends to focus on more general approaches to intervention rather than at a level of those providing a frontline response. Despite responses provided by health care workers and advocates showing promising outcomes for victims of DV (Garcia-Moreno et al., 2015), locating research that explores the experiences of those providing frontline DV responses proves difficult. Gaining an understanding of the general service provision and frontline responses to DV, in the context of Aotearoa NZ, presents similar challenges.

## **Challenge in understanding domestic violence victim service provision - particularly experiences at the frontline**

Despite a significant number of DV services available in Aotearoa NZ, we have a limited understanding of DV service provision. The majority of national research available on DV service provision is grey literature. Research into DV is often not published or distributed through readily accessible peer reviewed processes of dissemination and is thus difficult to obtain (Mahood, Van Eerd & Irvin, 2014). Much of the grey literature available on DV service provision is commissioned by government and includes evaluations for the purpose of funding, informing policy or quality improvement (for example Paulin, et al., 2018).

In Aotearoa NZ, integrated response systems taking a whole-of-family approach are considered effective approaches for responding to FV (Polaschek, 2016). The New Zealand Government has tasked integrated FV response systems to “help victims, perpetrators, their families and whānau through the complex network of family violence providers, practitioners and services” (Ministry of Justice, 2017, p.4). As much of the research available is commissioned by Government, there exists a trend for literature to focus on DV prevention and intervention services for both victims and perpetrators (for example Denne et al., 2013; Ehrhardt et al., 2013; Mossman, Paulin & Wehipeihana, 2017; Murphy & Fanslow, 2012; Robertson & Payne, 2015; Robertson et al., 2013; Stanley & Humphries, 2017;). Much of the recent literature includes evaluations into the effectiveness of integrated FV response systems (for example Roguski, 2012). In comparison, few studies have focused solely on victim DV services. For example, Paulin (2013) reviewed the evaluations of seven FV projects initiated by government agencies in an attempt to describe the monitoring and evaluation activity in Aotearoa NZ across the FV sector. Of the seven projects, less than half (3) included evaluations of FV prevention and intervention programmes for victims. These included the *Violence Intervention Programmes* (VIPs), *Safe@home*, and Te Whakaruruhau Māori women’s refuge programmes. Whilst it has been suggested there is a need to invest in more research to inform our knowledge of perpetrators (Polaschek, 2016) and adequate funding for services similar to those offered to victims of DV should be made available, caution has been raised against doing this at the expense of services for DV victims (Polaschek, 2016).

As it is difficult to understand DV service provision for victims, it is also difficult to understand frontline DV responses for victims. Frontline DV responses and the people working in these services are integral to DV service delivery for DV victims. Because of their positioning, they are likely to: have valuable insight into situations of victims seeking DV services; share their understanding of the services they provide; and provide insight into the limitations and barriers they experience in their DV response work. Furthermore, understanding how those first

responders to DV conceptualise DV is vital as this informs how women speak of their experiences of violence (Neville, 2013). Women who have experienced DV may minimise the abuse and blame themselves for the violence. Because first responders are the first to attend a DV incident, how they convey their understanding of DV is important. Their behaviour and language used can either create an environment where a woman feels safe and where her feelings and experiences are validated, or alternatively, she could be made to feel responsible for the violence, causing further harm.

As mentioned above, it is difficult to locate recent global studies that explore the experience of frontline DV responders who work with victims. Merchant & Whiting (2015) have explored the perspectives of advocates working at a women's shelter. Their findings reveal challenges related to the advocacy role. These include accepting chaos, hearing clients' experiences, and witnessing victims returning to abusive relationships. Overcoming these challenges appears to be strengthened by supportive environments, including having supportive supervisors and the necessary strategies to manage the role.

To date, the knowledge of frontline DV service responders in Aotearoa NZ has been under-utilised (Herbert & Mackenzie, 2014). In comparison to studies that explore the experiences of those individuals receiving DV services, few studies have solely sought to understand the experiences of specialist DV workers who provide them. Although some studies focus on clients' experiences which provide some insight into clients' perceptions of services, there is little literature that looks into the relationship between service providers and their clients, despite research indicating that women regard their relationship with their advocate as central to the response being given. For example, research into The Whānau Ora Wellbeing Service of Te Whakaruruhau Māori women's refuge indicates that "at the heart of the programme for most of the women [is] their relationship with their Te Whakaruruhau advocate(s)" (Robertson et al., 2013). Research that has explored specialist DV frontline service providers suggest certain characteristics and responses by those providing these services, promote effective DV responses. These include advocacy (Coombes, et al., 2009; Roguski, 2012), providing practical and emotional support (Robertston et al., 2013; Roguski, 2012), having specialised knowledge of both the drivers of DV and how to respond to them (Coombes, et al., 2009; Robertson et al., 2013), and demonstrating compassion (Coombes et al., 2009) non-judgment (Coombes et al., 2009; Gavey, 2014) and patience (Roguski, 2012).

Research has also revealed potential challenges in providing front line specialist DV responses. These include dealing with high workloads (Gavey, 2014; Neville, 2013; Robertson et al., 2013; Wallace et al., 2019); receiving inadequate remuneration (Hindle & Morgan, 2005; Neville, 2013); experiencing emotional distress (Hindle & Morgan, 2005), and working with others (Gavey, 2014; Neville, 2013; Robertson et al., 2013).

Whilst those providing first responses to DV take action to mitigate the negative impact associated with their role (Hindle & Morgan, 2005), many acknowledge the need to expend time and resources into workforce development and to remove barriers and obstacles that prevent high quality DV responses (Chetwin, 2013; Elizabeth, 2015; Koziol-McLain & Gear, 2013; Murphy & Fanslow, 2012; Payne & Robertson, 2015; Robertson et al., 2013; Wilson & Webber, 2014). Comprehensive staff training, on-going supervision, effective case management and continued building of relationships with service providers are suggested as a means to maintain high quality responses (Gavey, 2014).

These studies highlight some of the challenges and barriers to DV service responses. It should be noted that changes to the DV sector have occurred since many of these studies have been implemented, so the current study will address the question of whether these challenges and barriers have also changed. This research study attempts to understand volunteers and paid staff's experiences of providing DV responses through hearing their stories. The following chapter outlines the methodology and method for conducting the current research.

### **Chapter Three: Methodology**

#### **Theoretical framework**

Epistemology and methodology influence whether or not the voices of marginalised groups are heard in the process of conducting research (Aber, Maton & Seidman, 2010). In an attempt to acknowledge and respect the expertise of women's voices in relation to their own experience, the current study is informed by feminist standpoint theory (Harding, 2004) and uses qualitative methods for data collection and analysis. These approaches and their relevance to this particular study are discussed below.

#### **Androcentrism and Feminist Epistemology.**

Feminist epistemology is the inquiry into how gendered power imbalances influence concepts and understandings of knowledge (Harding, 2004). The majority of knowledge generated from research is informed and dominated by androcentric ideology. Androcentrism refers to the pattern that exists within society to focus on men's needs, priorities, and values with the relegation of women's issues to a lower position in society. Masculine mindsets are seen as the 'norm' and any women's issues are seen as deviating from this norm (Bailey, LaFrance & Dovidio, 2018). Despite five decades of advocacy for women's rights to equal social status, there continues to be evidence of gender inequality that demonstrates women's lower position in social hierarchies. Compared to men, women around the world have less access to education, fewer

opportunities for economic participation, experience more health and safety risks, and have less political representation (United Nations Women, 2018). From a research perspective, traditional enquiries which are inherently androcentric produce knowledge that confirms and reinforces these gender and other hierarchies. Because women's interests are seen as deviating from the 'norm', historically much of the research from a traditional or androcentric perspective excludes the voices of women, denies women authorities of knowledge, and regards their contributions as unimportant and inadequate. As a result, the majority of research from this perspective has produced ideas that are neither useful for women nor for other marginalised groups whose interests are seen as deviating from the androcentric social norms (Anderson, 2017; Choudhuri, 2016).

### **Feminist Standpoint Epistemology and its place in the current study.**

It was during the 1970-1980 women's political movement that standpoint feminist theory as an approach to knowledge emerged (Harding, 2004). Feminists critiqued the biased nature of science at the time (Chrisler & Hugh, 2018) and maintained that no knowledge could be completely objective. Rather, they suggested that knowledge is personal, subjective and influenced by gender and other racial, socio-political and socio-economic factors. All knowledge is thus situated knowledge (Anderson, 2017) and cannot be separated from the context in which it is produced. Any knowledge generated must thus be viewed in the context of the situation in which the person is positioned (Eagly & Riger, 2014). Standpoint theory highlights that women and men come from different standpoints, that they view and understand the world differently, and that men often see the world with an androcentric view, often incorrectly perceived as an objective view (Chrisler & Hugh, 2018). Feminist standpoint theory thus focuses on asking research questions not typically asked by traditional researchers operating from an androcentric framework. The understanding of subjective experiences of women is a central focus of feminist standpoint theory and feminists advocate this is where all social inquiry should start. This is often why feminist standpoint methodology is referred to as a "studies-up" approach (Harding, 2004). Commencing from the perspective of women who are often 'on the margins' moves research away from the dominant androcentric perspective from the outset of inquiries. Ideally, those in marginalised positions are part of the design process, asking the questions which set the context, and shaping the research questions and methodologies to follow. This method not only hears the voices of those whose perspectives are marginalised, but facilitates a critical evaluation of androcentric ideologies which dominate research practices (Harding, 2004).

DV has been on the feminist agenda for many years. Feminist movements and related activities have been integral in informing government policy and DV prevention and intervention programmes in Aotearoa NZ (Curtis, 2016). Using a feminist conceptual framework and

methodology is relevant and necessary in the context of the psychological phenomena being explored. Framing the current study in this way encourages an understanding into DV from the perspective of those at the forefront of providing immediate responses to victims. In doing so, the aim is not only to contribute to the field of research in this area, but to acknowledge the voices and experiences of those people historically marginalised by mainstream research methodologies.

Feminist standpoint epistemology calls for research that seeks not only to understand the world, but to also change it. This is done through raising the consciousness of the researcher and respondents (Brooks, 2007). In the very early stages of preparing for this particular study, I explored various ideologies and methodologies, and experienced firsthand what feminist standpoint epistemology aims to achieve. Through researching this methodology, I increased my own awareness of the androcentric ideologies that have dominated traditional research methodologies. With this new awareness, I understood this approach was not only relevant to the particular study I was designing, but resonated with my personal values and hopes for this research.

Having decided upon taking a feminist epistemology standpoint, from the outset of the research I made it a priority to recognise, reflect, and analyse the specific social positions that myself and the respondents held (Choudhuri, 2016). I practiced on-going and rigorous evaluation of these stances to ensure I remained aware of how such social positions were influencing the research process (Anderson, 2017). This included taking a ‘view from below’ from the beginning of the research to encourage the study’s direction to be guided by the participants, ensuring that their knowledge was always seen as valid and important, and to allow for these participants to express their subjective worldviews. Taking this view from the outset assisted me in being vigilant with the language I used in interviews. For example, one participant interviewed expressed her dislike of the term ‘paid support worker’ because of the demeaning connotation it had for her as it reduced the role to providing support when she believed her work encompassed much more than this. Because of this, I expressed caution in how I referred to the role throughout the interviews and used the participants’ language when referring to the different roles. In order to be clear in the distinction between the roles within the organisation, I have utilised the terms ‘support worker’ and ‘volunteer’ as this how the majority of women interviewed spoke of their roles. During the research, on-going reflections were shared with my supervisor and performed throughout the study but particularly during the writing of the literature review and data collection. An example of this included a discussion around the term ‘victim’ and the implications of using such a term in the study. More detailed examples of this practice can be found in the data analysis section.

## **Research Method**

This research uses a qualitative approach from a feminist standpoint. Qualitative research facilitates an in-depth understanding into subjective experiences and how individuals interpret and derive meanings from these experiences (Sutton & Austin, 2015). This makes it a favoured method amongst feminist researchers as it encourages the voices of women who have traditionally been silenced to share their subjective experience (Chrisler & Hugh, 2018). Furthermore, qualitative data collection methods like interviews used in the current study encourage collaboration between the interviewer and interviewees and reduced power imbalances between the researcher and respondents (Gergen, 2010 as cited in Eagly & Riger, 2014). Qualitative enquiry is thus the chosen methodology for this research as the aim is not only to gain an in-depth understanding of the personal experiences of VS volunteers and staff in responding to DV, but also to encourage their participation in the research process, facilitate freedom of their expression and validate their knowledge of their own experiences.

### **Ethical Considerations.**

In order to conduct research in a manner that is fair and reduces harm to participants, ethical considerations are a necessity. In this study, a research protocol was developed which took into consideration any ethical issues that might cause unfair treatment of participants or result in a loss of their privacy and/or confidentiality, as well as an overall aim of conducting research which serves the interests of the participants and wider community.

As well as concern over power relations between myself and participants, as discussed above, the possible power relationships between management and service co-ordinators, service co-ordinators and support workers, and service co-ordinators and volunteers were also of concern. The organisation has a hierarchical structure which includes managers who oversee the work of service co-ordinators, who in turn manage support workers and volunteers. Whilst the majority of the research participants would include service co-ordinators, support workers and volunteers, in order to recruit participants, management needed to be consulted to gain their support for the study. It was concluded that there were no conflicts of interest. Although I had previously worked for the organisation, there was no conflict of interest as I was not employed at the organisation at the time the study was conducted. Furthermore, there was no conflict of interest between management support of the project and the conduct of the project because management did not guide nor influence the direction of the project. To prevent coercion to participate, all efforts were made to ensure the participants were well-informed that there was no pressure for their involvement in the study. This included open conversations with management at the outset of the research to highlight the importance of ensuring no intended or unintended



coercion occurred throughout the study. A discussion was then held around how we could eliminate coercion when inviting staff and volunteers to participate in the study. The solution included having an administrative assistant circulate a group email with an information sheet inviting service co-ordinators, support workers and volunteers who were interested in participating to contact me, the researcher, directly. Detailed information was presented here to ensure staff and volunteers were informed that they were able to participate without anybody other than the researcher knowing of their involvement.

Whilst the focus of the study was on responses to victims rather than the operations of the organisation itself, in some cases there were operational issues that participants wanted to raise. In these cases, participants were given the opportunity to provide confidential feedback to management. Any feedback offered about management or the organisation's processes was collated and confidentially reported to management, separate from the research thesis.

It was not expected that interviews would cause distress as the participants would be familiar with working in this field and discussing their daily experiences. I spoke to potential participants in a group setting where I described the research. Information sheets (Appendix B) were handed out at this meeting which restated these details and encouraged them to contact me directly should they wish to be involved. The group face to face meeting was held in addition to the administration assistant disseminating information sheets to staff and volunteers via a group email. The information sheets were circulated using blind carbon copy. Any staff or volunteers on the mailing list were again, given the opportunity to respond directly to me should they be interested in participating.

When participants contacted me to express their interest in the study, I consulted with them to ensure they understood what their participation would entail. Once they agreed to participate, we arranged a suitable time and location for the interview. At the time of the interview, before we commenced, I confirmed with participants that they were comfortable to share their personal experiences and reminded them that at any time during the interview, if they felt uncomfortable answering any questions, they were free to decline doing so. That said, none of the participants declined to answer any questions in the interviews conducted. Should a participant have experienced any emotional distress during or following their participation in the study, they were able to access the external and confidential counseling support made available to them through their affiliation with VS. No participant experienced any distress at the time of the interview, nor did any participant contact me following the interview to seek further support.

Research was only conducted with volunteers and staff at VS whose support and consent had already been established. Individual interviews were conducted in safe settings that were convenient for participants and recorded for the purpose of analysis to enable understanding of their experiences. Interviews were transcribed word for word, and during transcription all

information identifying individuals was removed. All recordings and transcriptions were stored securely in accordance with Massey University's Code of Ethical Conduct. Audio recordings of the interviews were destroyed after transcription. Before any information from the transcriptions was used in the reported analysis, participants were given the opportunity to read and amend the transcript of their interview and, if in agreement, asked to sign an authority for the release of the edited transcript and extracts.

The Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants (Massey University, 2017) outlines guidelines on undertaking high standard ethical research that protects both participants and researchers. This code was used to inform the design of the research to ensure ethical considerations were being undertaken. The study proposal was submitted first for peer review and then referred to the Massey Human Ethics Committee as a low-risk application and was registered.

### **Gaining access to the research site and research participants.**

Initial contact was made with the VS General Manager within the specific region. I was interested to inform them of my research proposal and ask if the organisation would be willing to support the study. I provided an information sheet which described what the research was about and what it would require from the organisation. The General Manager used this form to elevate my request to senior management who after some conversations with me, granted approval for the study. A letter of support was furnished by VS management which represented official approval that I could conduct my study with staff and volunteers, with the General Manager as the liaison for the study. Several consultations occurred before the study commenced and these continued throughout the study to obtain information and assistance, as well as to provide updates on the progress of the study. The General Manager and the administration assistant helped to provide information about staff and volunteer meetings which I could attend to introduce my research, and disseminated the emails to participants as described above.

### **Recruitment and research participants.**

Consistent with the ethics protocol, the recruitment of participants for the study included invitations to volunteer and paid staff from VS, specifically volunteers, support workers, service co-ordinators and managers working within one specific region. These roles were selected as the women working in them have personal experience at the forefront of providing DV responses in their region. The specific region was chosen as it has high levels of DV response rates for VS. The wealth of experience that could be shared by the participants who worked in this region was thus advantageous for the current study.

Only those volunteers and paid staff who had been working in their respective positions for at least six months were recruited for their detailed knowledge of their own responses to DV and experience of DV related issues within and beyond the organisation. Participants were therefore expected to be able to provide a firsthand account of how they respond to DV.

As outlined in the research protocol, recruitment of participants occurred through me attending a meeting and training to speak about the research, and information sheets were also circulated via e-mails. I received six expressions of interest following the first email.

Four months following my initial call for expressions of interest, I attended a DV training session to update the volunteers and staff on the progress of the study and to inform them that those that had not been involved and who wished to be, still had the opportunity to do so. Again, information sheets were handed out with more details of the study together with my contact details. Following this meeting, a further three respondents expressed interest, resulting in nine research participants being recruited. These participants included volunteers (2), support workers (3), service co-ordinators (3) and management (1). Because only one manager participated in the study, to ensure their identity is protected, both service co-ordinators and the manager will be referred to as 'supervisors' throughout the report.

### **Data collection procedures.**

Those interested in being involved in the study contacted me, predominantly by e-mail and text message. I then made contact with them to arrange a suitable time and location to meet for an interview. Semi-structured one-on-one interviews were conducted. This method has been used extensively by feminist psychologists (Marecek & Eva Magnusson, 2018). Individual interviews rather than group interviews were chosen to facilitate more in-depth discussions around individual experiences as well as to ensure protection of participants' privacy and confidentiality. A semi-structured interview (see Appendix C) style was used to encourage participants to lead the narration of their own stories (Hyden, 2014) however ensuring some structure to the interview was provided so that relevant topics were covered. These face to face, in-depth interviews lasted between 45 minutes and 75 minutes and took place in several locations. Although usually held in public settings, some participants preferred to meet in meeting rooms at the police station where their offices were based.

In feminist methodology it is vital to address the issue of power and how it influences the research process (Hyden, 2014). As a feminist researcher it was integral to consider the power relationship between me and the research participant (Gitlin, 1994). Interviewing participants in their chosen and familiar location attempted to mitigate any power imbalances that may have occurred if interviews were conducted in an unfamiliar setting of my choice. Speaking directly to the participants allowed for open ended questions to be asked, encouraged further exploration

into the participants' experiences, and provided an opportunity to clarify any ambiguous or misunderstood information. In addition, face to face contact facilitated observation of the interviewees' body language, which aided in understanding and analysing the individual's responses and reactions to the questions asked.

Before conducting the interview, the participants were asked to read through the consent form (Appendix D) and sign if they agreed to the information stated. Permission to record the interview was also requested both in the consent form and verbally at the time of the interview. In addition, participants were asked for verbal agreement to release their transcript prior to doing so unless they requested the transcripts to read and modify. Should any participants have wanted to read and modify their transcripts they would have been asked to sign a transcript release form subsequently (Appendix E). All participants provided verbal agreement to release their transcripts and no one requested to read theirs before doing so. The interviews were then carried out using an interview guide (Appendix C) when necessary. The questions were not always asked in the same order or even asked at all as the interviewees' responses guided the flow of the questions and the participants often answered questions before I could ask them. However, where the interviewees led the discussion away from their experiences of responding to DV, subtle questions were used to bring the interviewee back to the subject matter and the question asked. For example, when a participant spoke at length about their previous job as a journalist and what she did in this role, I acknowledged their experience but brought this back to talking about how they responded to victims within their current role at VS.

As all the participants granted me permission to audio record the interviews, all of the interviews were taped. The interviews were then transcribed word for word with notes about participants' body language, tone and other responses like laughter and nervous actions, which were observed throughout the interview. In addition, I noted my feelings towards the respondents' narratives as and when these arose, and raised these later with my supervisor for discussion. The data was analysed using thematic analysis and the final research report was offered with the plan to be made available for participants and management. In addition, I offered participants the option of providing any confidential feedback to VS management if there were specific comments they wanted to make confidentially. Only two participants chose to provide any confidential feedback to VS Management and their comments were provided separately and without any identifying information. Methods of data analysis are discussed in greater detail in the section below.

## **Data Analysis**

The data was analysed from a feminist standpoint, using Braun and Clarke's (2006) method of thematic analysis. By applying this method of analysis, I aimed to gain an in-depth understanding of an individual's experience who responded to DV from their own viewpoints. From a standpoint approach, worldviews are shaped by experiences, hierarchical groups and surroundings, and this forms the foundation of the analysis of the participants' accounts. By using a standpoint approach, participants' gender, race, culture, local knowledge, previous experience and role within the organisation are involved in understanding how they are socially positioned in relation to their responses to DV. Moreover, it includes examining how these positions tend to generate shared viewpoints, language and behaviour around DV responses.

This research study is about the DV responses that occur within an organisation with a hierarchical structure led by the Ministry of Justice and NZ Police, and where the majority of DV responses include women staff and volunteers providing DV responses to women who have been abused by an intimate partner. Analysing participants accounts using a feminist standpoint provides valuable insights into the androcentric discourse that tends to dominate the field of DV and how this language shapes the experiences of those providing responses to DV. For example, I was interested in exploring how the specific terms used by participants including 'victim', 'perpetrator' and 'family harm' were influenced by the organisation's mandate, the Ministry of Justice, and the NZ Police.

