Researching Violence against Women in Aotearoa/New Zealand

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Abstract

This paper discusses strategies for research with women who have been victimised in their intimate relationships with their partners. I will discuss the specific issues that concern the vulnerability of women victimised by intimate partner violence: experiences of intimate violence, stereotyping, minimisation, sexual violence, protection of children, the meaning of safety. Examples from the accounts of women who whose partners had been prosecuted for violence against them, and those who had sought legal interventions like protection orders, will illustrate how each of these issues needs to be taken into account when conducting research with abused women. Strategies that we have used to deal with these issues in studies conducted in the Domestic Violence Interventions and Services Research Programme will be discussed, with illustrations of the complexities of putting them into practice.

Keywords: domestic violence, intimate relationships, victimization, and New Zealand women

Introduction

For more than twenty years now, my colleagues and I have been involved in a programme of research on domestic violence, focusing on the services and interventions that are offered to both victims and perpetrators and which have developed to try to eliminate violence in families. In this paper, I will provide some background to the problem of intimate partner violence in Aotearoa/New Zealand before explaining the issues for researchers who work with women who have been victimised by their partners. I will also provide some examples of how our research team has experienced these issues and how we have tried to address them.

The seriousness of violence against women within intimate relationships was first brought to attention in the 1970s when the problem was commonly referred to as 'wife battering'. The terms 'domestic violence' and 'intimate partner violence' have also been used to refer to the same phenomena. 'Domestic violence' sometimes includes violence against children within a household, but its most common meaning is specific to intimate partner violence.

Since the 1990s, in Aotearoa/New Zealand, there have been many legislative and policy changes by Government that aim to address the problems of violence in families. Among the most significant of these was the introduction of the Domestic Violence Act (1995) in the mid-1990s. There

were two principle goals for the Act: ensuring effective legal protection for victims of domestic violence, and promoting the view that all forms of domestic violence are unacceptable behaviours, neither morally defensible nor excusable. The definition

of domestic violence in the Act expanded on the commonly held view that physical violence was the only form of violence that victims experienced and changed the focus on 'battering' to include multiple forms of abuse. Psychological, emotional, economic, physical and sexual abuses were included and the Act recognises that intimate partner violence involves a pattern of abuse that cannot simply be reduced to acts of physical violence (Coombes, Morgan, McGray, & Te Hiwi, 2008).

At the centre of the Domestic Violence Act (1995) was the introduction of Protection Orders that could be issued by the Family Court when there was evidence of domestic violence. The Orders were designed to prevent the perpetrator of the abuse from physically, sexually, or psychologically abusing the protected person or any children covered under the order; threatening abuse or damaging property or encouraging a third party to abuse the protected person or her children. The legislation introduced penalties for breaching the orders, which were intended to complement criminal justice approaches to holding perpetrators accountable for the violence against their partners, or children (Pond & Morgan, 2008).

Since the introduction of the Act, there have repeated changes to policy that have attempted to ensure the Act is implemented thoroughly and effectively. However, there remain some serious problems with implementation. Protection Orders can be difficult to obtain, and they are costly for some women. Although they were intended to be easily accessible, lawyers are often needed to assist with applications. For victims with limited financial resources, the legal costs involved in applying for a Protection Order can bea significant burden, and in some cases a deterrent from seeking legal protection (Pond & Morgan, 2005; Robertson et al., 2007). Orders are also difficult to police, and breaches of protection orders are often not reported to police, or are a low priority in comparison to critical incidents that police are attending. Breaches can also be difficult to prosecute because of the complexities of providing evidence to a legal standard. Even when a breach is reported, and sufficient evidence for a charge has been obtained, conviction rates are low and bringing a charge to court most often involves the victim in a process of providing evidence, at least in an affidavit (Robertson et al., 2007).