### **Thematic analysis.**

The method used for data analysis in this study included a descriptive thematic analysis approach; "a method for identifying, analysing and reporting patterns within data" (Braun & Clarke, 2006). This method was chosen as I hoped to gain a comprehensive understanding of individuals' knowledge, experiences and beliefs surrounding DV responses and determine what similarities and differences existed within the group. The analysis of the data was guided by the six stage process proposed by Braun & Clarke (2006). The data analysis commenced by familiarising myself with the transcriptions. As discussed in the section above, I transcribed the interviews verbatim and noted observations about the participants as well as questions raised for me personally. The completed transcripts were read several times to identify any patterns that emerged from the narratives. The next stage included coding, which involved grouping of any meaningful ideas identified from the data. This was performed by making comments in the margins against the data. These comments included both explicit and implicit statements that emerged from the data. Each transcript was coded separately in this manner.

I read the transcripts several times, and kept coding the data into tentative themes. Any tentative themes that emerged throughout this process of coding were jotted down for later review. When certain themes became evident, these were colour coded and the data that related to this theme was highlighted in the transcripts. Themes underwent refinement as I read through the codes numerous times to check if the themes were an appropriate representation of the codes and the narratives of the participants. Once I felt that all coding had been exhausted and the themes represented the participants' accounts, coding ceased. The interview transcripts were revisited in order to discern whether the themes that had emerged had sufficient data to support themes. Themes were edited to more adequately reflect the codes, and some themes were able to be amalgamated because of overlapping ideas. As mentioned above, personal notes were made throughout this process and, in line with my ethical protocol, were raised with my academic supervisor. This process required reflexivity which is discussed in further detail below.

### **Reflexivity.**

Reflexivity is imperative for a feminist standpoint qualitative researcher (Finlay & Gough, 2003). Acknowledging and understanding how my own values, experiences, and social positioning influenced the collection and interpretation of data allowed for ethical practice and aligned with the feminist standpoint approach. By using reflexivity, I was able to analyse the dynamics of the relationship between myself and the participants, as an introspective technique. Throughout data collection, I recognised when I encountered values and beliefs which were not aligned with my own. For example, a particular participant believed that young women were responsible for being treated as sexual objects because of the way they chose to dress. I questioned some of my own assumptions and judgements around the experiences that participants shared with me, and I reflected on my own personal experiences, and how these shaped my interpretations of the women's narratives. As I was aware that the topic of DV is emotive and that I personally hold strong beliefs about this, I was prepared for these situations. I was thus able to recognise them as opportunities for reflexivity. Having open conversations with my academic supervisor also provided an opportunity for reflection and introspection, and broadened the way I thought about feminist issues. This reflexivity continued throughout the analysis of the data detailed below. Data analysis is reported in two chapters. The first chapter focuses on the personal and emotional experiences in responding to DV, including the challenges that these involve. The second chapter explores the wider environmental challenges of providing responses to DV. The final chapter is a conclusion, drawing together the findings in both chapters and for future studies.

It is important to note that throughout this analysis there is no distinction made between the experiences of volunteers and paid staff. Although I intended to explore the experiences of both volunteers and paid staff, many of the paid staff also had experiences as volunteers. I was therefore unable to separate volunteer and paid staff experiences into different categories because it was often the same women who had the experience of both.

It is also relevant to highlight that throughout chapters four and five, there are occasions where I have identified people only by their role, not their pseudonym. Therefore, pseudonyms cannot be associated with particular roles and this is done to protect the participants' confidentiality.

## **Chapter Four: Responding to domestic violence is personal and emotional**

Personal experiences inform how support workers and volunteers understand and respond to DV. This chapter discusses three themes that relate to the personal and emotional experiences of responding to DV. The first theme outlines the ways in which personal and emotional experiences inform the motivations of support workers and volunteers, and the understandings of support services for victims. This theme includes sub-themes related to participants' reasons for joining the organisation and the personal satisfactions of the work they do supporting victims of DV in particular. Two further sub-themes consider the way that participants' personal experiences shape their understanding of DV in relation to cultural differences, and how they understand the personal experiences that victims share with them in the context of providing responses through VS. The second theme concerns participants' understanding of how emotions are involved in providing effective DV responses. Sub-themes discussed include building rapport, strengthening trust through empathy and non-judgement, on-going patience and consistency, and self-awareness and collegial accountability involved in maintaining non-judgmental support. The third and final theme discussed in this chapter involves participants' experiences of victims' responses as challenging. In this theme, three sub-themes are organised in relation to the process of providing services for victims. These sub-themes cover the challenges of non-response to initial contact, those relating to initial responses to support services and those relating to on-going service provision. The fourth sub-theme, relates to the participants' experiences of using empathy to manage the challenges they experience from victims' responses. In the final sub-theme participants' experiences of balancing encouragement and persuasion in their support for victims is discussed.

### **Theme One: Personal and emotional experiences shape domestic violence responses**

Theme one sets the stage for understanding how personal and emotional experiences inform support workers and volunteers' motivations for, and understandings of, support services for victims. This is demonstrated through exploring four related sub-themes, the first of which is related to their motivations for wanting to volunteer or work at VS.

#### **Personal motivations for joining Victim Support.**

Prior to volunteering or working at VS, four participants told me they had been in contact with the services provided by the organisation following circumstances where either they or a close relative had received those services. Not all of those who had prior contact with VS felt positively about their experience of the interaction with the service provider. One participant commented that the volunteer who made contact with her and her family was "hopeless at



providing support”. However, she added that upon later discovering that VS relied on volunteers, she was more understanding and forgiving of the response she had received. Another support worker who had initially volunteered for VS, shared two experiences she had with VS services prior to making an enquiry to volunteer at the organisation. The first experience followed the death of her family member, and she felt the volunteer who came around to her home at the time of this incident was very supportive. A second time she encountered VS, was after an incident where some of her family members were suspected of committing a crime. This woman said that although she felt she was a victim in this circumstance, she did not feel supported or believed. She attributed this to a perception that she was “the [relative] of naughty children”. Another participant told me that she was offered support by VS after a serious motor vehicle accident, however declined the service. When later deciding to join VS, she said she found the volunteer application a challenging process, and had to make several follow-up calls to obtain more information.

As I was hearing these stories of first interactions with VS and impressions of support services, I was intrigued why these women still wanted to volunteer. However, from their stories, I understood that they had very personal reasons for doing so. The volunteer who had told me the previous support was “hopeless” said that once she knew that the support worker was a volunteer, she felt inspired to give back to the community like the volunteer was doing, and instead of complaining about the support she was offered, she felt she should take positive actions. Similarly, the support worker who had entered the organisation as a volunteer, told me she first wanted to volunteer to serve her community;

I’ve always said that one day later on in life, I would like to give back some of my time, because of the work they did at the time they attended [the incident].

Following this interaction with VS and police, this participant told me that she began questioning her rights and together with an interest in the work VS volunteers did, she felt motivated to apply for the advertisement in the local newspaper. Her sense of not being believed or supported drew her attention to the injustice she felt from the response she received:

Because there were so many things that police did that I didn’t agree with, and then I thought, this is interesting. I really need to know, to know my rights....I saw an advert in the paper for volunteers and I called up and just went from there. I was interested in things they were doing, and so I joined up.

Another participant’s reasons for volunteering also concerned her own personal life

circumstances, particularly the amount of time she could personally offer to volunteer. The account below describes how once her personal circumstances had changed, she was able to volunteer;

I had quite a serious car accident. VS offered support and I said, "No I'm fine". [The volunteer] asked me if I had external support and I did. We got talking and she said something about volunteering and I said "send me the information", which she did. I probably put it away in my drawer for the next two years. I think I forgot about it. I was moving house and found it and thought, "Oh, I might be keen to do that now."

The participants' reasons about their entry to the organisation provided very different personal circumstances and motivations for wanting to volunteer, yet each of them was prompted by personal interactions with VS volunteers or support workers, and their emotional responses to these interactions. Their accounts also highlighted what they each hoped to gain or achieve from their volunteering.

The women's narratives in the study align with Einolf and Chambre's theory (2011) of volunteerism based on a hybrid model from multiple disciplines. The model integrates three major theoretical explanations for volunteerism. The first includes social theories that focus on context, roles, and integration. The second explanation is based on theories of individual characteristics that stress the importance of values, traits, and motivations, and the third includes resource theories that emphasise skills and free time as volunteer motivators. In the current study, each of the women's contexts were different, although they shared the role of client for VS. For each woman, the time to volunteer was related to their personal circumstances, yet each was motivated by her values and the context in which she first encountered VS.

All participants were asked how they had come to be at VS. When first hearing the response of the women who entered VS initially in a paid role, I (rightly or wrongly) made the assumption that they had joined the organisation primarily because it offered a source of income. Some employees had previous experience of volunteering and some did not know anything about the organisation or services when they applied for positions at VS. Some were applying for any employment for which they had the skills, and others matched their skill set to the advertisement for VS workers specifically. The reasons for working or volunteering with VS were diverse which suggested potentially different understandings of DV and providing DV responses. This caused me to question how different contexts, values and skills of those who provide services might impact DV responses provided by VS.

### **Personal satisfaction motivates domestic violence responses.**

Without any prompting, both volunteers and staff told me of the personal satisfaction they received from providing DV responses. One participant who had been volunteering for a number of years, shared that even after volunteering for so long, she had never regretted her decision and only wished she had started volunteering sooner. Another woman, a support worker who had also been working for VS for several years, shared that she still enjoyed the work she did. Staff in managerial or supervisory positions too spoke about knowing that those providing front line responses loved their role at VS. This was illustrated through the following account;

I've got one of my new [volunteers] saying to me, "I don't know why I didn't start this years ago". She just said, "I just absolutely love it and I want to be working for VS". So she is on the roster every three or four nights. She's quite happy to do it!

The participants shared how rewarding it was to witness and feel part of the journey and positive changes that can occur in victims' lives. The women spoke of how "satisfying" it was to see victims courageously go from needing support to "growing strong", "making good decisions and doing things for themselves". The women shared how their clients would often tell them how they had helped them. Victims expressed their appreciation and gratitude verbally, by offering gifts or keeping in contact with the volunteers and support workers long after the support had ceased. Gail described how a victim remained in contact with the team of support workers and volunteers who assisted her and her children following a DV incident: "She still comes in every Christmas with a little thing of flowers for us and she comes back every now and again and tells us how life is for her."

Whilst participants' stories implied how personally fulfilling providing DV responses could be, one particular participant spoke to this point more directly in relation to volunteering. Rachel felt that since VS volunteers had no motivation from employment they must work for personal gratification. She shared that volunteering helped satisfy a personal need to feel that they were helping someone:

I think that the people who work in DV love the instant gratification of working and making someone's day with turning up at the address and bringing someone a food parcel and making someone smile.

The participants' experiential stories resonated with studies investigating attitudinal influence on job satisfaction. For example, findings from Borzaga and Tortia (2006) suggest in public and not-for-profit social service work, intrinsic and relational attitudes exert the greatest

influence on job satisfaction. Volunteers' intrinsic motivation to help others and participants' attention to their relationships with victims, were both linked with the satisfaction they experienced from their work.

While I understood the personal benefits of supporting others that participants experienced, as I heard their stories of their satisfaction in providing DV responses, I noticed they lacked recognition of the way women resisted violence whilst in violent relationships. Participants' comments like "growing strong" suggested that women were not strong when in a relationship with a violent partner, and "making good decisions" implied that before they had support services available, they were unable to make good decisions. The women's narratives identified the commonly held stereotype that women who remain in abusive relationships are passive and helpless (Hayes, 2013). The participants' comments suggested assumptions that victims needed empowerment, and the language they used at times did not reflect a strengths-based approach.

### **Personal experiences shape understandings of domestic violence.**

Throughout the interviews, the women shared their understanding of why DV occurred, and what they thought were the reasons behind the high DV rates in Aotearoa NZ. Whilst the women agreed the rates of DV were high in the country, some participants questioned whether they appeared higher than other DV rates of other OECD countries because there may be more reporting of DV in Aotearoa NZ. Participants provided different reasons for this, including a possible increased trust with the NZ Police, a greater awareness of what constitutes DV, moving beyond the common perception that DV only includes physical violence, and public messages and campaigns encouraging people to seek support and report incidents of DV. Many of the explanations they gave for DV were informed by their personal opinions, or the situations they had been exposed to during their time at VS. Ethel told me DV rates were high due to generational patterns, and this appears to be largely informed by her experiences with "the younger generation":

I think sometimes there is still a lot of second, third generations, and that's all they've ever known...Grandparents, parents, now [them]... I don't think they've had a good role model because if parents are both abusers or substance users or alcoholics then [they] probably don't have the exposure of having a good strong model in [their] life. I just look at some young people that get themselves into this and I just say, "Why didn't you do other things first before you get yourself in those situations?"

Another participant who had immigrated to Aotearoa NZ, questioned whether the DV rates were in fact high and compared these to her previous experience of working in a DV support service abroad;

I suppose it could be that more people are reporting because they feel more comfortable and more secure with their police force. I think the police in New Zealand are great compared to the police [overseas]. I think not necessarily looking at family harm, but looking at [the police] in general, I think they're a lot more approachable.

Although participants did not specifically mention the wide-ranging literature on factors related to the prevalence and occurrence of DV, volunteers and staff included psychological, social and financial factors evident in the literature when they told me the many reasons for DV. Many participants told me factors influencing DV should not exempt the perpetrator from being accountable for their acts of violence. Participants drew attention to the risk of excusing perpetrators' behaviour by focusing on the reasons why they were violent. They acknowledged the common assumptions that exist around DV where the perpetrator's behaviour is often excused because of anger issues, stress, alcohol and other substance use and/or abuse. Rachel vehemently disagreed with the idea of excusing violence because of the stresses in life and did not believe that interventions focused on removing these stresses would necessarily result in the DV stopping:

I don't like the idea of excusing violence because of looking at the other stresses in [the perpetrator's] life. I understand that people think if you can fix those stresses they'll stop hitting their partners. I don't believe that's true. One, your life is never going to be free of stress. Whether it's money now, or something else in the future, people will always be stressed over something. There's always something to stress them out. I don't think that looking into those external factors is going to fix future violence and future physical violence that occurs in that family.

Like Rachel, Charley shared a similar view when referring to a particular case where a woman suffered a severe brain injury as a result of the violence her partner inflicted. She felt that there was no excuse for his behaviour, commenting "I don't think there is any [excuse, like], 'Ah he was angry and he drank too much'".

Although participants shared their apprehension in excusing a perpetrators' violent behaviour, all described factors which they believed played a role in DV. These included

childhood upbringing, anger and control issues, cultural attitudes and beliefs, socio-economic stress, mental health issues and substance use or abuse. Amongst the participants, differences in understanding cultural factors particularly illuminated the personal nature of understanding DV. Explanations of cultural influences on DV were related to participants' situations or contexts in which the volunteer or staff had personal experience. I found it particularly interesting that those participants who shared that cultural factors played a role in DV were staff and volunteers who provided DV responses in geographical areas where there was a significant immigrant population, and where the victims' and their families' culture differed from their own. It was also interesting that participants made no mention of the possible increase of DV representation in certain cultural groups as a result of increased DV awareness made within these communities, or increased exposure of those communities to police attention as has been discussed in academic literature (see for example, Harrison, & Gill, 2019). Rather, participants' narratives suggested their beliefs were informed by the specific cases they had responded to. Luisa shared her experience of receiving referrals from four different cultural groups:

There is an increase of referrals that come through from Indian people. You also get more referrals for Cook Islanders and Samoan families for domestic violence and Tongan families.

Charley told me about a certain case where a Pacific woman she was supporting referenced culture as the reason behind her violent partner's behaviour:

I've experienced one Pacific lady tell me that her boyfriend does this to her because it's in his culture, and that there's no point in getting him help because it's in his culture, it's ingrained in him, and he does it because [she is] a woman and that's how it rolls.

On the other hand, Jackie was less qualified in her understanding. She did not specify that cultural differences were related to either increased referrals or victims' understandings. Instead, she suggested there was an actual over-representation of violence within other cultural groups for historical reasons:

We are really diverse and we have lots of immigrants and we also have lots of Pacific people included Māori and Indians, and Fijian Indian and Middle Eastern...you know lots of different cultures here, including Chinese. I think the legacy of violence or using physical actions to deal with issues are one of the reasons in many cultures.

The accounts participants provided of their understanding of cultural factors affecting high DV rates in Aotearoa NZ illustrate how their perspectives are being shaped by their personal experiences of providing DV responses to particular communities. Participants spoke of cultural differences and experiences where they had responded to victims who were culturally different from themselves, as a common experience since they were working in a region with a high density immigration population. When hearing their accounts, there appeared to be a lack of acknowledgement that resistance to violence within particular cultural groups might take different forms, and that DV affected women and their families from western cultures too. This storyline of understandings of DV being shaped by personal experiences was recurrent throughout the interviews, and was particularly noticeable when participants shared detailed accounts of providing DV responses.

### **Domestic violence victims share emotional personal experiences.**

Throughout the interviews, participants shared incidents and cases they had worked on. Their accounts involved intimate details of victims' experiences and disclosed the very personal interactions that occurred between victims and the women providing the responses.

Volunteers and staff often referred to responses that involved highly personal interactions with victims. Where victims chose to engage with VS, they openly shared very personal information concerning their private lives, their relationships and their feelings. In the excerpt below Luisa speaks of a conversation that took place with a woman who was in hospital following an assault by her partner;

She shared some of her life experiences, how she ended up in a relationship with him and what the actual relationship had been like for her. And I suppose just by doing that she was able to reflect on her life. And after we'd finished talking, she actually said to me that she felt that she was standing outside herself and reflecting and listening to herself talk about things.

Bonnie told me she had some understanding of what victims experienced from the personal information they'd share with her, which was illustrated through common concerns they would raise with Bonnie;

Well [they say] "I can't leave because the house isn't in my name, the bills all come to him, the phone account, the power account. The car is in his name. He's the major breadwinner. So how am I going to start my life? Where am I going to go? How am I going to get a house? How am I going to support my children?"

Although having worked in the DV sector previously and having heard stories of a similar nature, I initially took the participants' accounts at face value and it seemed 'normal' to hear of women sharing their lives with others. I questioned whether I, like the support workers and volunteers sharing their stories, had become somewhat de-sensitised to the subject through witnessing and hearing victims' experiences of violence. This is not to say the volunteers and support workers lacked empathy. They regarded empathy as essential to their work, which will be discussed more fully in the next theme. Once I left the interview and immersed myself in the data I was able to recognise how the very intimate and personal nature of the experiences victims shared with participants helped to shape their personal understandings of DV.

### **Theme Two: Effective domestic violence responses involves feeling, managing and revealing genuine emotions**

The theme of emotions is carried into theme two, which explores participants' understanding of how emotions are involved in providing effective DV responses, from initial rapport building with victims, to personal reflection and accountability related to the DV response provided.

#### **Building rapport is the foundation for an effective domestic violence response.**

The narratives that VS volunteers and support workers shared with me were stories of relationship building in the context of their support work. Participants expressed frustrations when not being able to make contact with a victim, and many told me a lack of engagement with a victim was a major challenge in providing a DV response. Where victims did not engage, volunteers and support workers had difficulty providing an effective response, if they were even given the opportunity to provide any response at all. These challenges are discussed in detail in the following chapter. Here, the focus is on participants' understanding of the importance of engaging with victims to develop effective responses in relationship with them.

The women interviewed deemed developing rapport with a victim as absolutely necessary for an effective DV response. Megan's example below illustrates how crucial rapport can be when devastating violent incidents occur which necessitates police involvement in women's personal lives:

I think if you can just establish rapport it is going really well. Because even if she's really traumatised, she is going to remember you. And she might not remember what you said, but she will remember you and you can say, "I'm the lady that came around that night".



Building rapport, or as Jackie termed it “building some kind of professional friendship”, was important as it allowed volunteers and support workers to have initial engagement with the victim. With successful engagement, they then had the opportunity to create a safe space where the victim was comfortable to share her experiences. When this was created, conversations could take place which allowed the victim to express their needs. In turn, knowing victims’ needs allowed participants to provide the necessary support. In addition, with increased rapport and trust, volunteers and support workers were in a better position to challenge the victim’s thoughts and behaviours, if that was appropriate for an effective response.

One factor supporting participants in developing rapport with victims, was the perception that they worked for a separate organisation from police. Charley told me victims often trusted her and disclosed information to her they wouldn’t share with police, and this information often provided further insight into the risk a woman was experiencing:

Quite often, I’ve had so many come through [from a police referral] where it’s minimal; it’s verbal, it’s low risk. But when you make contact with the victim they’re telling you a whole different story because of the different hat that we’re wearing to the police. So they’ll tell the police, “Ah he just pushed me. He told me to go away and just pushed me”. When we’ve rung them it’s quite often that they’re all coming out with the financial, sexual, emotional, and physical abuse. And you kind of think, “Wow, this has escalated somewhat!”

Here, Charley describes how a number of police referrals for an incident that is initially assessed as a low risk are actually higher risk cases. Charley understands that when police inquire into incidents like these, women often minimise the violence, however because victims viewed VS as independent from police, a sense of confidentiality and trust was established with a VS volunteer or support worker, which encouraged women to feel safe enough to disclose the real magnitude of the violence they were experiencing. This understanding of the importance of VS being seen as independent from police was also highlighted by Bonnie:

I think that we are confidential, I think a lot of women are happy to see us. We’re not in uniform. They know we’re here as people to support them.

Gail also commented that it was important for VS to be seen as independent from police so a sense of trust between the volunteer or support worker and the victim could be established:

We would always go with police if it's an area that we know is not safe. You just need someone in the background to make sure you're okay, safety-wise. But if you can avoid it, that initial consultation or face to face or even phone call (at the very least), I think it needs to come from an independent party.

From participants' perspectives, the independence of VS from the police was crucial to build rapport with a victim. Rapport being essential to effective responses for victims was also evident when the measure for a successful response depended on it, as Gail also commented in the context of explaining 'success': "It's when you've built good rapport with someone".

From the participants' accounts, it appeared that VS was in a unique position where volunteers and support workers could work closely alongside police, however still maintain a level of separateness which facilitated a sense of confidentiality, deemed important for victims. Having a sense of confidentiality paved the way to build rapport and trust. Initial rapport was developed from the first interaction with the victim and strengthened through on-going support, which served as 'proof' to the victim that the person providing the response could be trusted. From the participants' narratives, a trusting relationship could not be strengthened without volunteers and support workers exhibiting and inhibiting other personal, emotional experiences, which are discussed in the following sub-themes.

### **Strengthening trust: empathic listening and non-judgement.**

Once initial rapport was built and victims were willing to engage with volunteers and support workers, trust was strengthened when those providing the response were emotionally present for the victim, listening to their needs and providing support without letting their own emotional reactions or personal judgements interfere with their response. A significant factor in building further trust was the need for support to be provided consistently. Participants considered consistency important as it encouraged victims to be open to further support from the volunteer or support worker responding to them. It also then paved the way for a volunteer or support worker to be able to challenge women's minimising, self-blaming or excusing their partner in relation to the incident and her current situation, encouraging her to make empowering decisions for herself. Empathy however, was noted first and foremost as the foundation of building rapport with a victim.

### **Empathy and listening.**

Across the group of participants, many understood that empathy was integral to building rapport in their relationships with victims. In their experiences, empathy was often shown by

listening to victims, and listening without empathy was futile. Across the interviews, empathic listening was a skill participants thought a person responding to DV should have. Charley told me: “Good listening skills are fundamental to people feeling they can trust you, open up to you and that you can empathise with them”. Gail commented: “You just need to be able to listen” and Megan shares a similar perspective saying: “Listening is important and it is not always necessary to talk. You can just sit there.” Both Luisa and Ethel felt that “good listening skills” were critically important for people responding to DV, and Bonnie summed it up simply by describing effective DV responses as “having two ears and one mouth.”

Charley told me: “People feel supported if someone is listening to what they are saying and responding in a sensitive and empathetic way.” Her understanding of the role of empathy in DV responses explained how empathetic listening involves an emotional response that is felt by the person responding as well as demonstrated to victims through their actions.

It was clear upon listening to the participants’ experiences of providing responses that they felt empathy towards victims. These feelings for a victim’s situation or circumstances motivated volunteers and support workers to provide responses that would improve the women’s situation. This was illustrated by Bonnie’s narrative below:

I have just dealt with a lady that I have been dealing with her for quite a while now, and there is a lot of historical stuff which she won’t make a statement on because she knows her life will be in serious danger when he gets out, if he does. So she just made an 18 page statement. And I don’t mind admitting it. I sat there and cried when the detective read me the statement because it affected me so much to think of what this man has done to her.

Megan also shared an experience where she “really felt for her [the victim]” and Charley told me “If [the victim] is too scared, then I feel such a passion to touch base with her in a safe way and say, ‘There are options for you’”.

Building relationships with victims was a priority for participants who understood that rapport was key to engaging victims with support services initially. Thereafter, empathetic listening became essential for strengthening the initial relationship, yet it could not be without genuinely feeling empathy for the women they were working with, and being able to show how they were affected by the experiences that victims had survived. Whilst empathy was regarded by participants as important, other factors like patience were necessary in providing DV responses.

### **Patience and consistency is key.**

When relationships with victims were built strongly on rapport and empathetic listening, it became possible for volunteers and support workers to engage in providing support services beyond the immediate crisis that brought women into contact with the police. Throughout the interviews many of the participants described on-going support as an important part of providing an effective DV response and told me this was also a role requirement at VS. When I asked Bonnie what DV service VS provided she said “Consistent follow-up, support, understanding, empathy, [and] emotional support”. Jackie also referred to the importance of being “persistent” to “keep engaging” with a victim. Charley, who told me how trust was built through consistent follow-up with a victim, also shared this view:

I think it’s generally about supporting people. I know that’s such a, “Ah we support people” [said in a playful voice]. But how? What do you actually do?! Just being there, making sure the door is always open for them [and] follow-up, follow-up, follow-up. Not to the point where I am stalking them but don’t give up on that initial response of, “Ah things are all good”. [Asking] “Are you happy if I phone you in a few weeks just to make sure you still feel safe in your situation?” And then always following up with a text to say “this is my phone number and here is the free number if you haven’t got credit”. It’s all that kind of stuff. I think it helps to build that trust with people.

A support worker went on to describe a recent experience where a woman was severely assaulted and wanted to return to her violent partner who was still in custody. Her account below illustrates how she viewed on-going support with this woman as integral in building a trusting relationship that would facilitate support later on:

I am hoping that I can keep the door open with her and keep that support going. So if this guy does get off and if he’s released and she chooses to go back with him, I really hope we have a strong enough rapport at that stage where we can have those conversations really openly and get down to the nitty gritty and try and do a bit of safety planning. Or at least have her on board where I can say, “Right. I am going to refer you to this service”. And sort of warm transfer her over to someone that’s really geared up to do those safety plans and stuff.

Here, the support worker draws attention to a situation where on-going support is a matter of safety planning in the context of a client’s choice to continue in her relationship with

her partner. In speaking of referring her client to another service “geared up” for specialised DV safety planning, she refers to a “warm transfer”, emphasising the emotional contrast with a referral that is done in the absence of an on-going relationship with the client, that is, a ‘cold transfer’. Like this support worker, many participants told me they provided on-going support to a victim for any length of time required. This was regarded as a unique service VS as an organisation provided and was generally viewed by participants as a factor which facilitated VS in providing effective DV responses.

Throughout the interviews there was a recurrent theme about the importance of patience and timing in providing effective DV responses. Developing trusting relationships with volunteers and support workers required consistent support and empathic listening over time. Participants spoke of their experiences providing DV responses as a process and journey with a victim. Jackie understood providing a DV response as “walking together and listening to them.”

Understanding how the relationship with the victim was developing over time was regarded as equally important as the amount of time spent with a victim. Participants’ narratives suggested that providing DV responses required proceeding at the pace of the victim, allowing the victim to lead the pace of the relationship. Victims were understood as needing to feel able to make decisions in their own time, with the support worker or volunteer consistently present and supportive. This “walking together” as Jackie terms it, was understood as allowing time for trust to be built between the support worker or volunteer and victim and to assist the woman in arriving at the point where she felt she was ready to make decisions for herself. Through building a trusting relationship over time, the relationship could be strong enough for instances where a volunteer or support worker would need to challenge some of the victim’s reactions to and perspectives on her victimisation, validating the real risks and dangers she is facing. Participants suggested that this was only possible if rapport and trust was built over time. The following excerpt is from an interview with Luisa. Her story illustrates how developing rapport, displaying empathy and listening provided an opportunity for a victim to share her experience, with Luisa being able to challenge some of her beliefs;

We had a referral that came through. Police were involved. The woman ended up in hospital. I made contact with the woman and got an earful from her that she didn’t want police involved. She wanted to drop all the charges, and say that she’d lied about everything and that he hadn’t harmed her, which wasn’t true. Obviously, she was very emotional about the whole thing and very scared about the outcome. The partner was a drug dealer and gang member. So she was just doing anything that she thought would help lighten the [situation]. They hadn’t found him so she knew that if he did find her, that would be the end for her. So I ended up going to visit her at the hospital [and] just

talking with her. I suppose it was just sitting with her, letting her talk. And I asked her about her. She shared some of her life experiences and how she ended up in a relationship with him and what the actual relationship had been like for her. And I suppose just by doing that she was able to reflect on her life. And after we'd finished talking, she actually said to me that she felt that she was standing outside herself and her reflecting and listening to herself talk about things. Me just prompting her I suppose, at different points of her sharing has given her the determination I suppose and courage to think, "No actually, I do need to make a change". I suppose just her being able to talk about it and not so much focusing on the actual incident that happened, and not focusing on the aggressor (the ex-partner) allowed her to focus on herself and talk about her and really think about her. She got the courage to actually say, "I am actually worth something". She didn't go back to him. She did go into refuge. You can always go into a situation and point out what is wrong with their relationship, but change can only happen when somebody can see and want to make that change.

Luisa's account above, illustrates how her patience and persistence created an environment where the victim could share her experiences. Allowing the victim to lead the conversation encouraged the woman to speak freely about her experiences, with Luisa listening intently, only prompting her with questions when necessary. Her story illustrates how effective DV responses are facilitated by spending time with a victim, building trust and rapport, and exhibiting empathic listening. In this case, Luisa's patient, empathic listening enabled the victim to reflect on her relationship in the broader context of her life, facilitating her own assessment of her situation and deciding to seek help to leave her partner.

Patience and consistency were among the personal skills and emotional commitments that participants told me were important when providing DV responses. While they primarily focused on what was needed to provide effective DV responses, they too told me that personal judgments should be avoided. Megan told me; "you definitely cannot be even slightly judgmental because the person will pick up on that and it is not fair, and it is not our role to do that either." Her account stresses the importance of reserving personal judgment. Other participants shared her perspective, and understood being non-judgmental as a particular skill essential for responding to DV. Participants shared that with-holding judgments while providing support to victims involves having a level of self-awareness and is supported by colleagues keeping each other accountable.

### **Maintaining non-judgmental responses through self-awareness and collegial accountability.**

Throughout the interviews, participants understood judgment as getting in the way of displaying genuine empathy and believed personal judgments would impede the service they provide to victims. The women told me a volunteer or support worker providing a DV response needed to be self-aware to ensure they reserved judgement about the victim, their situation, their outlook, or the decisions they made. This was important because it was believed that, should a woman feel judged at any point, it would damage trust and rapport and was likely to prevent the woman from asking for support when she might otherwise engage with services for safety planning, at least. Participants shared that reserving personal judgment was not always easy and it was something that required both self-awareness and accountability from colleagues. Jenny shared her own personal challenge in reserving judgment:

You've got to be bloody tactful [laughs]. You've got to bite your tongue a lot. Because often how you judge a situation can change with more information. And try not to be judgmental because you're never going to know the full truth of any situation.

Here, Jenny explains that not being judgmental involves understanding that a process is needed to allow for new information because judgements cannot be based without knowing "the full truth". Being open to changing personal judgement is also a struggle and something that requires holding back reactions and using tact. Megan told me that being judgmental was a natural human tendency and that people may not always have the self-awareness to spot this: "I think people do that [judge a person] without even realising they are doing it at times." Jackie also regarded personal judgments as: "a common attitude in this type of work [providing DV service response]" and shared how support workers and volunteers "always remind each other... that [they] should not be judgmental".

Whilst expecting colleagues to hold them accountable for making judgments, volunteers and support workers also expected supervisors to hold them to account if they witnessed any judgment in responses to, or about victims. The following interview excerpt involves an interaction with a supervisor where we discuss how she handled conversations with volunteers or support workers who appeared to be letting personal judgements affect their responses:

R: How do you see that their own personal judgements are involved?

I: Just how they respond first off when they first get the referral and sometimes you can see it in the case notes. Then it's just about addressing it and asking.

R: And how would you do that?

I: Just by asking; “I see in your case notes you’ve said how you feel”... I suppose I don’t want to make them feel bad about what they’ve done but I also want them to realise that it's not okay to put in our own personal feelings. It's just talking about how that might look if they were in that situation, trying to give them a situation where they might be the one that was on the other end.

Other supervisors told me similar experiences in their case management, and the challenges in managing support workers and volunteers’ DV cases. This is discussed in more detail in Chapter five which considers the challenges of service provision more broadly.

As participants were open about the challenge of reserving personal judgment at times, they too were transparent about the personal frustrations that arose with their roles. Personal frustrations were experienced by all participants. Although the women shared frustrations that were related to systems and processes, many of their frustrations arose from victims’ responses.

### **Theme Three: Victims’ responses can be challenging**

Throughout the interviews, participants shared stories of personal frustrations in relation to victims’ responses. The women interviewed shared the challenges they experienced when they were attempting to make contact with a victim, and throughout the process of providing a response. A recurrent theme included tensions in the relationship between their own personal beliefs, perceptions, and their judgments about a victim’s response or lack of engagement.

#### **When a victim doesn’t respond to initial contact.**

Participants told me that one of the main challenges in providing a DV response was being able to contact the victim in the first place. A VS manager commented; “We make a lot of calls but often there is no contact made”. Like her, many of the participants had difficulty making initial contact with victims and these difficulties continued during follow-up support. Not being able to make initial contact was especially frustrating as volunteers and staff personally wanted to provide support and were expected to do so from an organisational policy perspective. Many participants told me they were required to illustrate in their case notes that several attempts to contact a victim had been made, prior to suggesting the case be closed. Supervisors then assessed their case notes to determine if all means to contact the victim had been exhausted, and would advise if the case could be closed, with relevant VS information sent to the victim where appropriate. Volunteers and support workers only sent VS literature if it was



assessed that the information would not place the victim at any risk of the perpetrator receiving it first.

Frustration was common amongst participants who were not able to make initial contact. Sometimes contact with victims was difficult because of incorrect or missing contact information in the referral, which could be a result of errors in data entry by either police, or the VS contact centre, or else the possibility that a victim provided an incorrect number. Luisa shared her experiences of receiving referrals from police or the contact center that were incomplete and missing contact details:

Sometimes when I am going into allocate the work there are details missing from the referral. You might not have a contact number for the victim, you might not have an address. You might not even have the victim's name.

Like Luisa, a support worker told me of other cases where the number was incorrect, but it could be because a victim had purposely chosen not to provide their correct number at the time the incident was reported to police;

They [victims] will either give a wrong number or a fake number and I think that's quite a frustration. It may be because in their experience the police are 'bad' or 'not there to support them' so their guards are up, and they don't want to engage with the police. So then we get misinformation, which prevents us from actually introducing our services and other services to say, "It's okay to ask for help" and "There is help there for you".

When faced with situations like these described above, the women then had to find alternative contact numbers from the police, arrange a home visit, and as a last attempt, send the victim VS literature if an address was available. The processes involved in making initial contact could be very time consuming and placed increased pressure on volunteers and staff who already had high caseloads. Another support worker described the process she would follow when initial contact by phone wasn't successful;

A challenge sometimes is not being able to get hold of them. You make phone calls, you make the odd visit [and] they're not there. So I go back to the police and say, "Is there any other number listed?" And then sometimes, we'll just send out the literature. So that is a challenge because it is important to have that conversation. I mean, okay if they didn't really need it, that's okay, but not being able to talk to them at least one time, even

after sending messages, even a text. I make a couple calls, and if I am not able to [make contact], I send a text, I make another call and then I send literature.

This support worker went on to tell me that if she couldn't make contact with a victim by phone call or text, she made "the odd visit, depending on the seriousness of the case". Later on in the interview, she shared that she did not like to do visits because she was fearful, commenting "I really don't want to visit because I don't know what's out there and I still don't really trust people out there". Another support worker also told me she too felt it was unsafe to do home visits when there was no initial contact made:

Sometimes the Victim Support contact service will contact you and they want to send a support worker out, but they don't have those basic contact details. So for me, that is a safety issue.

Whilst volunteers and support workers experienced challenges related to making initial contact with a victim, supervisors also experienced challenges managing these cases. They had to ensure that volunteers and support workers had provided some support before closing a case, but had to manage their own and staff high caseloads, prioritising the work in accordance with the lack of time and staff available. This is illustrated in the excerpt below. Here, a supervisor describes her experience managing cases where volunteer and support workers are unable to make initial contact with a victim:

If it's about closing off because they [volunteers and support workers] haven't made contact, it's about just ensuring that they've been able to send out literature because there could be a number of reasons why somebody is not answering the phone. It may not be necessary to do a visit because we don't have the capacity to do a visit on every referral that comes through. So at times we have to prioritise. Sometimes it's the lack of resourcing.

This particular supervisor told me it was important to send literature when no contact was made with a victim by phone call or visit, however, other participants told me it was difficult to determine when it was appropriate to send literature as it could potentially be read by the perpetrator and place the victim at further risk. A support worker described her experience of having to decide whether or not to send literature when she was not able to contact a victim:

When you get those cases where you can't contact them by phone, you kind of get into the grey area of looking into the situation on paper and making an assessment on that to see whether it's safe to leave a letter. What do you do?! Do you send a letter and risk increasing a risk for someone?!

This participant's account highlights the layers of challenges that VS volunteers and staff experienced when initial contact with a victim was unsuccessful. Making initial contact with a victim appeared to be an achievement in its own right. However, from the participant's accounts, making initial contact did not guarantee that they could provide an effective DV response as victims' responses at other phases of their engagement, presented other obstacles. These are discussed in sub-themes relating to victims initial responses, and the responses to on-going services, below.

### **Victims' initial response to domestic violence support services.**

Participants told me that even when able to make contact with a victim, their responses were often challenging. Victims often did not see a problem with the perpetrator's actions, minimised the violence, had a general distrust of support services, and/or feared the repercussions if the perpetrator knew she was seeking support. This made it challenging for volunteers and support workers to provide an effective response.

Where first contact was made by phone, participants told me victims often declined support, responding that they didn't need any help. Ethel told me victims often became "really angry" and asked her "What are you ringing for?! Everything's been sorted!". Victims who declined support were often those contacted following a DV incident that was considered a 'lower level incident'. Jackie described why victims in these instances were often unlikely to accept VS services:

When we say low level it's really civil matters - there is no one being charged and no one arrested. So those people are very difficult to engage because they might not feel that they need support. They might not engage with us until they've come to the realisation that they are in an abusive situation and really believe that they need to leave that abusive situation.

Although the response of "I'm fine" was common in incidents where there was no arrest or no charges laid by police, participants also told me about victims of higher risk DV incidents who would also minimise the situation, and respond in ways that were challenging for volunteers

and support workers. A support worker told me how she had supported a high risk victim who did not want to engage with VS services, and wanted to stay with her abusive partner:

There was another woman who was just repeatedly beaten and repeatedly comes up on the DV police reports, all the time! The police officer and I were with her one night supporting her. We both said, “He’s going to kill you”. And she just kind of said, “Yeah I know”, like we were talking about buying groceries! And the next day I just kept thinking about her going [changing tone of voice to mimic victim], “No I know... it’s okay”. I went to supervision after that. I just thought, “Why am I bothering to put my time into someone who...who doesn’t care about her own life?!”

In instances like the above, volunteer and support workers were faced with the challenge of trying to encourage the victim to accept VS services when they persistently do not want to engage with them. Support workers and more experienced volunteers seemed better equipped to have initial conversations when the victim declined support. Ethel’s response to the victim who became angry with her for calling included an explanation for why she was calling:

I just say, “Hey, this referral has been called through. You had rung the police, and that’s why I am making this call, really just to see how you are doing and if you have a need that we can be of help with”. And maybe not right there, at that particular time, but maybe down the track she will need our services.

According to one supervisor, the majority of volunteers and support workers were unable to keep a victim engaged if they declined initial support;

Often it’s just chatting [with a victim] and [them] saying, “Thanks I’m fine” where they may not be. And then that’s the end of that engagement and we’re done. And that person is coming up in the same situation a week later.

The frustration of receiving repeated referrals for the same victim, when engaging her with services has been offered but failed, relates to the need for patience and consistency in DV responses, otherwise opportunities for engagement may be missed. This supervisor went on to describe the trend she had noticed where volunteers and support workers closed cases as soon as a victim declined support:

But for people who brush you off or say, “I’m fine, don’t worry about it”, they’re closed off because we’ve got more people come in the next day to work with. Who

knows if they could have benefited if we had spoken to them more?... Someone's like, "I'm fine, I don't need any help" - close case. It's just instinct because you just need it gone because you've got more work to deal with. If you checked in with them, if you turned up to their house a couple of days later or you checked in and said, "I know you're fine but here's some more solutions I've got for you. Would you be interested in these?" What if we put a little bit more pressure on them, gave them a few more options and actually kept in contact and built a relationship?!

Here, this participant understands the trend to close off cases is due to high caseloads carried by volunteers and support workers. However, she questions whether victims would accept VS support if a more thorough attempt at engaging with the victim is made. Even when victims did accept support from VS, their responses to the support offered could also be challenging to those trying to provide a response.

#### **Victims' responses to on-going support.**

Many participants told me of instances where they felt frustrated by a victim's responses while they were providing on-going support with clients who had engaged with services. These frustrations often arose after witnessing or hearing of violence against the victim they were supporting, and then continuing to witness the psychological effects of the violence and see coercive control continuing while they supported a victim. Frustration could be experienced when the volunteers' or support workers' personal judgements and beliefs around DV differed from the victim's, and when their personal expectation of how the DV response should proceed did not go as they had expected or planned. Recurrent frustrations were experienced when victims were unable to see the severity of the DV in the same way as the volunteer or support worker and did not share the assessment that they were in danger. Frustrations could also relate to volunteers' or support workers' perceptions that victims were slow to make decisions to leave the relationship, or did not want to separate from their partner, even though separation might not be safe or improve their security. In the passage below, Megan explains how her colleagues were often frustrated at a victim's response, and refers to a particular DV response to explain the need to manage the frustration of not having initial engagement with a victim:

I know people can get very frustrated with not seeing things happen instantly. I don't, because I understand that if I establish a rapport with her, that's great. If she doesn't want to talk to me, which happens quite a bit that very first time, you leave an [information] pack (because she's not even in a state to talk to you), you go back the next morning and police were really good [at a recent incident attended]. They met me back there the next

morning, and she was able to talk properly then. So just being mindful of what they've been through. And I do know a lot of people get frustrated with not being able to have things happen instantly, like getting them out of there instantly.

Megan makes reference to the idea of an 'instant' successful intervention, where it is possible to remove the victim to safety at the time the police are attending an incident. While she appreciates that this response prioritises safety, she also understands that it is not always possible because victims need time to process what has happened tofor them. Understanding the victim's experiences is crucial to avoiding this frustration. Other frustrations related to victims who were referred repeatedly because of recurrent incidents involving police. Gail told me of her personal frustration in this regard;

On a personal level (and I'd say most people that do this work will say), it's frustrating. You see the changes that need to happen but the people involved don't really do that. So you will see them coming back time after time after time. And also when you get people on track and you get the ones who do change, you get so far ahead and they just drop everything and go back to him. So there again, you get that frustration.

Here Gail highlights even when victims engaged with services and made changes to their lives to improve their safety by separating from their partner, they might still return to the relationship. Ethel shared a similar view, and spoke of her feelings of frustration during our conversation below:

R: Are there any key obstacles or frustrations that get in your way of responding to DV?

I: Yes! [Laughs] You're telling them the same thing how many times?! We still have those women who have...low self-esteem...they say it's easier to stay in the relationship then make the change (the big move) because they've got no confidence. I shouldn't really say that! [Laughs]

R: Well that is a frustration for you...

I: Well it is! Because you're working with... you just want them to just have a taste of what it's like to have that freedom.

When Ethel speaks of her frustration, it is clear that she wants the women she supports to achieve enough safety to feel the "freedom" of living without violence. Like Ethel, Charley shared her frustration when a victim wanted to remain in contact with an abusive partner who had severely assaulted her:

He [the perpetrator] is in custody. So the lady really wants to speak to him. She wants to protect him - she feels that, and I think that again, is another challenge. From an outsider you kind of think, "What on earth! Leave him. Look what he's done to you. Leave him. He doesn't care about you. He really doesn't!"

Here, frustration is connected with Charley's understanding of the victim's situation, not only in terms of the harm she has experienced, but also in relation to the absence of care for the victim that Charley sees in the perpetrator's actions. Similarly, Jackie told me that it was especially challenging to provide support to victims who wanted to return to their abusive partner:

How we communicate in a way to bring an awareness of the abusive behaviour, and bring the awareness about personal safety, is always a challenge. People in those relationships always tend to go back to start the cycle again.

Like Jackie, many of the participants had experienced victims returning to their relationships with partners who were controlling and violent. It was a challenge for volunteers and support workers to provide the victim with DV education and a different perspective when they remained unsafe. The participants told me it was important to highlight the risk victims were at, or might be in the future, should they choose to return to their partners. This was often done with little hope that the victim would accept this information, however, it was thought to plant a seed. Some experienced participants understood that change was a process that could take a long time and required patience and non-judgment from those responding to victims.

### **Using empathy to manage judgments and frustrations.**

Participants shared the challenge of regulating their emotions, particularly frustrations and the reserve needed to keep their personal judgements about a victim or their situation in check. Volunteers and support workers were cognizant of their personal frustrations and acknowledged the importance of dealing with them so as to not allow them to impede the response to a victim. In order to manage personal judgements and frustrations, volunteers and support workers practiced empathy.

Rachel's account below speaks of her confusion and frustration after witnessing women returning to and maintaining relationships with men who victimise them. She compares her own beliefs to those that the victim appears to have. She then goes on to explain her thought process and unpacks the rationale for her thinking, exhibiting both self-awareness and empathy:

Why would you tolerate being attacked? What sort of mindset is that? You've got a partner who at times viciously hates you and is often trying to kill you and strangle you, and they go back. They're totally aware that they could be killed and they stay anyway...and that's weird to me because in any situation, if I thought that someone was a danger to me, I would stop associating with that person totally. You'd want to think that the majority of people in the world would, but maybe that's not the case. You know they are stuck so far in that cycle that they have become so used to the abuse. I think my upset with domestic violence is, why when the first incident occurred didn't they leave? Where was the education initially saying that violence was wrong? That wasn't there! And so they stayed, and they've put up with it for twenty years and now they expect it. They don't know anything else so they continue on.

Rachel appears aware that she has made a judgment based on her own beliefs. She becomes frustrated when people behave in ways unlike the way she would like to believe she would in a similar circumstance. She appears to recognise this personal assumption or judgement by adding that it may not be the case that other people would behave in the same way as she would. Later, she shows empathy and understanding by taking into consideration the lack of education a person might have received and the psychological complexity of DV that might prevent a woman from being able to make empowering decisions for herself. Although she does not reflect on the ways in which women might resist violence even while in a relationship where they are abused, she does acknowledge the difference between her beliefs and the situations of women she supports. The empathy she feels for women who return to relationships where their partners are controlling and violent is connected with her understanding of the cycle of violence in which they are “stuck”.

A similar reflection on differences between personal beliefs and those of victims', comes through in a conversation I had with Jenny about women who return to their partners, despite the effects that violence against them might be having on their children. Like Rachel, Jenny questions what she would do if she were in the victim's position, and like Rachel, believes she would respond differently. She too realised that the viewpoints of the victims she supports are often different from her own.

Jenny: Why she would go back to him?! Lonely I think. But the effect on her seventeen year old. For me that would be enough to have nothing to do with that guy. And so many people, so many victims that are oblivious to the effects on their kids just staggers me really.



Interviewer: How does that affect your response to them, if it does have an effect?

Jenny: I don't think it affects my response to them but I do over the course of conversations, advocate for the child in a very gentle way. What else can you do?!

Jenny later added she was aware of her personal judgments, and acknowledged the importance of self-awareness for her responses to victims:

I do find myself being judgmental. But I am aware I am being judgmental. I put it aside [laughs] and say, "You're being judgmental and you've got no grounds to be!" [Laughs] And we're not allowed to - we're not supposed to.

Jenny's account above illustrates how she engaged in self-talk to remind herself that she had no justification for making judgments about other women's responses to violence against them. When I heard Jenny talk, I found it interesting that she used the phrase "not allowed to". It seemed that Jenny and other participants understood that expressing or displaying judgement was proscribed when providing a DV response, though it is unclear whether the proscription is linked with policy or procedure at VS or a more informal, professional understanding that judgement is unhelpful. In Jackie's narrative, it is apparent that withholding personal judgement is a professional expectation of everyone working with victims of DV:

I think we should be really friendly and accepting and show empathy. I think we need to treat them as a normal person in society and what they have encountered is also everyone's life too, but we need to address it. I think a common attitude in this type of work (which we always remind each other of), is that we should not be judgmental. And I think that's very important. People working too long in this work - there is a danger of us becoming so used to it that we lose our empathy, and we could internally become quite judgmental. We know professionally we should not demonstrate that, but inside us we could already be making that judgment. And I think that's a challenge. Because when you naturally make that judgment, you are directed by your thoughts and feelings when you are working with people. And that shows too, with your tone and contact with them.

Here, Jackie recognises an innate ('natural') tendency to make personal judgments, which people who are providing DV responses are vulnerable to doing. Her narrative highlights the expectations of those who provide DV responses, adding they "should" show empathy, "should not be judgmental", and "should not demonstrate that" judgment. These 'rules' are informed by

the culture of DV service provision as well as that within VS. Jackie links judgmentalism to a lack of empathy, suggesting the two cannot be experienced together. She highlights the “challenge” it is for people responding to DV to regulate their judgement so the victim does not feel this judgment.

Regulating personal judgement, whilst still providing an effective response, was a challenging but a necessary balancing act in which self-awareness and empathy played a significant part. Participants needed to ensure they were not persuading a victim to take actions they personally believed were necessary. However, they still needed to be actively engaged with their clients in safety planning, and able to suggest options to the women and encourage positive action towards improving their safety, and the safety of any children in their home.

### **A balancing act: encouragement or persuasion.**

Across the group of participants, many shared stories where women experiencing DV did not recognise the extent of violence to which they were subjected. Participants told me they realised their attempts to provide education and a different perspective on the scope of DV and abuse were unlikely to have an influence on the women’s choices. Although they found victims’ responses in these situations frustrating, they persevered nonetheless, providing information with the hope that the woman might reflect on her relationship, realise the power, control and violence her partner exercised, and know there was support available for her to make changes for her safety when she wanted to. Many participants, like Gail, referred to this as “planting” or “sowing the seed”:

On a personal level, and I’d say most people that do this work will say, it’s frustrating. You see the changes that need to happen but the people involved don’t really do that. So you will see them coming back time after time after time. And I have learnt over the years that it’s now sowing the seed and getting them to know that just because they didn’t change that time, that the door is always open and they can come back.

Megan also told me of a case where she had ‘planted a seed’ by leaving VS literature and through asking questions like “Is this how you want to live your life?”, which she hoped would encourage the woman to reflect on her current situation. Ethel would ask similar questions, encouraging victims to think forward into the future and ask themselves if they had “ever imagined what life would be like if they didn’t have to live in fear?” These questions served to ‘seed’ the idea that women could make changes themselves which would help them achieve goals in their lives that were not achievable while they were living in fear of DV.

Whilst some participants shared more subtle, open-ended questions they used to seed ideas of change in more challenging times, it seemed they were likely to ask victims more confrontational questions. This was apparent in Gail's narrative below where she describes speaking to a woman who would not make any of the changes they had discussed together previously, yet kept returning to Gail for support:

So I have a client that comes back all the time. And one day (I think it was the end of the week and I was extremely tired) I did the hard word with her and said, "Look you're back here all the time and nothing has changed - you've made statements and you've retracted them (she'd done this before) and obviously you want something to change. But you're now making yourself look [pause] less than desirable to the police because you've made a statement and now you're saying you told a lie. So next time this happens and you want to make a statement, is anyone going to believe you?" I did the hard word with her and we had a good chat about where she saw herself in ten years - what she wanted to do with her life. And she said she'd like to do something like social work or something. So I said, "Great - we can have a talk about that".

Gail's more confrontational questioning occurred in the context of an on-going support relationship with the woman concerned and focused particularly on the effect that repeatedly withdrawing statements for the police may have on the intervention police provided for her. In raising this issue, Gail was able to move the conversation towards the woman's own goals for her life and how they could be met, encouraging her to see a future for herself that she wanted.

Bonnie appeared to take a similar approach to Gail, and told me how she had responded to a young woman who had been physically assaulted by her partner and refused to make a statement to the police:

She was battered and bruised and then the police said; "She won't make a statement. Bonnie can you turn it around?" So the police left the interview room because she wouldn't make a statement, and I sat in there with her and explained why she needed to make a statement. Because this person was young and this might be the first time [they had experienced DV], I said, "Look what he's done to you. What is going to happen the next time he gets angry? Are you going to be in hospital next time? Are you going to be lying on a floor covered in blood fighting for your life?"

Bonnie claimed to be explaining why the young woman she was supporting “needed” to provide a statement to the police, and when I heard Bonnie’s account, it seemed to contradict what she had told me earlier in the interview:

When providing a response to DV, one should not tell a victim what they should be doing, but provide suggestions that the victim is ready to make so that they can make good decisions. Not making decisions for the victim is important because they have had someone making decisions for them all their lives.

Like Bonnie, many participants told me providing DV responses required listening to the victim’s needs and not making decisions on her behalf as this was thought to be disempowering, judgmental, and outside the scope of their role. Rather, it was suggested that volunteers and support workers provided information to the victim, and encouraged them to make informed decisions. I thought about the way that Bonnie asked questions of the victim as she was explaining the necessity for a police statement, and I found myself reflecting on the fine line between encouraging and persuading victims. In contexts where volunteers and support workers are experiencing challenging responses from victims, together with limited time to provide support and external pressures on the support that is provided, there are conditions that might lead to victims being persuaded into making decisions, which seem desirable from those supporting them, rather than decisions they are ready to make for themselves. From the participants’ accounts, it appeared that those who provided support did so with good intentions and with the hope that women would no longer be subjected to violence. Their narratives suggested their desire to see women achieve safety and other goals they had for their own lives would often lead to frustration when victims were reluctant to receive support and chose to stay in or return to relationships where their partners were controlling and violent. Managing their personal frustrations and judgments was challenging and required intensive self-awareness and a focus on putting the victim’s needs and wants at the forefront of their response. However, for participants, dealing with frustrations and challenges did not end with services provided directly to victims. Even when a victim’s needs were identified and the victim was engaged and willing to seek support, practically providing this support was difficult due to organisational and wider DV response service factors.

### **Challenges providing responses when domestic violence is personal and emotional**

This chapter has explored how participants understand that DV responses are rooted in the personal and emotive. The section commenced by discussing how decisions to provide DV

responses and continuing to provide them involved personal motives and levels of satisfaction. It also explored the very intimate details the women experiencing violence shared with the responders, the close relationships developed with the women and the attitudes and behaviours required to establish and maintain on-going supportive and engaged relationships. Participants provided accounts of having to manage their own reactions towards victims' responses and exhibit empathy, which could sometimes be challenging. Whilst this chapter has discussed the more personal and emotional challenges VS volunteers, support workers and supervisors faced when responding to DV, as well as attempts to overcome these, the following chapter will discuss the environmental challenges related to providing DV responses in more detail.

## **Chapter Five: Environmental challenges to domestic violence responses**

This chapter addresses themes concerned with the challenges of the wider sector environment in which VS provides services, and presents these challenges in four themes. The first theme explores the reliance on volunteers and high caseloads and includes four sub-themes covering the related obstacles which include: the challenge of recruiting and retaining volunteers; difficulty allocating DV cases to volunteers; the unrealistic expectations placed on volunteers and staff attempts to manage these expectations; and the different levels of understanding of VS and DV referral processes that exist between volunteers and staff. The second theme focuses on high DV caseloads for support workers and discusses current and prospective ways of managing them. The third theme describes the challenges of working with other agencies. In this theme, three sub-themes are organised in relation to the following challenges: accessing and utilising agency services when providing DV advocacy; responding to DV when the incident or victim does not meet the agencies' criteria; agencies unable to meet high DV level service demands; and the importance of building strong relationships with stakeholders to tackle some of these issues. The fourth and final theme describes the wider DV service response environment and focuses on the recently introduced police-led CRS and how they impact DV responses provided by VS. Five sub-themes comprise this theme and describe recent changes to DV responses since the introduction of the police-led CRS. These changes include: the type of police referrals VS receive; the increased workload for VS staff and volunteers; a lost sense of community amongst DV service providers; a lack of clarity around information sharing; and lack of clarity around the police-led CRS and DV response system in general.

### **Theme One: Victim Supports reliance on volunteers is problematic**

According to VS, "Volunteers are at the heart of [their] service" (Victim Support, 2018) and volunteers in the community are required for their service to be provided. Despite volunteers being valued members of the service, the participants told me that reliance on volunteers could present challenges when providing DV responses. The problem with a reliance on volunteers was particularly relevant when trying to recruit and retain volunteers.

#### **Challenge of recruitment and retention.**

In Aotearoa NZ, volunteering contributes significantly to social development, the economy and environment (Volunteer New Zealand, 2017). Volunteering is, however, being strained. People are volunteering fewer hours which limits the ability of organisations to meet the demand for their services (Volunteer New Zealand, 2017). In this study, the participants told me VS had very few volunteers and shared their on-going challenge to recruit and retain

volunteers. A support worker told me VS had to compete with other volunteer organisations, and with people's personal commitments;

There are so many agencies out there who rely on volunteers, so many! An example - the Victim Support advert was in the local paper and it was a small patch advertising VS, and there were five other adverts. There are a whole lot of other agencies that are looking for volunteers...People don't have capacity to give their time for free anymore because people need the money to be able to support their families...We are asking people to volunteer, but you know, where do they fit their family life in? And their kids and whatever other things they might [do], you know! So it's a lot to ask.

This support worker highlights layers of challenges which make it difficult to recruit volunteers. She understands many organisations rely on volunteers and people may choose to volunteer for these organisations based on their personal preferences. She also understands volunteering for VS is a commitment, requiring time which not all individuals can give freely. By stating "it's a lot to ask" when she refers to recruiting people to volunteer, she implies a volunteering role can be difficult and demanding. Her view that people have little time to volunteer aligns with the top reasons why people do not volunteer, which include a lack of time, or other family, work, or study commitments (Stats NZ, 2017).

From the participants' accounts, volunteers are not only difficult to recruit, but also to retain. A support worker told me the region she works in had "a problem with retaining volunteers". A supervisor commented "Volunteers come and go" and went on to tell me a few reasons why volunteers might choose to leave the role:

Some leave after gaining enough experience for their career. Some leave because they experience things that they didn't sign up for. For example, being told to; "fuck off" by a client. Women especially don't like providing responses in particular suburbs at night.

The supervisor's account above illustrates how, when individuals volunteer, they do so with personal aims and expectations for the role. For example, she believes that once a volunteer achieved the work experience they hoped to gain from their time in the role, they might leave VS to pursue their chosen career. This point also highlights the valuable knowledge and skills that can potentially be gained through volunteering at the organisation.

Although volunteers might leave when their expectations for work experience were met, they might also leave when they encountered situations they didn't expect from the role, or as this supervisor puts it, experiences "they didn't sign up for" and feeling unsafe in their role.

While some participants told me how volunteers might choose to leave the organisation, others like the support worker below shared that it was common to lose a volunteer because they were offered employment as a support worker within the organisation:

So I think you know we get these wonderful people that come along and then we take them over to staff so we've lost a volunteer in the process. That happens a fair bit. I mean it's happened to me, it's happened to [two different colleagues]... most of the staff come through that process.

Like this support worker, many of the women told me of the trend for volunteers to transition from volunteer positions to support worker roles, and although the organisation would gain a staff member already skilled in providing DV responses, they would lose a volunteer. Her account also highlights how the responses offered by volunteers are recognised within the organisation. Although volunteers were valued by participants, due to the nature of the position, allocating DV responses to volunteers could be challenging.

#### **Difficulty allocating domestic violence cases to volunteers.**

Across the interviews, participants told me how volunteers play an integral part in providing DV responses to victims, especially after normal working hours and on weekends when support workers and supervisors are not on duty. Although volunteer DV responses were reported to alleviate pressure from support workers and service co-ordinators, for many DV incidents, particularly high risk DV cases that required follow-up support, volunteers were often unavailable. Their personal and work commitments meant they could not provide the expected level of support. Many VS volunteers worked full-time and were only available during the times they requested to be 'on call', usually outside of their normal working hours. Because of this, volunteers often provided an initial response when they were on call and then referred the case back to the VS office for follow-up support the next day. The service co-ordinator would receive this case from the volunteer and then reassign the case to a support worker who would then contact the victim. The participants told me this process was problematic for several reasons. First, obtaining timely DV case notes from volunteers was challenging, given their availability, and this made it difficult for the support worker reassigning the case to know what victim response had been given, if any at all. Secondly, support workers already carried very high case-loads and having cases reassigned to them added to their workload and made it difficult to provide timely initial and follow-up responses. Thirdly, by reassigning cases, victims were contacted by a different VS person, which participants believed prevented continuity of support and rapport building with a victim, considered by the participants as vital to provide an effective



DV response (as detailed in Chapter Four). Assigning DV cases to volunteers was therefore difficult when volunteers had little availability in comparison to support workers. The theme of comparing support worker and volunteer roles continues into the next sub-theme, and highlights how comparisons between the two roles often include unrealistic expectations of volunteer roles.

### **Unrealistic expectations & staff attempts to manage them.**

Throughout the interviews, there was a recurrent storyline about how volunteers were often expected to provide DV responses equivalent to those of paid staff. These expectations were said to be unrealistic because in comparison to support workers, volunteers had less availability. One supervisor told me “You cannot expect volunteers to offer a professional level of service. Their availability to volunteer is built around their own schedules which are priority”. Here, she highlights how volunteers, despite having the ability to provide a professional DV service response, have their own commitments which need to take precedence over their work at VS. In addition, the participants also told me it was unrealistic for the organisation and staff members to expect all volunteers to have the experience and skill-set equivalent to that of paid staff. There appeared to be a commonly held belief within the organisation that volunteer roles were designed to provide the same level of DV response support workers did. However, participants, particularly supervisors, told me that in practice this was unrealistic and it was a challenge to allocate DV cases when no support workers were available and a victim required a more experienced DV response. One particular supervisor explained the difficulty she had referring cases to volunteers:

In my role, being able to allocate [cases] to [volunteers] can be difficult because, looking at the description of the incident and what might be required, [volunteers] may not have the pool of experience [like] support workers who deal with some of those situations.

Here, the supervisor describes how higher risk and complex DV cases require skilled responses and, within VS, support workers are more likely than volunteers to have received training and have the expertise to be in a position to provide these responses. This made it difficult for supervisors to allocate DV cases and, across the group of supervisors, many told me how they managed these difficulties. One supervisor said she would only allocate lower-risk DV cases to volunteers where immediate follow-up was not required: “I’ll send [a case] to a volunteer if I know that it doesn’t need to be done immediately”. Another supervisor told me that only paid staff in her office would handle DV cases:

A lot of the cases that we do in the office are the family harm ones. And that is because of the requirements of responding back...The referrals that do come in - some of the volunteers just don't have that time to be able to respond within the timeframe. So it's easier to give a lot of those cases to the support worker or I have to do them.

This supervisor understands that it is unreasonable to expect volunteers to respond to DV cases within the same time the organisation and police expect from paid staff. Compared to paid staff, volunteers are only rostered on for a few hours a week, and these times are usually structured around other commitments like their own paid employment. The participants' narratives align with the findings from a recent study conducted at Victim Support England and Wales (Mawby, 2016) where cases were prioritised according to the available resources.

The following sub-theme moves on to describe how volunteers and staff had different levels of understanding of VS resources and how this influenced DV responses within the organisation.

#### **Different perspectives of volunteers and paid staff.**

The theme of reliance on volunteers providing DV responses and the challenges involved was interestingly told only by paid staff. In comparison to paid staff, volunteers had different understandings of their roles within VS and how this impacted the allocation of DV cases and DV responses provided. The following volunteer's account illustrates the different perspective of volunteers and staff, surrounding the process of providing initial responses and then referring cases back to the office for follow-up:

With me working full time, I am usually always on [the roster] on a weekend night. So because we have such a good team, if I am on the weekend and we have someone that usually needs following up on the Monday, like helping out with the Protection Orders and so on, I usually pass that [back to the office]. It is probably one of the few that I do pass back to the team because of the seriousness of some of the assaults that you see. And you want things to happen more quickly for people. And I can't go to a [government victim agency] to help them get a Protection Order during the day because I am working. But our team will pick that up and it seems to work really well.

This particular volunteer, like many at VS, works a full-time job and volunteers for VS outside of her working hours on the weekend. She tells me here that, although she is available to provide a first response to a victim, if the incident occurs during her volunteer shift, she is unable to provide continued support if this is required at times outside of these rostered times,

particularly during weekdays when advocacy at agencies is required. She also understands that higher risk DV cases require quick response times to ensure a victim is kept safe, for example by applying for a Protection Order. This volunteer suggests that in cases where a victim's safety does not appear to be at risk, she would continue to support the victim, whereas she would refer higher risk cases back to the VS office for staff to continue support. This volunteer recognises the importance of providing continued support as she states it is one of the few cases she hands back to the support workers for follow-up and only refers clients to the VS office when she believes a victim is at risk and requires more immediate support and advocacy, which she is unable to provide. Unlike many of the paid staff interviewed, however, she did not raise concerns about the wider organisational reliance on volunteers and the impact this had on VS staff and DV responses in general. From her perspective, reallocating high risk cases to VS staff following her initial contact with a victim "seems to work really well".

Another volunteer provided her understanding of the role of volunteers in the organisation and how DV cases were allocated. She told me that supervisors only referred "the rats and mice...the stuff [paid staff] didn't have time to do" to volunteers. She later explained that when she spoke of "rats and mice" she was referring to lower risk cases that were better described as domestic disputes rather than DV. She also told me she understood support workers did not have time to provide a response to all the incidents referred to them and had to prioritize responding to the higher risk cases. Although not said explicitly, her account suggests that she understood paid staff as being better equipped with the information needed to respond to higher risk cases. She went on to tell me that more information would increase her confidence in providing DV responses:

I still feel that I just don't know enough or have enough information to feel [confident]... You're always feeling your way. I would love to be able to be armed with more information.

In addition to different perspectives of paid staff and volunteers, on how DV cases are assigned within the organisation, volunteers also had different perspectives of VS's DV responses in the context of wider DV service provision. For example, the following excerpt involves a conversation with a long standing volunteer about her understanding of VS's role in the police-led CRS initiatives:

R: So you said that Victim Support is the lead domestic violence agency in [the region]. What does that mean?

I: Well we were but now it's the police isn't it?

- R: I don't know, sorry.
- I: No, I believe it is. I believe it is... except when it's out of hours.
- R: Are you saying that when it's after [your working] hours the police will refer to Victim Support or other agencies?
- I: Yeah. And I am not sure how it works over the weekends. I know [my colleagues], they talk about how they'll have literally hundreds of referrals coming in from over the weekend. So to me, it means they're not always getting actioned straight away. It's gone into a holding sort of thing. I am not involved in that whole [police-led CRS] process. I don't know how that's working and they've obviously done it because what we were doing was not working. It would be good to have a clearer understanding of that actually.

With some uncertainty, this volunteer tells me that VS is only the lead DV agency after hours when other agencies aren't available. She then tells me, because she is a volunteer, she is not involved in the newly introduced police-led CRS and is unaware if it is more effective than the community-led response system (community-led RS). Volunteers in general appeared to be less likely than paid staff to have knowledge of the police-led CRS and how DV responses were coordinated and provided through the system. This was expected because, unlike paid staff, volunteers would have less interaction with police. Volunteers received referrals from supervisors or the contact service and following their support would provide case notes and feedback directly to the supervisor or support worker in the VS office who would then relay this information to police if necessary.

It was not surprising that, in comparison to paid staff, volunteers were less aware of organisational processes and challenges. A particular support worker told me "how few volunteers came into the VS office" she worked in, and how she felt volunteers and support workers worked in isolation from one another. She and other participants' accounts suggest that in comparison to paid staff, volunteers have different experiences of and perspectives on responding to DV. Theme two below describes support workers experiences of providing DV responses, particularly the challenge of carrying high caseloads.

### **Theme Two: Managing high caseloads**

Theme one discussed the challenges experienced when there was a reliance on volunteers to provide DV responses, and described how the majority of DV cases were allocated to support workers in an attempt to solve some of the related challenges. While some issues were resolved

through this allocation strategy, it added to the difficulty of managing the already high caseloads support workers were carrying. Managing high caseloads will be the focus of this theme.

Participants told me, at any given time, a support worker could have between 40 and 80 open cases and the majority of these cases were DV related. Supervisors spoke of support workers being “stretched” and were concerned for their staff because of their high workloads. A supervisor told me how “normal” it had become for support workers to carry more than forty cases, which she believed should not be acceptable as a caseload. One particular participant in a supervisory role told me the high workloads made her worried about the wellbeing of staff:

Right now some support workers are carrying forty victims and more. The highest number right now for one particular frontline support worker - she's carrying more than sixty-five. So these are really heavy caseloads. I don't want to see that happen because it's not good for us. We do need to take care of ourselves. But at the same time, particularly at this time of year [in December there are more DV referrals]. I think it's Victim Support's values...when it comes to other agencies, when they reach their so-called 'capacity' in their contracts [this is the number of referrals they need to get or should get]...if they reach that capacity they don't need to take more referrals. But with Victim Support we don't have that in our contract which means we don't have a ceiling and we can't really say “No”. So we just deal with whatever we can do.

This supervisor understands that high cases loads are not good for the welfare of staff and staff needed to ensure their well-being was looked after. However, she explains that keeping caseloads low is difficult when the organisation cannot refuse referrals. Keeping caseloads at a manageable level was particularly challenging at busy periods when the number of DV incidents increased and other organisations would not accept any more referrals. As discussed in the literature review in Chapter Two, VS responds to DV 24/7 365 days a year and is not limited in the number of DV responses they can provide. Having no ‘ceiling’ to the number of referrals they can take leads to high caseloads for support workers.

Like the participant above, support workers and other supervisors across the interviews told me of high caseloads. One support worker spoke of currently having over eighty ‘open’ cases in her allocation;

I have 80 cases and I [don't work full-time]. I think that's way too high. But I don't want to give anybody away to anyone else because we all work differently. I've built up a rapport with those people. So I prioritize. So I come in, look at my overdue cases, thinking which the most important ones are. I do those as well as my caseload for the

day. If I get behind I say to my supervisor; “Tough - I am not Superwoman!” I do what I can, the best I can. Yes, I do calls out of hours because I have to. But I don’t make an issue of it. I think I control my time quite well.

Despite a caseload which this support worker agrees is excessive, she is reluctant to refer the victims she is working with to another support worker as she is concerned that the trust established with the victim could be undermined with a new support worker being introduced. First, changing to a new support person might require the victim to tell her story again to this person. Secondly, the victim may not necessarily connect or engage with the new support person, both of which might result in the victim no longer wanting to engage with VS services. Rather than refer her victims to another volunteer or support worker, this support worker told me she had to exercise stringent time management and prioritisation. When unable to provide responses in the expected or planned time frame, she reminds her manager of more realistic and achievable responses. Whilst she says she tells her manager that “She isn’t Superwoman”, this reminder also serves as a means of coping with the stress and anxiety of having not responded to some cases in the way she had hoped and planned. Despite the support worker’s attempts to manage her workload, she works beyond her expected and paid hours to provide responses.

Another support worker told me how the lack of volunteers and support workers in other areas could increase her workload. In the excerpt below, she describes how she chooses to manage ‘out of area’ cases, that is those cases that have occurred in other areas, and are referred to her if the VS contact centre have been unable to allocate the case to any volunteers or support workers within the area:

Sometimes I get [out of area] calls. I don’t mind. I just tell the contact centre that I don’t mind making an initial call, but that I am going to hand it back to the [relevant] office. But I guess I also feel that if you’ve made initial contact with that person you should really carry it through. But then I look at my workload and I am like, “No, that’s not good”.

Although this support worker considers continuity of support necessary for an effective DV response, she recognises the need to manage her caseload and thus would provide an initial response and then immediately refer the case back to the office, where the original referral was intended, for follow-up support despite feeling the tension that this does not give the victim the best support service.

Like support workers, supervisors told me of their challenge in keeping caseloads at a reasonable level. One particular supervisor talked to me about reducing the number of cases a support worker carried, by sometimes providing responses to victims herself:

So when I first came on board in the supervisor role, my role wasn't to do front line work, but over due course I've had to take on front line work because we don't have the resources for me not to. It was also supporting the support worker and not overloading her.

This particular supervisor went on to tell me it was difficult to provide both support to victims and fulfill her duties as a supervisor:

With carrying a case load and doing my own role it has been really tricky. I suppose for me service delivery and making sure that we're meeting the needs of the clients [is important], so I sometimes let that work take precedence over my work...There are things that might be left for a couple of days until I get to it, but it gets done [eventually].

Similarly another supervisor talked to me about providing support to victims. Although it was not part of her role, it was necessary when support workers were unavailable;

We're not really supposed to carry a caseload, but that's very difficult if you haven't got your support worker here and someone walks in and needs help. You still have to deal with it.

The situation where supervisors were providing support work arose commonly throughout the interviews. Participants' accounts illustrate the important role supervisors have in managing and supporting support workers. Supervisors made attempts to alleviate pressure from their staff and meet victims' needs by providing support work themselves. However, one supervisor used a different method of managing high caseloads. Unlike most supervisors interviewed, she told me she did not provide DV responses herself, but rather encouraged support workers to discontinue on-going support with victims wherever possible:

I try and keep the office at all times between eighty to one hundred and twenty cases and if it starts getting up, I actually say, "Hey can you actually get stuff closed?" because I know that we're just at capacity [and] we can't deal with doing more cases.

From this supervisor's perspective, determining when it was appropriate to close cases was ambiguous, especially in the context of high caseloads amongst support workers. She told

me in an attempt to manage their own caseloads, she would noticed a trend for support workers to close cases if a victim declined initial support:

I think our staff are just so eager to close down cases that are one or two weeks old because we have to start working on everything that comes in the next day. You know we're getting a constant influx of work, and long-term support is not practical unless someone's engaging really positively. And then you're happy to work with them. But for people who brush you off or [say] "I'm fine, don't worry about it", they're closed off because we've got more people come in the next day to work with.

Throughout the interviews this storyline about managing high caseloads was recurrent. Participants understood there was a need to balance meeting the demand for services whilst ensuring burnout was prevented. This narrative aligns with research that suggests that the emotional well-being of those providing DV responses are often at risk due to challenging and high pressure working environments, as well as being repeatedly exposed to victim stories that detail the trauma and effects of DV (Babin, Palazzolo & Riveria, 2012).

Whilst the participants shared personal actions they take to manage high DV caseloads, they also told me of changes within the organisation that might assist in managing the high caseloads support workers carried. One supervisor, who believed the solution was to have more volunteers to pick up other types of cases, felt this was necessary to retain volunteers. She understood volunteers would be less inclined to leave the organisation if they were only referred cases where there was a high likelihood of victim engagement:

Most of our volunteers would have been better suited to the [region] where they mostly respond to deaths. It's easier because you're dealing with bereaved people. And as weird as that sounds, it's easier in that you've got people who are clearly upset and they will talk to you. They are easier to work with as opposed to people saying, "Fuck off".

This supervisor describes how some DV victims do not want to engage with services and may rudely decline the support offered by volunteers. Reactions like this may result from victims feeling their personal lives are being invaded, or if they have a preconceived idea that service providers intend to persuade them to take legal action against their partner. They may also assume they will be encouraged to leave their partner, or be more generally afraid that agency involvement will lead to repercussions should their partner find out that they were speaking about the abuse to someone. Regardless of the reasons for victims avoiding engagement, the



supervisor told me when volunteers are treated in this manner, they are likely to be offended, may become despondent about volunteering and choose to leave the organisation. She suggests a solution is only to refer cases to volunteers where victims are more likely to want to engage with them. Supporting victims of a bereaved family member for example, means providing services to those who are unlikely to respond negatively because they do not hold fears for their own safety. Like this supervisor, another told me that, while volunteers played an important role within the organisation, the organisation needed to reconsider its current reliance on volunteers to provide DV responses:

We rely on volunteers a lot to provide some of the work and they are valuable. But I also think the organisation needs to think about the changing society and the other organisations also asking for volunteers.

Another supervisor, like many other participants, told me that the obvious solution to the lack of volunteers would be to employ more paid staff, particularly support workers:

In the long run it would have been great to be able to put [the money from the recent restructure] into the front line and have some more [support] workers...And I am not saying that that's a need around the whole country, but definitely in certain parts of the country, there needs to be more. And I know I can just say that [name of region] is a prime example. How many support workers are there in that area, and they're still trying to meet the need?!

This participant understands that the organisation needs to consider how people are no longer volunteering in the same way they had in the past. This participant suggests that VS needs to consider this and adjust their model accordingly by employing more paid staff, at least in regions of high demand for DV responses, given financial constraints. Another supervisor also suggested employing more paid staff as a way to reduce the current support workers' high DV caseloads:

In terms of change in the service, I think there needs to be whole organisational changes. I think we need more staffing, we need more funding, we need way more training and we need more professional staff. We actually need qualified staff.

Like this supervisor, many of the women told me that financial constraints prevented resources being allocated in the organisation. Throughout the interviews, there was a consistent

theme that these challenges were not only experienced by VS but by other DV service providers too, who were restricted by economic and legal requirements. This is consistent with recent findings that indicate that funding allocated to the social service sector in Aotearoa NZ covers less than two-thirds of the actual cost of delivering these services (Jenkins, 2019). The participants understood underfunding had an impact on the way agencies operated, and told me that, as a result, it was sometimes difficult to work with other agencies to provide DV responses.

### **Theme Three: Working with other agencies is challenging**

VS provides both emotional and practical support for victims. Whilst the emotional support volunteers and support workers provide to victims has been described in Chapter Four, this theme details the practical support offered by VS volunteers and support workers and how they interface with other agencies providing services.

Across the interviews, the participants shared their accounts of providing practical support when responding to DV. Practical support includes offering information about other governmental and non-government support services, referring victims to these services and advocating on their behalf. The participants often assisted victims in accessing emergency accommodation, obtaining food parcels, applying for Protection Orders or Parenting Orders, assisting with relocations, and helping with enrollment into budgeting and parenting courses. The women told me they would often accompany victims to appointments with lawyers or non-governmental agencies when applying for legal assistance or housing. As these services were not provided by VS when responding to DV, women had to work with other government and non-government agencies to meet the needs of a victim. This theme describes the challenges related to working with other agencies and highlights the importance of stakeholder engagement to overcome some of these. The first challenge participants faced when providing a DV response, was experienced early on when making contact with service providers.

#### **Difficulty accessing other services.**

Across the group, participants told me that it could be difficult to gain access to services, particularly from government agencies. Without a specific contact person at larger agencies, where the person handling the case changed with each contact, it was difficult to ascertain who the appropriate contact person was, making it difficult for the women to obtain further information required to support a victim. A supervisor I interviewed describes the difficulty she experienced when contacting government agency representatives and emphasises the importance of having a key contact person:

With government agencies, you need to find the right person to talk to. But finding the right person is actually quite a process. You do need to find a way to find the key person.

Like this supervisor, another support worker interviewed said it was difficult and time consuming to contact government agency representatives; “I think a lot of time is spent finding who the social worker is and trying to find who the [police] officer in charge is.” The women told me, even when an agency representative was identified and initial contact could be made, on-going communication was challenging. The support worker above said; “[When] they don’t answer emails, their phones, [and] don’t return calls, that can be frustrating”. Similarly, a supervisor also told me about the challenge in making initial contact and on-going communication with agency representatives from government agencies like those involved with child welfare and family services. She went on to say that even if first contact with the case worker is successful, they may not have the required information about the case:

I think if you talk about [child welfare and family services], that can be quite tricky...I have to say most of VS haven’t had a very good experience with them because you need to try very hard to find a social worker, and the social worker might not have very good knowledge about the case, and it might be very difficult to keep engaging with them.

Like her, a support worker’s account below describes similar difficulties in contacting and working with child welfare and family services. Here, the support worker explains how she made multiple attempts over several months before being able to contact a social worker:

I’ve actually called a social worker several times and e-mailed them [three months ago]. I’ve heard nothing back. Then I was told, “Ah he’s left”. A new social worker [was allocated to the case]. I tried calling her and she wasn’t there, so I emailed again. Three months later and the issues are still going around. I have been working with this family in isolation for nearly three to four months and I don’t know what’s going on.

This support worker went on to tell me, in her experience, contacting social workers was a common challenge;

[Child welfare and family services] are actually notoriously terrible for answering phones and returning calls - ridiculous. It’s a worldwide problem with social workers. I find that incredibly frustrating.

Like this participant, many of the women interviewed told me of their challenges in contacting these specific services. This aligns with research that suggests perceptions of social

work, as a profession, are largely negative (Hobbs & Evans, 2017). Whilst participants shared their frustrations working with other agencies, they too understood that these agencies had their own policies and criteria, which influenced their responsiveness.

Participants explained that, for a woman they were supporting to be eligible to receive governmental and non-governmental agencies' services, and for the agency to accept a referral from VS, she or the DV incident itself, needed to meet the respective agency's criteria. A supervisor told me "Sometimes it gets complicated because each agency has their own referral processes and criteria". Like her, other participants told me dealing with these criteria was frustrating as it often prevented victims from being able to access the necessary supports following a DV incident. A support worker's account below describes the challenges she faced when trying to help a DV victim relocate to another property:

With domestic violence victims, if they go to [the government agency] for help for relocating or getting another house they're told; "Well come back to us when you find something to rent and tell us how much it is going to cost." There's all these things that hamper people and there is no flexibility. It's just rules and regulations.

Here, the support worker understands the agency is required to follow specific processes. However, from her perspective, the process in this agency prevents women from accessing safe housing in a timely manner. She believes there should be more accommodation for a victim's needs under certain circumstances like this.

Another support worker told me it was difficult to arrange food parcels from non-governmental agencies with certain criteria;

Some victims are struggling but when we ask another agency like [name of non-governmental agency] for another food parcel they say; "We've already given them two food parcels so they need to come and do a budgeting course".

Like most participants, she understands the reasoning behind the agency's policy. She realises that food parcels are not a long term solution for victims and supports the idea of victims attending budgeting courses. However, she explains that it is difficult to accept agencies' criteria when this prevents a victim she is trying to support from accessing basic needs.

Although most participants understood the rationale for agencies' policies, they told me some organisations' policies caused confusion. The excerpt below is from a supervisor, who

describes her colleague's recent experience where the incident involving the victim she was supporting did not meet the agency's criteria and the agency refused to accept the referral:

I remember my colleague had a particular [DV] case (it was only one of many similar situations) that police referred the incident to a mental health agency because the victim had a mental health history, and thus she should have a mental health worker. But when the referral was referred to that particular mental health agency they declined that referral because they said the incident is not mental health related.

This supervisor questions the rationale for this particular agency declining a referral of a victim on the basis of the kind of incident in which she was involved. It is the participant's understanding that, because the victim is a client of the agency, she should be entitled to their service, regardless of the details of the incident. When listening to this account, I came to understand how occurrences like this, where referral criteria and agency policies did not make sense to participants, could cause confusion and frustration for those trying to support DV victims who had to rely on working with other agencies to do so.

When it came to agency criteria, many participants referred to the stringent criteria at women's refuge. They shared experiences where the women they were supporting did not meet women's refuge criteria and were not able to access safe accommodation there. This was particularly challenging with the lack of emergency accommodation available for women. One support worker told me she had supported many women with addictions and this was particularly problematic when trying to find them safe accommodation as women's refuge "didn't want to know them" because current or historical substance abuse meant a woman would not meet their criteria. A volunteer told me of her experience where a woman she had helped arrange refuge for was asked to leave the women's refuge because she failed to adhere to the refuge's regulations:

I had one young lass who was in shelter and she wasn't good at 'obeying the rules' and they discharged her. They had her dropped off where the abuser was living. And it took me a while to get to the bottom of what was going on.

Both the support worker and volunteer told me they understood women's refuge needed to have criteria and rules and regulations in place to consider the safety of other residents, however, this did not leave the women they were supporting in a good place and it was a challenge to find them alternative accommodation. Accessing immediate safe housing is integral in assisting women who want to leave their abusive partner, and studies suggest that improvements in safe housing needs to be made for women (Australia's National Research Organisation for Women's Safety, 2019; Chrichton-Hill, 2013).

Another challenge highlighted by participants related to agencies' criteria around sharing information. Across the interviews, the women told me an agency could refuse to provide information about a victim or their case. Not being able to access information caused frustration amongst volunteers and staff, and participants suggested this impeded the response VS could provide. One particular support worker told me of her experience working with child, family and welfare services whom she understood would often resist sharing information with other service providers:

I had a case I was working with [where] a 12 year old phoned the police and said, "My dad's beating me up". And I think, "Have the police referred this to [child welfare and family services]? Well I hope so - I don't know?! I haven't got that information." So I will be phoning [the agency] and they're like, "No, can't give you that information".

She then went on to share another incident where the same agency refused to provide information:

So I'd tried contacting [the agency] in December just to say, "Hi, we're involved. What are your concerns? I am working with this family, I am visiting the home. If you have concerns could you please share those with me so that I am aware of them?" They won't. I have had three or four incidences [like this]. I then have to tell the victim, "Sorry but you have to go to the court and ask for this information to be released". And I just think, can't they just share with me as a professional?! Things like, "We've had several years' engagement with this family and there are some quite grave concerns around neglect". It could be something as simple as that. At least when I am going around to the house and I notice a younger brother is scratching his head a lot [with lice], I have some context and knowing that information is going to help me better support that family and protect that child. So I find that really frustrating.

The support worker's accounts above highlight how reluctance to share information with her lead to her frustrations. While she recognises agencies are bound by certain policies around information sharing, she understands appropriate information sharing is necessary to support DV victims. She also implies that, if an agency were to provide a general level of useful information, they would most likely not be in breach of their policies. This suggests some confusion about information sharing in general, which was highlighted in the present study.

Whilst participants shared their frustrations around working with other agencies' policies and criteria, overall, there appeared to be considerable understanding of the rationale for the policies and criteria, which moderated some of the participants' frustrations. When listening to

the narratives about working with other agencies, participants appeared to have a greater understanding and acceptance of agencies' inability to provide support if this was related to difficulties meeting service demands. This was likely since VS has few criteria for victims to gain initial access to their services, but do share with other agencies, the pressure to meet the demand for DV services and provide services that require financial resources. Although there appeared to be an understanding of the service demands, having agencies unable to meet them was nonetheless challenging for participants when they were trying to access support from these agencies for DV victims. The theme of service demands within VS and in other agencies is explored further below.

### **Agencies unable to meet service demands.**

Across the interviews, many participants commented on the general lack of funding and resources available for DV victims and told me DV service providers were under pressure to meet the demand for their services. A support worker told me "A lot of the times [non-government and government agencies'] hands are tied. And it's frustrating. But it's the same with everything - there is never enough money". Another support worker said many DV perpetrators were often only given a "slap on the wrist" because the court systems were "full" and there was "no room in prisons". She also told me about the long waiting lists for services and, although there were government subsidized services that provided free counselling, for example, victims could wait up to two months before being able to see a counsellor. Another support worker told me the agencies who assisted victims with finding safe housing and providing food parcels were not open after normal working hours and this created challenges in providing a woman the necessary support at the time she most needed it. In the account below, she explains the particular difficulty accessing services over the weekend:

Working on the weekends is harder. That is probably my biggest criticism of the whole support agencies, is that it all shuts down on the weekends when you are desperately trying to find answers or get food for someone. Marae [services], they are all the same - they all shut down on the weekend. I had one young woman who was starving and there was nothing for her.

Throughout the interviews, there was a recurrent storyline about how challenging it is to find a woman safe accommodation following a DV incident when women wanted to leave their violent partner. Participants told me women's refuges were often at capacity and finding alternative short term housing solutions were limited. There were also few agencies available that could provide longer term housing. Megan told me that finding somewhere safe to stay for a

woman who had experienced DV was her “biggest challenge” in providing a DV response, adding that women’s refuges were “always full”. Ethel told me there were many new service providers in the region, which offered to assist victims in finding safe housing, but they would often refer victims to the same governmental victim service which provided this housing. In Megan’s experience, a victim could wait up to three hours for an appointment at this particular agency. In another interview, this agency was also described as having many rules and regulations which implied victims could wait a long time for an appointment and, when at their appointment, they could be told they were not eligible to receive housing. When a woman could not be housed in emergency accommodation with a women's refuge, VS support workers or supervisors could apply for VS funding to accommodate the victim in a motel for one night. Participants told me applying for this funding was a last resort and was also challenging because VS too had their own funding criteria and limited funding, which meant it was difficult to obtain. In the application for funding, the person applying needed to illustrate they had explored all alternative options for housing before applying for this grant. For example this could include unsuccessful attempts at finding housing at a women’s refuge both within and outside the local area the VS office covered, or illustrating how the woman staying at a family or friends’ home was not an available or suitable option. In the excerpt below, a support worker describes her experience of making these applications:

We struggle at times to get approval to get someone in a motel or safe house. This is a thing that I struggle with. So when it’s not safe for the victim to go home, we’ve got nowhere for them to go if refuge is all full. And then you’ve got to put them in a motel. [The response from those approving funding] is “We can only fund one night.” Well holy shit! This women’s going to be killed if she doesn’t get out of that home!

Here, the support worker explains that applying for VS funding to cover the cost of a motel for a woman she is supporting is a very last resort when all other options for helping a victim find safe housing have been unsuccessful. Her anger at the response from those issuing the funding suggests her frustration with the DV system as a whole and how funding limits the support offered to victims of DV, specifically when their safety is at stake. Her account illustrates that VS can provide some practical support but the organisation relies on the services from other government and non-government agencies. Participants told me working with these agencies was necessary to provide support to victims and was required under the police-led CRS. They too shared that stakeholder engagement was thus an important component of providing effective DV responses.



### **Stakeholder engagement and providing domestic violence responses.**

To provide effective DV responses, participants told me it was important to build and maintain effective working relationships with other government and non-government agencies. A supervisor interviewed said “We cannot practice individually without working with other agencies”. Like her, other participants recognised the importance of the relationships with other agencies in providing support to DV victims. Support workers and supervisors sought to overcome the challenges of contacting and engaging with agencies, as detailed in the earlier sub-theme, through stakeholder engagement activities that would encourage increased participation. The staff told me they tried to identify the key individuals in government and non-governmental agencies to whom they could refer victims, or source information from, and establish relationships with them. One support worker told me she “always [tries] to network with others where possible” and another shared “Making regular contact with people and keeping those ties makes it a lot easier when you want to refer someone to another service”. Effective working relationships with agencies were strengthened when agencies were informed about the services VS offered and VS created a good impression of their organisation when they did work with these agencies.

From the participants’ accounts, paid staff appeared to have greater agency interaction than volunteers. One volunteer told me that she felt women’s refuges were “relatively closed” to her and suspected “it may be different for the paid workers”. Another volunteer said she was only able to comment on her experience working with one particular government agency that provided financial assistance, and did not know how the working relationship between VS and other agencies involved in the community-led RS worked because that was on a “different level” which she “wasn’t involved in”. When it came to stakeholder engagement, staff in management and supervisory roles were most involved and provided more in depth accounts of the relationships with other non-governmental and governmental agencies. When listening to the participants, I again noticed a common trend that volunteers, support workers and those in supervisory roles had different understandings of DV responses and the wider DV response system, including the police-led CRS, which is described further in the theme below.

### **Theme Four: Systems have their place but...**

As discussed in theme three, and in more detail in Chapter One, VS works alongside other governmental and non-governmental organisations that comprise the police-led CRS. This is essentially a system that entails specific processes of providing DV responses that all agencies involved in the police-led CRS are required to follow. This theme begins by describing the

police-led CRS in more detail, before discussing the challenges participants shared in working within this system.

VS works closely alongside the NZ Police and are part of the police-led CRS to DV. As detailed in Chapter One, the police-led CRS are systems where “agencies and individuals who are either directly or indirectly involved at all levels operate as one system” (Herbert & Mackenzie, 2014, p.4). In this approach, a DV incident can be referred to more than one agency to ensure a wrap-around response for the family or whānau. Before this approach was implemented, a community-led RS was in operation, but it was led by community collaborations. Although the previous approach still involved police, the responses were largely driven by community agencies who would attend meetings to discuss the cases they were supporting. Since the onset of the new police-led system, major changes included: the development of a specialised workforce employed by the NZ Police; the disestablishment of community meetings; and the establishment of police-led meetings, where only certain agency representatives are invited to attend. At the time of this study, the police-led response had recently been implemented as a pilot in two regions. The majority of participants told me about this new approach, described the related changes from their perspective and talked about challenges to their DV response work since the police-led response system was implemented. The account below, by a VS supervisor, describes how she understands the police-led responses, highlighting some of the changes that have occurred:

The [police] really wanted to change the dynamics of DV support and create a safer society. When they started the pilot, they actually had their own advocates. They hired their own social workers as advocates to provide support to what we say are ‘higher risk’ families. The advocates have a role to support the family [and] have an MOU [Memorandum of Understanding] with other organisations. They are all social workers and they also have been given specialised training. They understand risk assessments and risk levels from the police’s point of view.

This supervisor understands the police-led CRS to have made considerable investments in an attempt to meet their objectives of keeping families safe. She refers to the employment of skilled advocates who have the expertise in responding to high risk victims of DV incidents and believes their response is informed by the police’s approach to responding to DV. Like this supervisor, other participants told me of changes since the introduction of the police-led CRS, and appeared to view them as having some positive outcomes for agencies and victims. A support worker told me the system meant a thorough inquiry was made into each DV incident reported to police. Consideration was then made of the response that was required and which service provider was most suitable for the case. She added that the response system also

encouraged a more collaborative approach to providing DV responses. A supervisor told me the new system had brought a greater awareness to sexual violence that occurs in intimate relationships and there was more focus on non-consensual sex within domestic relationships since the pilot. From another support worker's perspective, police had "come a long way from how they used to approach DV before" and she told me the police seemed to have a better understanding of DV and were taking a more preventative approach than when they were in the community-led RS.

Although working in the new police-led CRS was positive for many participants, some of the women interviewed told me about the challenges related to the change and described how these changes could affect the DV responses they provided. These issues are discussed in the following sub-themes and include: receiving lower risk referrals; having an increased workload; feeling they have lost a sense of community; and a lack of clarity around information sharing; and a lack of clarity around the police-led CRS and DV response system.

### **Victim Support receiving lower risk referrals.**

Participants told me that, since the introduction of the police-led CRS, there had been changes to the types of DV cases being referred from police. A VS supervisor said VS received an increased number of lower risk referrals than they used to with the community-led RS because the police-led CRS team had specialised social workers to respond to high risk cases. Like her, a support worker suggested police found VS services useful for lower risk cases where no offender was arrested and told me "VS helps police a lot by taking up little alcohol fueled arguments and similar cases". Another support worker understood this change in referral type to mean that police regarded VS services as inappropriate for higher risk cases:

I kind of feel like [the police] don't take VS seriously. You know, we're quite able to deal with the high-risk stuff. That's what we're trained for but we tend to get [the low-risk cases].

From this support worker's perspective, VS volunteers and support workers have the training and expertise required to respond to high risk DV cases appropriately, and she understands that police have a different view. She explains how the level of service VS volunteers and support workers could provide is under-estimated, which results in their services not being used well.

Despite receiving more lower-risk referrals, there were no fewer DV referrals from police. If anything, the participants told me since the inception of the police-led CRS, their workload had increased.

### **Increased workload.**

Across the group, participants told me their workload had increased largely due to the new requirements for case reporting. In the excerpt below, a support worker explains how the new information technology system had affected the way VS case notes were recorded and reported:

They have brought in a new CMS (Central Management System) or...I can't remember what it's called...So we're now having to case note the referrals we're getting from them into their portal, like the volunteers do for us [on VS internal database]. So that's just added to our workload.

Here, the support worker describes two case reporting systems: the VS internal system where volunteers and support workers record their case notes related to the support work they have provided to victims of DV and where supervisors and other internal staff have access to their records; and the police-led CRS which is administered by NZ Police. Before the police-led CRS pilot, VS case management occurred only on their internal database, and appropriate feedback and updates were provided to police either verbally at the community-led RS meetings or directly with the police working on the case, or alternatively by e-mail. With the onset of the police-led CRS, the Central Management System was introduced to allow police to record DV response plans, refer cases to agencies, and monitor these tasks. Thus VS and other agencies were required to update this database with the details of their DV responses. A supervisor told me this reporting system was time consuming and had little advantage for VS and how the staff responded to DV:

It's created more work for us in terms of writing reports. Our reports [for the police database] are totally ineffective and they're taking time away that we could be spending with a victim. You know the reports are just saying we've worked with this person, or we haven't worked with this person and it's for police's benefit. It's not serving us or our doing our service any use - it doesn't help us.

As mentioned by other participants, this supervisor highlights how paid staff have high workloads and, due to the nature of DV, need to respond to victims in a timely manner. From her perspective, writing reports to comply with the new police-led CRS is not advantageous for VS staff as: it is time consuming; does not provide any detailed information on how VS responds to a victim of DV; and is a one way flow of communication from VS to police. As previously mentioned, with the community-led RS meetings, police and other agencies would collaborate on DV cases and information was shared among all the collaborators. With the introduction of the

new police-led CRS, these meetings were no longer held, and it was a general theme across the interviews that participants had subsequently experienced less networking and collaboration with other community agencies.

### **A lost community approach.**

Participants told me despite the community-led RS meetings being held at police stations, they were led by the community agencies. The meetings were an opportunity for non-governmental and governmental agencies to discuss certain cases and provided a platform to share information about DV cases. This also provided a space for agency representatives to network with other agencies who could provide support services which could be beneficial for a victim. A supervisor told me the community-led RS worked well because the agency representatives, particularly those from non-governmental agencies, could provide a “snippet of history about family members or family members” from their previous interactions with the victim. With the new police-led CRS, this interaction was no longer possible and from her perspective VS had “lost that networking with other organisations and that community approach”. She went on to explain how, in an attempt to continue networking with the non-government agencies, VS and some non-governmental agencies met informally and independently from the police-led CRS meetings. These meeting, however, did not reproduce the networking that was available through the community-led RS meetings. A support worker shared a similar account and told me the community-led RS approach had more of a “community approach” and “more community involvement” than the new police-led CSR. In the following excerpt, she explains how, from her perspective, community-led RS meetings provided more opportunity for discussion and information sharing than the current system and suggested the old approach was more beneficial for the victim:

The quality and the time that you were involved with the family or the person was a little bit longer. You were able to have more discussions with other agencies when you sat at the [community-led RS] meetings, so that when someone talked about the family and you’d had engagement, you’d be able to talk about the interactions you had.

Like this support worker, another told me she had less interaction with other community agencies since the onset of the new approach;

I find since the new [police-led CRS] there has just been a disconnect with the other NGOs... And we haven't been able to stay in touch with them. So when something comes up where you do need to [contact them] it's like, "Ah goodness, what was their number again?!" The [community-led RS] was very much for the community, [and] for the NGOs. You knew who to go to if you wanted help, or if they wanted help [they knew where to go]. [There was always] somebody else you could go to [for help]. That's really changed.

This support worker describes the community-led RS as "for" the community and agencies. She understands this system supported agencies and individuals who provided DV responses as it enabled key contacts to be made and provided easier access to the different services available to support a victim of DV. Her account suggests that, since the police-led CRS, there has been little personal interaction with other agencies. As a result, there is a sense of isolation and a lack of clarity about who to contact at agencies when needing to assist a victim in accessing these services. A lack of understanding of non-governmental agency services, since the new approach, also came through in a supervisor's account when she told me; "Ever since we lost the [community-led RS] I'm totally unaware of what those services are doing or whether they exist or not."

From the participants' accounts, the disestablishment of the regular community agency meetings appeared to be the major reason for the decreased interaction with agency representatives. When participants did try and engage with other agencies within the new approach, they were often told the agency could not release information about the victim due to their internal policies. This was challenging for the participants when an inter-agency response was encouraged by the police-led CRS. When it came to information sharing in the new police-led system, there appeared to be a lack of clarity around what information agencies were able to share with one another.

### **Lack of clarity around information sharing.**

Although it was a common challenge for participants to access information about a victim from other government and non-government agencies, across the interviews participants told me of their concern in how information was shared amongst the various agencies. One support worker said she was surprised at the way details about a victim or a victim's case was freely shared amongst agencies, without verifying the identity of a VS volunteers or support workers, or without a victim's consent. She went on to tell me of a recent DV case where she had contacted the local hospital in the hope of speaking to a woman who required medical treatment

following an assault by her partner. In this case, the hospital staff member informed the support worker that the woman had been discharged, sharing the details of when she had left the hospital and provided the support worker with an alternate contact number for the woman. The same support worker told me of another time when she had called a police officer whom she had never met before, to inquire about a victim's case she was working on. This officer provided the support worker the details about the victim's case over the phone without validating if the support worker worked for VS. This support worker explained that, although it was helpful to have access to information about a victim's case, she felt this posed a serious risk to victims especially when they would not know if they had been exposed, which made it difficult for women to make choices to keep themselves safe. Like this support worker, a supervisor told me she felt uncomfortable with the lack of clarity around information sharing between agencies;

It's weird that you can ring up an organisation that operates in confidentiality and literally request their confidential information... It's a bit weird in that sense. And it doesn't seem very professional.

Here the support worker highlights agencies' internal policies around confidentiality, understands the important role these have in ensuring victims' information is kept secure, and the rationale behind why organisations would decline offering this information to outside agencies. Those providing and receiving DV services from the New Zealand integrated response system have recognised that information sharing is vital in providing effective integrated responses, but emphasise that it needs to be executed appropriately and safely (Ministry of Justice, 2019c). Whilst many of the participants understood that the safety of a victim was paramount to providing a DV response, and this included keeping victim's personal details secure, many told me it was difficult to provide DV responses to victims when agencies could not provide information. The supervisor above went on to describe the situation where government and non-government agencies share information as "both a blessing and a curse". It must be noted that at the time of the interviews the new police-led CRS had only recently been implemented and changes to processes may have occurred subsequently. During this study, The Family Violence Act 2018 was passed and came into force in July 2019. With the promulgation of the Act, new laws around DV agencies sharing information were created in an attempt to clarify this for DV agencies involved in providing DV responses (Ministry of Justice, 2019c). The sub-theme to follow, discusses the participant's shared challenges related to the introduction of the police-led CRS.

### **Lack of clarity around the process.**

When hearing the participants' accounts of the introduction of the police-led CRS, it appeared there were some issues related to the transition from the community-led RS and understanding the new processes. Together the narratives across the participants identified a lack of clarity around the new system's processes. A support worker told me when the police first introduced the pilot at a meeting with various agencies present, she struggled to understand what the new process was and how it would work;

It wasn't introduced very well. It was very unclear how it was going to work and we were stumbling around for a bit on what was happening. I remember the first meeting I went to about it and there wasn't actually a lot of us there. I had no idea what she [police officer] was talking about. I was like, "What the heck is she talking about?! What's going to be happening now?"

This support worker went on to tell me that following a discussion at a VS training session where the new pilot was explained, she had a clearer understanding of what the police-led CRS entailed. She later commented that she would support the change from the community-led RS to the police-led CRS if police could demonstrate that the new system was working better than the old one. Like this support worker, another participant wanted more clarity around the outcomes of the police-led CSR system;

It was part of the [police-led CRS] to weed those [service providers] that weren't working out and actually get people to actually work harder. Are they [service providers] doing a better job? I don't know.

Here, the participant understands that the rationale for the change to the police-led CRS is to improve DV responses agencies provide. However, she is unaware whether the change was achieving this intended outcome. Her account highlights that, whilst there are specific objectives for the police-led CRS, the success of the system is reliant on those agencies and individuals providing the DV responses. Those providing DV responses, like the participants in this study, are integral to DV service provision.



## **Roadblocks in providing domestic violence responses**

This chapter has discussed the environmental constraints related to providing DV responses. The analysis included exploring what problems arose for participants when working within the structure of a volunteer-based organisation. It also entailed examining the challenges participants' experienced when working with other DV service providers and within the police-led CRS. The chapter has revealed that over and beyond the personal challenges that are encountered when providing DV responses, 'roadblocks' exist that obstruct ideal DV responses. Unlike personal challenges, these external barriers were notably more difficult for participants to overcome. The final chapter to follow explores the emotional and practical strategies used to solve some of these challenges of working within this environment.

## Chapter Six: Conclusion

The idea for this study arose from my knowledge of the important work the organisation VS does in providing a national DV victim response service for women who are the victims of gender-based violence. Upon further investigation into frontline DV responses, I discovered there was a lack of research into understanding the experiences of those providing responses despite international recognition that DV and violence against women are serious social and public health problems (Devries et al., 2013; World Health Organisation, 2013). I found it surprising that there was little literature on frontline DV response when victim response services like VS are crucial in attending to the physical and emotional impacts of crime and trauma (Johnston-Way & O'Sullivan, 2016). During the interviews, the women provided real life examples of the violence that had been inflicted on the victims they were supporting and their responses which focus on a women's safety and well-being. Research has also shown how the relationship between victims and responders is central to DV responses (Robertson et al., 2013). This was notable in the relationships that were developed between the women interviewed and the women they responded to, and was difficult to fathom how little research had focused on this. This study involved interviewing VS volunteers and staff providing frontline DV responses in a region with high rates of DV and where an inter-agency response is required as part of the police-led CRS. This research facilitated valuable insight into frontline DV responses and factors that promote and inhibit effective responses both within the organisation and the wider DV response sector. The women interviewed shared experiences and challenges involved in providing front line specialist DV responses which aligned with previous studies that have highlighted challenges, including managing high caseloads (Gavey, 2014; Neville, 2013; Robertson et al., 2013; Wallace et al., 2019), receiving inadequate remuneration (Hindle & Morgan, 2005; Neville, 2013), and experiencing emotional distress (Hindle & Morgan, 2005). Conducting in-depth individual interviews from a feminist standpoint facilitated open dialogue between the participants and myself and provided knowledge of their personal understandings and experiences of responding to DV. Interviewing women from different roles, including volunteers, support workers, service co-ordinators and managers, provided understandings of DV responses from different perspectives across the organisation. This allowed for insight into the frontline responses as well as the wider organisational and DV response sector where some roles had more involvement than others. Interviews allowed me to draw from my own personal experience in the organisation and when listening to the women's narratives, I was able to empathise with their frustrations, understand the pressures they were facing, and on occasion, laugh together with them as they shared with me. Although this study included fewer volunteers

who had never been employed by VS than I would have liked to see participate, the volunteer experience was not missed since I had recruited staff who had previously been volunteers.

Interviews with the participants, who were all women, highlighted the gendered nature of DV. Although participants acknowledged that men too could be victims, all accounts of responding to DV incidents involved supporting women who had been the victims of DV. Throughout the interviews, the participants' used the terms commonly used by the Ministry of Justice and the NZ Police and mandated by the organisation. Their language reflected androcentric discourse that tends to dominate the field of DV. For example, participants used the term 'victim' to describe the woman they were supporting, and used 'family harm' to describe the incidents they responded to.

Stories from the interviews spoke of the personal and emotional nature of providing frontline DV responses. This was reflected in the women's reasons for joining the organisation and their continued responses, despite the obstacles they faced. Many of the women shared reasons for joining VS, like having free time to volunteer and using this time to contribute something to their community. These findings align with theories which explain how volunteerism is influenced by intrinsic qualities like motivation as well as resource factors, like having free time (Einolf & Chambre, 2011). Furthermore, the gratification the women experienced from providing responses supports research completed in the public and not-for-profit sector, which has illustrated how motivation to help others is linked with satisfaction derived from work (Borzaga & Tortia, 2006). The stories the women told me also highlighted the very personal and intimate information victims shared with the women supporting them, and through the participants' accounts, it was clear that personal understandings of victims' experiences and DV in general, were shaped by their own experiences. The participants shared their own personal experiences of DV, including previous experiences where they or their family members were involved in DV incidents. Similar to findings in the literature that has explored responses to DV, a number of challenges in providing DV frontline responses were illustrated in this study. These ranged from personal challenges like managing frustrations and maintaining non-judgment, to environmental challenges like managing high caseloads and working in the wider DV response environment where poor communication, low resources and difficulty working with other agencies could pose as obstacles to providing effective DV responses. Environmental challenges not previously identified in the literature were limited to those which were locally specific, such as the change in community organisation networking that participants experienced after the introduction of the police-led CRS.

The findings of this study illustrated how women providing DV frontline responses use personal skills and strategies in an attempt to overcome the challenges of responding to DV victims and the wider challenges of working in this sector. Despite a challenging environment,

women valued patience, empathy and non-judgement to victims they were supporting, and applied them as skills and strategies when working with other DV service providers, and to themselves. These personal and emotional responses were believed to facilitate effective DV responses and revealed the resourcefulness of the women providing these crucial supports.

Of course with a study like this, where specific voices are heard in a local context, the ability to generalise results to a population of DV responders is limited. This study was, however, designed to provide rich data by exploring DV frontline responses within a specific context and from the perspectives of those individuals providing them, and has therefore achieved what it was intended to do. One area which I would have explored further, if I was not limited in scope, would have been to continue interviewing until I was confident that all themes had been saturated and further data collection was unnecessary. The study does, however, still yield valuable findings that will inform VS, other frontline DV response service providers and the DV response sector in Aotearoa NZ of the challenges involved in providing frontline DV responses in this environment and possible solutions to encourage effective DV responses are provided to the women who are often victimised. The study provides understandings that could inform organisational decisions around recruitment and retention of volunteers and staff, organisational structure, resources and processes involved in providing DV responses, as well as how to provide continued support for the well-being of volunteers and staff providing DV responses. Other DV service providers who are involved in providing DV responses might benefit from the findings of the study, as it has highlighted process issues which may be shared by other service providers, for example, the lack of clarity around information sharing between service providers. The study could also provide insights for the police-led response CRS and the wider DV response sector as it speaks to some of the challenges frontline DV service providers face when providing responses in the system and the sector.

The challenges of providing DV frontline responses, experienced personally and in the wider sector, highlights the need for more focus on removing those obstacles to effective DV responses being provided by service providers, particularly those at the frontline of DV service provision. This is integral for the safety of both the women who are victims of DV and those providing a response to them.

## References

- Aber, M., Maton, K., & Seidman, E. (2010). *Empowering settings and voices for social change*. Retrieved from <https://www.oxfordscholarship.com/view/10.1093/acprof:oso/9780195380576.001.0001/acprof-9780195380576>.
- Anderson, E. (2017). "Feminist epistemology and philosophy of science", The Stanford Encyclopedia of Philosophy (Spring 2017 Edition). Retrieved from <https://seop.illc.uva.nl/entries/feminism-epistemology/>
- Babin, E. A., Palazzolo, K. E., & Rivera, K. D. (2012). Communication skills, social support, and burnout among advocates in a domestic violence agency. *Journal of Applied Communication Research*, 40(2), 147-166. Retrieved from <https://doi:10.1080/00909882.2012.670257>
- Bailey, A., LaFrance, M., & Dovidio, J. (2018). Is man the measure of all things? A social cognitive account of androcentrism. *Personality and Social Psychology Review*, 23 (4), 307-331. Retrieved from <https://doi.org/10.1177/1088868318782848>
- Borzaga, C., & Tortia, E. (2006). Worker motivations, job satisfaction, and loyalty in public and nonprofit social services. *Nonprofit and Voluntary Sector Quarterly*, 35(2), 225-248. Retrieved from <https://doi:10.1177/0899764006287207>
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. Retrieved from <https://doi:10.1191/1478088706qp063oa>
- Breckenridge, J., Rees, S., Valentine, K., & Murray, S. (2015). *Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women: Final report* (ANROWS Horizons, 04/2016). Sydney: ANROWS. Retrieved from <https://www.anrows.org.au/publication/meta-evaluation-of-existing-interagency->

[partnerships-collaboration-coordination-and-or-integrated-interventions-and-service-responses-to-violence-against-women-final-report/](#)

Buzawa, E. S., & Buzawa, C. G. (2018). *Global responses to domestic violence*. Cham: Springer International Publishing.

Chetwin, A. (2013). *A review of the effectiveness of interventions for adult victims and children exposed to family violence*. Wellington, New Zealand: Author. Retrieved from <https://www.msd.govt.nz/documents/about-msdand-our-work/work-programmes/initiatives/action-family-violence/a-review-of-the-effectiveness-of-interventions-foradult-victims-and-children-exposed-to-family-violence-25-09-2013-tf-meeting.pdf>

Choudhuri, R. (2016, May 13). Feminism and standpoint epistemology. [Video file]. Retrieved from [https://www.youtube.com/watch?v=k8ybbAHc\\_Jc](https://www.youtube.com/watch?v=k8ybbAHc_Jc)

Chrisler, J., & Hugh, M. (2018). *APA handbook of the psychology of women*. Washington, DC: American Psychological Association.

Coombes, L., Morgan, M., Blake, D. & McGray, S. (2009). *Enhancing safety: survivors' experiences of Viviana's advocacy at the Waitakere family violence court*. Palmerston North, New Zealand: Massey University. Retrieved from <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/evaluation-WFVC-protocols.pdf>

Curtis, C. (2016). Feminism in psychology: Aotearoa/New Zealand and beyond. *Women's Studies Journal*, 30(2), 6-22. Retrieved from <http://www.wsanz.org.nz/journal/docs/WSANZ302Curtis6-22.pdf>

Denne, S., Coombes, L., & Morgan, M. (2013). *Evaluating the effectiveness of programmes and services provided by Te Manawa services: a community intervention into family violence*. Retrieved from [http://www.temanawa.org.nz/cms\\_files/general/te%20manawa%20services%20final%20report%2030.05.pdf](http://www.temanawa.org.nz/cms_files/general/te%20manawa%20services%20final%20report%2030.05.pdf)

- Devries, K., Mak, J., García-Moreno, C., Petzold, M., Child, J., Falder, S... Watts, C. (2013). *The global prevalence of intimate partner violence against women*, 340 (6140), 1. Retrieved from <https://science-sciencemag-org.ezproxy.massey.ac.nz/content/340/6140/1527>
- Domestic Violence Act, No. 86. (1995). Retrieved from <http://www.legislation.govt.nz/act/public/1995/0086/latest/DLM371926.html>
- Eagly, A., & Riger, S. (2014). Feminism and psychology: critiques of methods and epistemology. *American Psychologist*, 69, 685–702. Retrieved from <http://dx.doi.org/10.1037/a0037372>
- Ehrhardt, P., Little, G., Marsters, M., Nauer, G., Pentecost, M., Stockdale-Frost, A. & Wivell, J. (2013). *The Effectiveness of Services Delivered by DOVE Hawkes Bay Inc.: Summary Report*. Retrieved from <http://www.eit.ac.nz/wp-content/uploads/2013/05/DOVE-Summary-Report-May-2013.pdf>
- Einolf, C., & Chambré, S. M. (2011). Who volunteers? Constructing a hybrid theory. *International Journal of Nonprofit and Voluntary Sector Marketing*, 16(4), 298-310. <https://doi.org/10.1002/nvsm.429>
- Elizabeth, V. (2015). Where there is a will there is a way. But is there the will in New Zealand to tackle family violence? That is the question. *New Zealand Sociology*, 30(1), 207-214. Retrieved from <http://search.ebscohost.com.ezproxy.massey.ac.nz/login.aspx?direct=true&db=edsih&AN=edsih.359471411928925&site=eds-live&scope=site>
- European Institute for Gender Equality. (2019). *Data Collection on Violence Against Women*. Retrieved from <http://eige.europa.eu/gender-based-violence/data-collection>
- Family Violence Act, No. 46. (2018). Retrieved from <http://www.legislation.govt.nz/act/public/2018/0046/latest/DLM7159322.html>

- Fanslow, J., & Robinson, E. (2004). Violence against women in New Zealand: Prevalence and health consequences. *The New Zealand Medical Journal* 117(1206). Retrieved from [https://www-jstororg.ezproxy.massey.ac.nz/stable/41988627?seq=1#metadata\\_info\\_tab\\_contents](https://www-jstororg.ezproxy.massey.ac.nz/stable/41988627?seq=1#metadata_info_tab_contents)
- Finlay, L. & Gough, B. (2003). *Reflexivity: A practical guide for researchers in health and social sciences*. Malden, MA: Blackwell Science.
- Garcia-Moreno C., Jansen H., Ellsberg M., Heise L., & Watts C. (2005). *World Health Organisation Multi-Country Study on Women's Health and Domestic Violence against Women: Initial Results on Prevalence, Health Outcomes and Women's Responses*. Geneva: World Health Organisation. Retrieved from [https://www.who.int/gender/violence/who\\_multicountry\\_study/summary\\_report/summary\\_report\\_English2.pdf](https://www.who.int/gender/violence/who_multicountry_study/summary_report/summary_report_English2.pdf)
- García-Moreno, C., Hegarty, K., d'Oliveira, A., Koziol-McLain, J., Colombini, M., & Feder, G. (2015). The health-systems response to violence against women. *The Lancet*, 385(9977), 1567-1579. [https://doi-org.ezproxy.massey.ac.nz/10.1016/S0140-6736\(14\)61837-7](https://doi-org.ezproxy.massey.ac.nz/10.1016/S0140-6736(14)61837-7)
- Garcia-Moreno, C., Jansen, H., Ellsberg, M., Heise, L. & Watts, C. (2006). Prevalence of intimate partner violence: findings from the World Health Organisation multi-country study on women's health and domestic violence. *Lancet* 2006, 368(1260–69). Retrieved from [https://www.who.int/gender/violence/who\\_multicountry\\_study/media\\_corner/Prevalence\\_intimatepartner\\_WHOStudy.pdf](https://www.who.int/gender/violence/who_multicountry_study/media_corner/Prevalence_intimatepartner_WHOStudy.pdf)
- Gavey, N. (2005). *Violence against women: Beyond gender neutrality*. Paper presented at the Special Topic Session, Violence against women: Beyond gender neutrality and silence. The Women's Convention, Wellington, New Zealand. Retrieved from <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/Violenceagainstwomen-neutrality05.doc>



- Gill, A. K. & Harrison, K. (2016). Police responses to intimate partner sexual violence in South Asian communities. *Policing*, 10(4), 446-455. Retrieved from <https://hull-repository.worktribe.com/preview/955161/2018-07-28%2013752%20Harrison.pdf>
- Gitlin, A. (1994). *Power and method: Political activism and educational research*. New York: Routledge. Retrieved from [http://theweiser.com/wordpress/wp-content/uploads/2016/09/Fine\\_Dis-tances-2004.pdf#page=15](http://theweiser.com/wordpress/wp-content/uploads/2016/09/Fine_Dis-tances-2004.pdf#page=15)
- Gulliver, P. & Fanslow, J. (2012). *Measurement of family violence at a population level: What might be needed to develop reliable and valid family violence indicators?* (Issue Paper No.2) Auckland, New Zealand: New Zealand Family Violence Clearinghouse, The University of Auckland. Retrieved from <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/Measurement-of-family-violence-at-a-population-level-June-2012.pdf>
- Gulliver, P. & Fanslow, J. (2015). The Johnson typologies of intimate partner violence: an investigation of their representation in a general population of New Zealand women. *Journal of Child Custody* (12)25-46. <http://doi10.1080/15379418.2015.1037051>
- Gupta, R. (2014, June 20). Victim' vs 'survivor': feminism and language. [Web log message]. Retrieved from <https://www.opendemocracy.net/en/5050/victim-vs-survivor-feminism-and-language/>
- Hamby, S. (2014). Intimate partner and sexual violence research. *Trauma, Violence, & Abuse*, 15(3), 149-158. <https://doi:10.1177/1524838014520723>
- Hamby, S., Finkelhor, D., & Turner, H. (2014). Intervention following family violence: best practices & help seeking obstacles in a nationally representative sample of families with children. *PsycEXTRA Dataset*, 5 (3), 325–336. <https://doi:10.1037/e529382014-216>
- Harding, S. (2004). *The Feminist Standpoint Theory Reader: Intellectual and Political Controversies*. New York: Routledge.

- Harrison, K., & Gill, A. (2017). Policing the culture of silence: strategies to increase the reporting of sexual abuse in British South Asian communities. *Policing and Society*, 29(3), 302-317. <https://doi.org/10.1080/10439463.2017.1405958>
- Harvey, A., Garcia-Moren, C. & Butchart, A. (2007). *Primary prevention of intimate-partner violence and sexual violence* [Background paper for World Health Organisation expert meeting May 2–3, 2007]. Retrieved from [https://www.who.int/violence\\_injury\\_prevention/publications/violence/IPV-SV.pdf](https://www.who.int/violence_injury_prevention/publications/violence/IPV-SV.pdf)
- Hayes, B. (2013). Women's resistance strategies in abusive relationships. *SAGE Open*, 3(3). <https://doi:10.1177/2158244013501154>
- Healey, Justin. (2014). *Domestic and family violence*. Thirroul, NSW: The Spinney Press
- Health Quality & Safety Commission (2016). *The Family Violence Death Review Committee's Fifth Report: January 2014 to December 2015*. Wellington, New Zealand: Author. Retrieved from <https://www.hqsc.govt.nz/assets/FVDRC/Publications/FVDRC-5th-report-Feb-2016-2.pdf>
- Heise, L., Ellsberg, M. & Gottmoeller, M. (2002). A global overview of gender-based violence. *International Journal of Gynecology & Obstetrics*, 78, S5-S14. [http://doi:10.1016/S0020-7292\(02\)00038-3](http://doi:10.1016/S0020-7292(02)00038-3)
- Herbert, R. & Mackenzie, D. (2014). *The way forward - an integrated system for intimate partner violence and child abuse and neglect in New Zealand*. Wellington, The Impact Collective. Retrieved from <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/The-Way-Forward-2014.pdf>
- Hill, Y. (2016). Changing landscapes: responding to domestic violence in New Zealand. *Aotearoa New Zealand Social Work*, 22(4), 12. <http://doi:10.11157/anzswj-vol22iss4id31>

- Hindle, S., & Morgan, M. (2006). On being a refuge worker: psycho-social impacts of advocacy. *Women's Studies Journal*, 20(1), 32-47.
- Hobbs, E. K., & Evans, N. (2017). Social work perceptions and identity: how social workers perceive public and professional attitudes towards their vocation and discipline. *Aotearoa New Zealand Social Work*, 29(4), 19.  
<http://doi:10.11157/anzswj-vol29iss4id378>
- Hydén, M. (2014). The teller-focused interview: Interviewing as a relational practice. *Qualitative Social Work*, 13(6), 795–812.  
<https://doi.org/10.1177/1473325013506247>
- It's Not OK, I. (n.d.). *The law*. Retrieved from <http://areyouok.org.nz/family-violence/thelaw/>
- Jenkins, M. (2019). *Social Service System: The Funding Gap and How to Bridge it*. Wellington, New Zealand: Author. Retrieved from [https://sspa.org.nz/images/Social\\_Service\\_System\\_-\\_The\\_Funding\\_Gap\\_and\\_How\\_to\\_Bridge\\_It\\_-\\_FULL\\_REPORT\\_FINAL.pdf](https://sspa.org.nz/images/Social_Service_System_-_The_Funding_Gap_and_How_to_Bridge_It_-_FULL_REPORT_FINAL.pdf)
- Jewkes, R. (2002). Intimate partner violence: causes and prevention. *The Lancet*, 359(9315), 1423-1429. [http://doi:10.1016/s0140-6736\(02\)08357-5](http://doi:10.1016/s0140-6736(02)08357-5)
- Johnston-Way, S., & O'Sullivan, S. (2016). Recognizing the role of victim supports in building and maintaining healthy and safe communities. *Journal of Community Safety and Well-Being*, 1(2), 12. <http://doi:10.35502/jcswb.10>
- Kelly, L. (1988). *Surviving sexual violence*. Cambridge, Polity Press.
- Kingi, V. (2011). *Exploring the needs of families of homicide victims*. Wellington: New Zealand: Crime and Justice Research Centre, Victoria University. Retrieved from <http://www.victimsupport.org.nz/wp-content/uploads/2014/12/Exploring-the-needs-of-families-of-homicide-victims-Oct20111.pdf>
- Koziol-McLain, J. & Gear, C. (2013). *Hospital Responsiveness to Family Violence: 96 Month Follow-Up Evaluation*. Auckland, New Zealand: Interdisciplinary Trauma

Research Centre, Auckland University of Technology. Retrieved from  
[http://moh.govt.nz/notebook/nbbooks.nsf/0/fc3a987c37c5204dcc257b5000827181/\\$file/vip-evaluation.pdf](http://moh.govt.nz/notebook/nbbooks.nsf/0/fc3a987c37c5204dcc257b5000827181/$file/vip-evaluation.pdf)

Mahood, Q., Eerd, D., & Irvin, E. (2013). Searching for grey literature for systematic reviews: challenges and benefits. *Research Synthesis Methods*, 5(3), 221-234.  
<https://doi:10.1002/jrsm.1106>

Marecek, J., & Magnusson, E. (2018). Qualitative inquiry in feminist psychology. In C. B. Travis, J. W. White, A. Rutherford, W. S. Williams, S. L. Cook, & K. F. Wyche (Eds.), *American Psychological Association handbooks in psychology series. American Psychological Association handbook of the psychology of women: History, theory, and battlegrounds* (pp. 109-126). Washington, DC, US: American Psychological Association. <http://dx.doi.org/10.1037/0000059-06>

Mawby, R. (2016). Victim Support in England and Wales: the end of an era? *International Review of Victimology*, 22(3), 203–221.  
<https://doi.org/10.1177/0269758016649065>

Ministry of Health. (n.d.). *Family Services Directory: A directory of service providers that can help you and your family*. Retrieved from  
<https://www.familyservices.govt.nz/directory/>

Ministry of Justice. (2014). *2013 New Zealand Crime and Safety Survey*. Wellington, New Zealand: Author. Retrieved from  
<http://www.justice.govt.nz/assets/Documents/Publications/NZCASS-201602-Main-Findings-Report-Updated.pdf>

Ministry of Justice. (2016). *Victims, Rights & the Justice System*. Retrieved from  
<https://chiefvictimsadvisor.justice.govt.nz/rights-and-system/heart-of-the-system/>

Ministry of Justice. (2016). *Victims at the heart of the criminal justice system. An effective justice system relies on victims*. Wellington, New Zealand: Author. Retrieved from <https://www.justice.govt.nz/assets/Documents/Publications/safer-sooner-report.pdf>

- Ministry of Justice. (2017). *Family Violence Risk Assessment and Management Framework: A Common Approach to Screening, Assessing and Managing Risk*. Wellington, New Zealand: Author. Retrieved from <https://www.justice.govt.nz/assets/Documents/Publications/family-violence-ramf.pdf>
- Ministry of Justice. (2018). *New Zealand Crime and Safety Survey*. Wellington, New Zealand: Author. Retrieved from <https://www.justice.govt.nz/assets/Documents/Publications/NZCVS-findings-report-2018-fin-for-release.pdf>
- Ministry of Justice. (2019b). *Public register of family violence safety and nonviolence programme providers*. Retrieved from <https://www.justice.govt.nz/assets/Documents/Publications/fv-public-register-20190916.pdf>
- Ministry of Justice. (2015). *Victims Code of Rights 2015*. Wellington, New Zealand: Author. Retrieved from <http://www.victiminfo.govt.nz/assets/Publications/VictimsCode.pdf>
- Ministry of Justice. (2019a). *Reducing family & sexual violence*. Wellington, New Zealand: Author. Retrieved from <https://www.justice.govt.nz/justice-sector-policy/key-initiatives/reducing-family-and-sexual-violence/>
- Ministry of Justice. (2019c). *Sharing information safely: guidance on sharing personal information under the Family Violence Act 2018*. Wellington, New Zealand: Author. Retrieved from <https://www.justice.govt.nz/assets/Documents/Publications/sharing-information-safely.pdf>
- Mossman, E., Paulin, J., & Wehipeihana, N. (2017). *Evaluation of the family violence Integrated Safety Response pilot: final report*. Wellington, New Zealand: Superu. Retrieved from [https://thehub.sia.govt.nz/assets/documents/ISR\\_pilot\\_evaluation\\_FINAL.pdf](https://thehub.sia.govt.nz/assets/documents/ISR_pilot_evaluation_FINAL.pdf)

- Murphy, C., & Fanslow, J. (2012). *Building collaborations to eliminate family violence: facilitators, barriers and good practice*. Auckland, New Zealand: New Zealand Family Violence Clearinghouse, The University of Auckland. Retrieved from <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/Issues%20Paper%201%20-%20NZFVC%207%203%2012.pdf>
- Neville, D. (2013). *Experiences of advocacy: Situating experiences of contemporary women's advocates within the feminist movement to end violence against women*. (Master's dissertation, Unitec Institute of Technology, New Zealand). Retrieved from <https://unitec.researchbank.ac.nz/bitstream/handle/10652/2131/DianeWoolsonNeville-ExperiencesofAdvocacy.pdf?sequence=1&isAllowed=y>
- New Zealand Family Clearing House. (2011). *United Nations Report on Status of Women Released*. Retrieved from <https://nzfvc.org.nz/news/united-nations-report-status-women-released>
- New Zealand Family Clearing House. (2017). *Supplementary data: Regional data by Police District*. Auckland, New Zealand: Author. Retrieved from <https://nzfvc.org.nz/data-summaries/supplementary-data-regional-data-police-district>
- New Zealand Family Clearinghouse. (2017). *Government introduces Bill to reform family violence laws*. Retrieved from <https://nzfvc.org.nz/news/government-introduces-bill-reform-family-violence-laws>
- New Zealand Family Violence Clearinghouse. (2019). *First results available from new annual crime survey*. Retrieved from <https://nzfvc.org.nz/news/first-results-available-new-annual-crime-survey>
- New Zealand Family Violence Clearinghouse. (n.d.). *Family violence statistics*. Retrieved from <https://nzfvc.org.nz/family-violence-statistics#understanding-statistics>

- New Zealand Law Commission (2016). *Retrieved from Understanding Family Violence Reforming the criminal law relating to homicide. (Report No. 139)*. Wellington, New Zealand: Author. Retrieved from <https://www.lawcom.govt.nz/sites/default/files/projectAvailableFormats/R139%20Understanding%20Family%20Violence%20-%20Reforming%20the%20Criminal%20Law%20Relating%20to%20Homicide.pdf>
- New Zealand Police. (n.d.). *Help for family violence*. Retrieved from <https://www.police.govt.nz/advice/family-violence/help>
- Paulin, J. (2013). *Report on monitoring and evaluation activity in New Zealand across the family violence sector*. Wellington, New Zealand: Author. Retrieved from <https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/report-on-monitoring-and-evaluation-activity-in-nz-across-the-fv-sector-19-06-2013-tf-meeting.pdf>
- Paulin, J., & Edgar, N. (2013). *Towards freedom from violence: New Zealand family violence statistics disaggregated by ethnicity*. Wellington, New Zealand: Author. Retrieved from <https://library.nzfvc.org.nz/cgi-bin/koha/opac-detail.pl?biblionumber=4291>
- Polaschek, D. (2016). *Responding to perpetrators of family violence*. Auckland, New Zealand: New Zealand Family Violence Clearinghouse, University of Auckland. Retrieved from <http://search.ebscohost.com.ezproxy.massey.ac.nz/login.aspx?direct=true&db=cab00245a&AN=massey.b4112214&site=eds-live&scope=site>
- Ragavan, M., Thomas, K., Medzhitova, J., Brewer, N., Goodman, L., & Bair-Merritt, M. (2019). A systematic review of community-based research interventions for domestic violence survivors. *Psychology of Violence*, 9(2), 139-155. Retrieved from <http://eds.a.ebscohost.com.ezproxy.massey.ac.nz/eds/pdfviewer/pdfviewer?vid=4&sid=32c71e44-411a-4244-ab3d-484a7e33cb05%40sessionmgr4007>

- Robertson, N., & Payne, P. (2015). *A formative evaluation of the Waikato Family Safe Network Pilot*. Hamilton, New Zealand: University of Waikato. Retrieved from <https://researchcommons.waikato.ac.nz/bitstream/handle/10289/9629/Formative%20evaluation%20final%20report%20corrected.pdf?sequence=2&isAllowed=y>
- Robertson, N., Masters, B., Lane, C., Tapara, A., Corbett, C., Graham, R., Gosche, J., Jenkins, A. & King, T. (2013). *Evaluation of the Whānau Ora Wellbeing Service of Te Whakaruruhau: Final report*. Hamilton, New Zealand: University of Waikato, Māori and Psychology Research Unit. Retrieved from <https://researchcommons.waikato.ac.nz/bitstream/handle/10289/8171/Whanau%20ora%20TWH%20Final%20Report.pdf?sequence=1&isAllowed=y>
- Roguski, M. (2012). *Understanding the Impact of the Family Violence Interagency Response System (FVIARS) on Women's Refuge Clients: An Exploratory Study*. Wellington, New Zealand: Author. Retrieved from <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/Understanding%20the%20impact%20of%20FVIARS%20-%20Kaitiaki,%20NCIWR%202012.pdf>
- Russo, N. F., & Pirlott, A. (2006). Gender-based violence: concepts, methods, and findings. *Annals of the New York Academy of Sciences*, 1087(1), 178-205. <http://doi:10.1196/annals.1385.024>
- Sherilee, K., Bryan, K., & Snively, S. (2014). *Productivity Gains from Workplace Protection of Victims of Domestic Violence*. Wellington, New Zealand: Author. Retrieved from <http://www.psa.org.nz/assets/Reports/Workplace+Productivity+Improvements+for+DV+21+May+2014.pdf>
- Signorelli, M. C., Hillel, S., Oliveira, D. C., Quintanilla, B., Hegarty, K., & Taft, A. (2018). Voices from low-income and middle-income countries: A systematic review protocol of primary healthcare interventions within public health systems addressing intimate partner violence against women. *BMJ Open*, 8(3). <http://doi:10.1136/bmjopen-2017-019266>



- Simmonds, L. (2013). Lost in transition? The changing face of Victim Support. *International Review of Victimology*, 19(2), 201-217.  
<http://doi:10.1177/0269758012472776>
- Soonok, A., & Choi, J. (2017). A review and assessment of intimate partner violence interventions and trainings for service providers and frontline staff. *Violence and victims*, 32(3). [http://doi: 10.1891/0886-6708.VV-D-14-00111](http://doi:10.1891/0886-6708.VV-D-14-00111)
- Stanley, N., & Humphreys, C. (2017). Identifying the key components of a 'whole family' intervention for families experiencing domestic violence and abuse. *Journal of Gender-Based Violence*, 1(1), 99-115.  
<http://doi:10.1332/239868017X14913081639164>
- Stats NZ. (2017) *Volunteering and donations by New Zealanders in 2016*. Wellington, New Zealand: Author. Retrieved from  
<https://www.stats.govt.nz/reports/volunteering-and-donations-by-new-zealanders-in-2016>
- Sutton, J., & Austin, Z. (2015). Qualitative research: data collection, analysis, and management. *The Canadian Journal of Hospital Pharmacy*, 68(3), 226–231.  
<http://doi:10.4212/cjhp.v68i3.1456>
- Travis, C., & White, J. (2018). *American Psychological Association handbook of the psychology of women*. Washington, DC: American Psychological Association.
- United Nations Population Fund. (2013). *The Role of Data in Addressing Violence against Women and Girls*. Retrieved from  
[https://unstats.un.org/unsd/gender/downloads/WorldsWomen2015\\_chapter6\\_t.pdf](https://unstats.un.org/unsd/gender/downloads/WorldsWomen2015_chapter6_t.pdf)
- United Nations Population Fund. (2016). *Sources of Violence Against Women Data – kNOwVAWdata*. Retrieved from  
<https://asiapacific.unfpa.org/en/publications/sources-violence-against-women-data-knowvawdata>

- United Nations Women. (n.d.). *Ending violence against women*. Retrieved from <https://www.unwomen.org/en/what-we-do/ending-violence-against-women>
- United Nations Women, (2011). *2011-2012 Progress of the World's Women: In Pursuit of Justice*. New York: Author. Retrieved from <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2011/progressoftheworldswomen-2011-en.pdf?la=en&vs=2835>
- United Nations Women. (n.d.). *Essential Services*. Retrieved from <https://endvawnow.org/en/initiatives/view/1-essential-services.html>
- Victim Support. (2016). *Annual report 2015/2016*. Wellington, New Zealand: Author. Retrieved from [http://victimsupport.org.nz/wp-content/uploads/2016/10/AR\\_2016.pdf](http://victimsupport.org.nz/wp-content/uploads/2016/10/AR_2016.pdf)
- Victim Support. (2018). *Annual report 2017/2018*. Wellington, New Zealand: Author. Retrieved from <http://victimsupport.org.nz/wp-content/uploads/2018/11/VS-Annual-Report-2018-Web.pdf>
- Victims' Rights Act, No. 39, (2002). Retrieved from <http://www.legislation.govt.nz/act/public/2002/0039/46.0/DLM157813.html>
- Volunteering New Zealand. (2018). *State of Volunteering in New Zealand 2017*. Wellington: Volunteering New Zealand. Retrieved from [https://www.volunteeringnz.org.nz/wp-content/uploads/VNZ\\_SoV-Report\\_FINAL.pdf](https://www.volunteeringnz.org.nz/wp-content/uploads/VNZ_SoV-Report_FINAL.pdf)
- Wallace, S., Wallace, C., Kenkre, J., Brayford, J., & Borja, S. (2018). Men who experience domestic abuse: a service perspective. *Journal of Aggression, Conflict and Peace Research*. <http://doi:10.1108/JACPR-03-2018-0353>
- Watts, C., & Zimmerman, C. (2002). Violence against women: global scope and magnitude. *The Lancet*, 359(9313), 1232-1237. [http://doi:10.1016/s0140-6736\(02\)08221-1](http://doi:10.1016/s0140-6736(02)08221-1)
- Webster, K. (2016). *A preventable burden: measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women (ANROWS Compass, 07/2016)*. Sydney, NSW: ANROWS. Retrieved from

<https://www.anrows.org.au/publication/a-preventable-burden-measuring-and-addressing-the-prevalence-and-health-impacts-of-intimate-partner-violence-in-australian-women-key-findings-and-future-directions/>

Wilson, D., & Webber, M. (2014). *The People's Blue-Print: Transforming the way we deal with child abuse and domestic violence in New Zealand*. New Zealand: The Glenn Inquiry. Retrieved from <https://s3.amazonaws.com/s3.documentcloud.org/documents/1372330/the-peoples-blueprint.pdf>

Women's Refuge. (n.d.). *Domestic violence*. Retrieved from <https://womensrefuge.org.nz/domestic-violence/>

Women's Refuge. (n.d.). *Politics, Parties and Family Violence*. Retrieved from <https://womensrefuge.org.nz/politics-parties-and-family-violence/>

## Appendix A

### Victims Code

The Victims Code sets out how you can expect to be treated when you are a victim of crime.

#### WHAT IS THE VICTIMS CODE?

The Victims Code sets out how you can expect to be treated when you are a victim of crime. The Victims Code has three parts:

- Part 1 lists the key principles that are expected to be followed by a person, organisations or government agency that provides services to victims (a provider).
- Part 2 sets out your rights in the criminal justice system and the youth justice system.
- Part 3 explains how you can make a complaint if you believe your rights are not being met.

As far as possible, the Code governs the way providers should treat victims of crime. However, the Code is not legally enforceable and there are no sanctions for failure to comply with it.

#### WHO IS A VICTIM OF CRIME?

Under the Victims' Rights Act 2002, a victim of crime is anyone who has:

- had a crime committed against them, or
- suffered physical harm because of a crime committed by someone, or

- had property taken or damaged because of a crime committed by someone.

A victim of crime is also:

- a parent or legal guardian of a victim who is a child or young person, as long as the parent or legal guardian has not been charged with the crime, or
- the immediate family members of someone who dies, or can no longer take care of themselves, because of a crime committed by someone.

#### WHAT SERVICES ARE AVAILABLE TO VICTIMS?

There is a range of services to help you at each stage in the criminal justice system and youth justice system. You can also get personal support to help you deal with the effects of the crime.

Find out about these services by calling the Victims Information Line on 0800 650 654. The Information Line staff will tell you what services are available and can help you get in contact with the agency or service that is right for you. Please tell the Information Line staff if you need an interpreter and they will get one for you.

You can also find information about the services at [victimsinfo.govt.nz](http://victimsinfo.govt.nz) under 'Support and Services'. The information is on the website in a range of languages

#### WHERE CAN I GET MORE INFORMATION?

For more information on how the criminal and youth justice systems work, the Victims Code (including the meaning of legal terms and related Acts) or how to make a complaint:

- visit [victimsinfo.govt.nz](http://victimsinfo.govt.nz), or
- call the Victims Information Line 0800 650 654.

## Part 1: How providers are expected to treat victims

Eight principles guide the way that providers should treat you, your family and whānau when you have been affected by a crime.

A provider is a person, organisation or government agency that works to promote your wellbeing and rights, helps reduce your psychological, physical or financial suffering, and/or supports you in the justice system.

The principles apply to all victims of crime, including victims who have suffered only emotional harm because of a crime committed by someone. You do not need to have reported the crime to Police.

Providers should follow these principles. They must also comply with legal, professional and ethical standards and codes of conduct, and the Human Rights Act 1993.

The principles aim to ensure better outcomes for you when you've been affected by a crime. Although they are not legal rights, the principles guide providers about what victims can expect.

### PRINCIPLE 1: SAFETY

Services should be provided in a way that minimises any potential harm to you and your family/whānau, and puts your safety first.

### PRINCIPLE 2: RESPECT

Providers should treat you with courtesy and compassion. They should respect your cultural, religious, ethnic and social needs, values and beliefs.

### PRINCIPLE 3: DIGNITY AND PRIVACY

Providers should treat you with dignity and protect your privacy.

### PRINCIPLE 4: FAIR TREATMENT

Providers should respond appropriately to your needs, and should provide their services in a timely and straightforward way.

### PRINCIPLE 5: INFORMED CHOICE

Providers should properly understand your situation and tell you the different ways you can get help. They should honestly and accurately answer your questions about their services. This includes how long you can receive them.

### PRINCIPLE 6: QUALITY SERVICES

Providers should make sure you, your whānau or family, receive quality services. Quality services include services that meet your particular needs, such as culturally appropriate services. If you are dealing with more than one provider, they should work together.

## PRINCIPLE 7: COMMUNICATION

Providers should give you information in a way that is easy to understand. You and your provider should communicate with each other openly, honestly and effectively.

## PRINCIPLE 8: FEEDBACK

Providers should let you know how you can give feedback or make a complaint. It should be easy for you to do this.

### **Part 2: Victims' rights in the criminal justice and youth justice systems**

While the principles apply to all victims, the rights only apply to victims of a crime that has been reported to Police or is before the courts.

The rights are part of the Victims' Rights Act 2002. Victims also have rights under other laws, such as the Privacy Act 1993, the Bill of Rights Act 1990, the Sentencing Act 2002, the Bail Act 2002 and the Children, Young Persons, and their Families Act 1989.

### **WHO DO THE RIGHTS APPLY TO?**

Rights 1–6 apply to all victims of a crime that has been reported to Police or is before the courts. Rights 7–10 apply only to victims of certain serious crimes. Police will tell you if you have these rights. Right 11 applies only to victims of a crime committed by a child or young person.

### **WHO IS RESPONSIBLE FOR MEETING THE RIGHTS?**

Depending on the right, different government agencies, investigators, prosecutors and other public bodies are responsible for making sure that your rights as a victim are being met.

Not all agencies are responsible for each of the rights in the Code.

To find out which agencies have responsibilities for each of the rights visit [victimsinfo.govt.nz](http://victimsinfo.govt.nz) or call the Victims Information Line on 0800 650 654.

### **RIGHT 1: TO BE GIVEN INFORMATION ABOUT PROGRAMMES, REMEDIES AND SERVICES**

You have the right to be told about programmes, remedies or services for victims. This might include services where you can meet with the offender (this could be at a restorative justice conference or family group conference).

### **RIGHT 2: TO BE GIVEN INFORMATION ABOUT INVESTIGATION AND CRIMINAL PROCEEDINGS**

You have the right to be told within a reasonable time what is happening with the case, unless the information could harm the investigation or the criminal proceedings. This might include information from investigating authorities, court staff or the prosecutor that covers:

- charges filed against the defendant or young person
- reasons for not laying charges
- your role as a witness
- when and where the hearings will take place
- the outcome of any criminal proceedings, including any proceedings on appeal
- a young person's progress on a plan agreed at a family group conference. You can also ask for this information to be given to someone else who will then explain it to you.

#### RIGHT 3: TO MAKE A VICTIM IMPACT STATEMENT

You have the right to make a victim impact statement that tells the court how the crime has affected you. You can get help to write your victim impact statement.

The judge will consider your victim impact statement only when sentencing the offender.

In the Youth Court, the family group conference is the main way that victims take part in the youth justice system, which operates differently to the criminal justice system. The main way that your views are considered by a judge is through a family group conference plan (see Right 11). Some victims of offending by a child or young person may also have the right to read a victim impact statement in court. A court victim advisor can give you more information.

#### RIGHT 4: TO EXPRESS YOUR VIEWS ON NAME SUPPRESSION

If the offender applies to the court for permanent name suppression, you have the right to say what you think about the application.

In the Youth Court, children and young people who offend and victims automatically get name suppression. Other information that could be used to identify offenders or victims is also suppressed. For example, information about your family or the school an offender goes to.

#### RIGHT 5: TO SPEAK OFFICIAL LANGUAGES IN COURT

If you're a witness in court, you have the right to speak Māori or use New Zealand Sign Language in any legal proceedings. An interpreter will be provided.

If you're not a witness, you may speak Māori or use New Zealand Sign Language if the judge says you can.

#### RIGHT 6: TO GET BACK PROPERTY HELD BY THE STATE

If a law enforcement agency (like the Police) took any of your property as evidence you have the right to get it back as soon as possible.

## VICTIMS OF SERIOUS CRIMES

In addition to rights 1–6, victims of certain serious crimes also have the following rights (rights 7–10).

Serious crimes include crimes of a sexual nature or serious assault, including where a person is killed or becomes unable to look after themselves. The Police will tell you if you have these rights.

### RIGHT 7: TO BE INFORMED ABOUT BAIL AND EXPRESS YOUR VIEWS

You have the right to tell the prosecutor your views if the person who has committed an offence against you is being released on bail. The prosecutor must give your views to the court.

If you ask for information about a defendant or young person's bail, the Police or the Ministry of Justice must give it to you if that bail impacts you or your family. They must also tell you if the offender is released on bail and of any conditions relating to your safety.

### RIGHT 8: TO RECEIVE INFORMATION AND NOTIFICATIONS AFTER SENTENCING

You have the right to receive information about the sentenced offender. To receive this information, you must register to receive victim notifications. Several agencies can give you a copy of the application form and help you fill it in, including the Police, Victim Support, the Department of Corrections and court victim advisors.

Victims of youth or child offending can sometimes apply to Police to receive certain notifications. Police, court victim advisors, or Child, Youth and Family staff can tell you if you are eligible and give you an application form.

Registered victims will be told when significant events happen for the offender, such as Parole Board hearings or if they reoffend during their sentence, are released from prison or home detention, leave hospital, are granted temporary unescorted releases from prison, escape from prison or die.

You can ask to stop being notified at any time.

### RIGHT 9: TO HAVE A REPRESENTATIVE RECEIVE NOTIFICATIONS

You have the right to name a person to be your representative. Your representative will receive information about the offender or young person on your behalf and help you understand it.

### RIGHT 10: TO MAKE A SUBMISSION RELATING TO PAROLE OR EXTENDED SUPERVISION ORDERS

This right applies only when the offender is serving more than two years in prison.

If you are registered to receive victim notifications (see Right 8), you will automatically be told when the offender is having a parole hearing or a hearing to impose special conditions on an Extended Supervision Order. You have the right to make a written or verbal submission, or both, to the Parole Board. The Parole Board must



consider your submission before making a decision. The Parole Board may show your submission to the offender, but will remove your contact details.

You have the right to ask for certain information from Corrections to help you make your submission. You need to ask only once – the information will be automatically sent to you for future parole hearings.

If an offender has been convicted of a serious sexual or violent crime, Corrections may apply for an order to monitor them after they are released from prison (Extended Supervision Order). If Corrections applies for this order, you can make a submission to the court. To do this, you need to be a registered victim (see Right 8).

## VICTIMS OF YOUTH OFFENDING

The youth justice system operates differently from the criminal justice system. Rights 1–10 also apply in the youth justice system, unless specified.

Right 11 is only for the youth justice system. It gives victims of offending by a child or young person the right to attend a family group conference.

### RIGHT 11: FAMILY GROUP CONFERENCES

If you're the victim of offending by a child (10–13 years old) or young person (14–16 years old), and the Police charge or intend to charge the child or young person, you have the right to go to a family group conference. You can take people with you for support.

Child, Youth and Family must make all reasonable

efforts to give you this opportunity. They must talk to you about where and when the family group conference will be held. They must also consider the wishes of the family of the child or young person who has offended and of Police.

The family group conference is the main way that victims take part in the youth justice system. At the conference you'll meet with the child or young person, their family, and others such as Police or a social worker. You will be able to say how the offending has affected you and your family and say what you'd like to see happen.

The purpose of the family group conference is to set up a plan that holds the child or young person to account and addresses the underlying causes of the offending. You have the right to disagree with this plan. If you do, the Youth Court will decide what happens next.

You don't have to take part in the conference. If you want to take part, but you don't want to be there in person, you can join in by telephone, give a written or verbal statement, or ask someone else to stand in for you.

### Part 3: What can I do if I think my rights are not being met?

If you believe a government agency hasn't carried out its legal responsibilities in providing the rights explained in this Code, or that you have under any other law, you can make a complaint.

You can make a complaint by:

- contacting the agency – issues are often resolved by speaking directly with the person or going through the agency's complaints process
- calling the Victims Information Line on 0800 650 654 – the Information Line staff will give you information about your rights and tell you how to make a complaint and who to send it to.

More information is on our website at [victimsinfo.govt.nz](http://victimsinfo.govt.nz)

An agency that receives a complaint must respond promptly and fairly.

If you are still not satisfied after the agency has looked at the complaint, or it is taking too long to get back to you, you can complain to:

- Office of the Ombudsman 0800 802 602  
[ombudsman.parliament.nz](http://ombudsman.parliament.nz)
- Independent Police Conduct Authority (if

the complaint involves the Police) 0800 503 728

[ipca.govt.nz](http://ipca.govt.nz)

- Privacy Commissioner  
(if you think someone has breached your privacy) 0800 803 909  
[privacy.org.nz/our-privacy/how-to-complain/](http://privacy.org.nz/our-privacy/how-to-complain/)

### JUDICIARY AND THE PAROLE BOARD

Courts and judges and the New Zealand Parole Board work with victims in the legal system but must remain independent and free to operate without interference from executive government, such as the Police or Ministry of Justice. These bodies have a role to play in upholding the principles and rights contained in the Code, but are not subject to the Code.

If you want to make a complaint about a judge's conduct, contact the Judicial Conduct Commissioner on 0800 800 323 or complete a complaint form, available at [www.jcc.govt.nz](http://www.jcc.govt.nz).

If you want to make a complaint about any service or information provided by the New Zealand Parole Board, contact the Manager, New Zealand Parole Board, on 0800 727 653 or email [info@paroleboard.govt.nz](mailto:info@paroleboard.govt.nz)

## **Appendix B**

### Information Sheet



**MASSEY UNIVERSITY**  
COLLEGE OF HUMANITIES  
AND SOCIAL SCIENCES  
TE KURA PŪKENGĀ TANGATA

School of Psychology, Massey University, Private Bag 11-222, Palmerston North, 4442

### **INFORMATION SHEET**

#### **Responding to domestic violence: An exploration into the experiences of Victim Support volunteers and employees**

##### **Introductions**

My name is Roxanne Leech and I am undertaking some research as part of my Master of Science degree in Psychology through Massey University. My research project is focused on responses to domestic violence and particularly how Victim Support volunteers and paid employees respond to domestic violence. I would like to invite you to take part in this research project to explore your experience of volunteering or working in this field.

##### **What is the study about?**

The idea of this project came about because of the high rates of domestic violence and the important role that Victim Support as an organisation plays in responding to this. This research aims to understand the experiences of Victim Support employees and volunteers to identify understandings and conditions which promote or constrain positive responsiveness in the work that Victim Support do. To achieve this aim it is important to learn about your current perception of domestic violence, how you view the impact of the work you are doing, how you experience working with other services providers and how you resolve issues that emerge in your work.

Victim Support has offered their support for this research and for this Information Sheet to be distributed to you as a potential participant in the research. All employees and active volunteers have received this invitation. I would like to assure you that at this stage I do not have your contact

details and will only contact you if you let me know that you might be interested in participating in this research.

### **What does your participation involve?**

This study involves interviewing Victim Support volunteers, service co-ordinators and managers who would like to participate. You are under no obligation to participate and should you choose not to participate, your volunteering or work with your service co-ordinator/manager will not be affected. If you would like to participate in this study you will need to contact me directly using the contact details at the bottom of this document, so that your participation remains confidential. Once I have your contact details, I will get in touch with you (at a time convenient to you) to discuss the research and what would be involved if you decide to take part.

If you agree to participate, you would have one interview which will take 1 - 1.5 hours with me at a time and location convenient for you. In the interview you will be asked some open-ended questions and have the opportunity to talk about your experiences of responding to domestic violence.

Your interview will be audio-recorded and then transcribed word for word by me. You will have the opportunity to review the interview transcript to check that you are comfortable with what is written and to make changes, if you wish. This reviewing activity might take an additional 30 minutes to an hour (should you wish to do this).

To protect your privacy and confidentiality, the recorded interview will be destroyed once transcribed. Your name, and any other names or identifying information mentioned in the interview will be removed from the transcript and in the written research report. Transcripts will be stored electronically on a password-protected computer and will only be accessible to me and my research supervisor, Professor Mandy Morgan of Massey University. It is important that you are aware that while your privacy and confidentiality cannot be absolutely guaranteed, they will be protected to the greatest possible extent.

In addition to the report on this study and possible manuscripts for publication, a separate confidential report will be written for Victim Support. Should you share information in the interview that you want to feed back to Victim Support you will be given the opportunity to do so and this information will be included in this confidential report. You will decide whether or not to contribute to the confidential report. No identifying information will be provided in this report.

It is important that your participation is through a safe and respectful process. You will be asked to reflect on your experiences of responding to domestic violence and this could be emotionally upsetting. We do not expect that this would cause you any distress since you are working in this field all the time. However, if you feel that you need any support after the interview, please get in touch with me.

### **Your rights as a participant**

You are under no obligation to accept this invitation.

If you do decide to participate, you have the right to:

- decline to answer any particular question;
- ask for the recorder to be turned off at any time during the interview;
- withdraw from the study at any time before the transcript is signed off by you;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used;
- be given a summary of the project findings when it is concluded.

Thank you for taking the time to read this information. If you would like to participate in this research or have any questions about it, please do not hesitate to contact me.



Roxanne Leech

### **Contact details:**

Phone: [REDACTED] (text or call)

Email: [REDACTED]

“This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University’s Human Ethics Committees. The researcher named above is responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher, please contact Dr Brian Finch, Director, Research Ethics, telephone 06 356 9099 x 86015, email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)”.

## Appendix C

### Interview Sheet

1. How long have you been volunteering/working for Victim Support?
2. Can you tell me a little about how you come to be doing this volunteer/work for victim support?
3. In your role, how much of your volunteering/work involves responding to domestic violence?
4. Are there any particular challenges to responding to domestic violence work in your experience?
5. Can you think of a time when you were most confident that your response to a domestic violence incident worked well? What happened?
6. Can you describe a challenging incident which you responded to? What happened?
7. As you have been doing this work, do you think you're ideas about why domestic violence occurs have changed? (why or why not)
8. What do you think the reason is for the high rates of domestic violence in Aotearoa New Zealand in particular?
9. Are there particular people/agencies you think should be responsible for providing a response to domestic violence? Who do you think is most effective in this response?
10. Are there particular skills and attributes you think people responding to domestic violence should have?
11. What training did you receive from Victim Support?
12. How was this training useful to the way you respond to domestic violence?
13. From your perspective, what domestic violence services does Victim Support as an organisation provide?
14. What do you think are the most important outcomes or benefits that have resulted from your work in responding to domestic violence?
15. In your experience, has working with other governmental & non-governmental agencies been relatively easy and straightforward or more complicated?
16. How has working with other volunteers and staff within Victim Support supported your work in responding to domestic violence?
17. Are there any obstacles/key frustrations that get in your way of responding to domestic violence in the way you would like to?

18. How have you overcome these obstacles in the past? How did you know you were successful?
19. Is there anything you would change that would assist you in your role and how you respond to domestic violence?

## Appendix D

### Consent Form



**MASSEY UNIVERSITY**  
COLLEGE OF HUMANITIES  
AND SOCIAL SCIENCES  
TE KURA PŪKENGĀ TANGATA

## **Responding to domestic violence: An exploration into the experiences of Victim Support volunteers and employees**

### **PARTICIPANT CONSENT FORM - INDIVIDUAL**

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded.

I wish/do not wish to have my recordings returned to me.

I wish/do not wish to provide feedback to Victim Support management in a confidential report.

I agree to participate in this study under the conditions set out in the Information Sheet.

**Signature:**

**Date:**

.....

**Full Name - printed**

.....



**Appendix E**

Transcript Release Form



**MASSEY UNIVERSITY**  
COLLEGE OF HUMANITIES  
AND SOCIAL SCIENCES  
TE KURA PŪKENGĀ TANGATA

**Responding to domestic violence:**

**An exploration into the experiences of Victim Support volunteers and employees**

**AUTHORITY FOR THE RELEASE OF TRANSCRIPTS**

I confirm that I have had the opportunity to read and amend the transcript of the interview conducted with me.

I agree that the edited transcript and extracts from this may be used in reports and publications arising from the research.

**Signature:**

**Date:**

.....

**Full Name:**

.....