Even before the Government initiatives, communities became involved in addressing domestic violence. In the late 1970s, women's refuges were established in Aotearoa/New Zealand (Hann, 2001). The refuge movement emerged from the activities of the women's movement and advocates for victims of rape and domestic violence (Dobash & Dobash, 2003). Social and legal reform has largely been influenced by the advocacy and lobbying of community organisations, like refuge and rape crisis, and community responses to family violence have

developed into co-ordinated networks that now include police, and sometimes specialist Family Violence Courts.Services offered to victims include safety assessments and planning, referrals to other social agencies including budgeting or housing services, alcohol and other drug services, children's programmes and parenting support. Refuges provide emergency accommodation, and often run programmes that aim to improve victim safety. The respondents of Protection Orders are required to undertake a stopping violence programmes for men, and programme providers may also refer their clients on to other services. Men may also be referred to programmes through the criminal court (Morgan, Coombes, & McGray, 2007). Many communities now have culturally specific services for Māori and Pacific Island peoples, and services for new settlers and refugees are being developed. Even so, there are significant gaps in services, and many challenges when engaging both women victims and perpetrators with support services. Few of the services or interventions are evaluated adequately and there is increasing debate about how to measure effectiveness adequately. At least in part, the complexity of intimate violence makes it difficult to define inclusively, challenging to explain and to measure. In addition, there are complicated debates about social context, gender and ethnicity that make consensus among researchers difficult to reach.

Between 2007 and 2012 our research team was involved in a series of studies evaluating one of the Family Violence Courts, the first established in the country at Waitakere in West Auckland. The Court is an early example of co-ordinated community and criminal justice approaches to providing extensive services for victims and interventions for offenders who appeared in the Court as a result of physical violence, usually against their partner. The studies that we undertook included two projects involving women who had been victimised by their partners (Coombes, Morgan, Blake, & McGray, 2009; Morgan, Coombes, Te Hiwi, & McGray, 2008). Although these were not the only projects involving women victims that we have undertaken in our programme of studies on services and interventions, they are the primary examples that I will draw on to discuss the complexities of research with women who have been abused by their intimate partners.

The current context of intimate partner violence against women in Aotearoa/New Zealand

> "In the decade from 2000-2010, New Zealand women experienced the highest rate of IPV, and specifically sexual violence from intimate partners, of any women in all Organisation for Economic Co-operation and Development (OECD) countries reporting." (Family Violence Death Review Committee, 2014,p.19)

In the current context of research on domestic violence, the term intimate partner violence is used to distinguish violence perpetrated by one adult partner against another,from other family relationships where violence is perpetrated: child abuse and neglect, elder abuse, and sibling abuse. Using the definition of the Domestic Violence Act (1995), intimate partner relationships include boyfriends and girlfriends, people who live in the same household, parents who do not cohabitate.

Although intimate partner violence is a gender-neutral term, in much of the literature and in the sector that deals with family violence, intimate partner violence is widely recognised as a particular form of violence against women. Statistical evidence of the significance of family violence as a social problem that urgently needs to be addressed is complex and controversial. Terms are not always defined consistently and analysed data is not always comparable. Population level studies are rare, and data is often collected from operational databases that are not designed for research and change as operational policies and procedures change (for further discussion, see Gulliver & Fanslow, 2012).

Data gathered by Police and statutory agencies are commonly used to indicate the seriousness of family violence. For instance, a recent 'snapshot' of data available on family violence, collated by the New Zealand Family Violence Clearinghouse (NZFVC), is based on operational databases. They show that "there were 95,080 family violence investigations by NZ Police. There were 59,137 family violence investigations where at least one child aged 0-16 years was linked to these investigations" (NZFVC, 2014). Criminal Court data record two charges related to intimate partner violence: Male assaults female and breaches of protection orders. Last year "there were 6749 recorded male assaults female offences and 5025 recorded offences for breaching a protection order" (NZFVC, 2014). Data from Family Court show that 3,803 applications were made for protection orders. Of these, women were protected persons in 91% of cases, and men were respondents in 90% of cases. In each of these cases, despite the gender-neutral language of most of the categories in which data is collected, the evidence clearly points to women's greater vulnerability to violence and abuse in their intimate relationships. The New Zealand Family Violence Clearinghouse also reported on statistical evidence gathered from Women's Refuges affiliated to the National Collective of Independent Women's Refuges. This data also indicates the greater vulnerability of women to abuse. In the two years, 2012 and 2013, Refuges affiliated with the National Collective "received 81,720 crisis calls. 7,642 women accessed advocacy services in the community. 2,940 women and children stayed in safe houses" (NZFVC, 2014).

Despite the evidence that this data provides that shows high levels of intimate partner violence in a population of around 4 million people, there are serious flaws in estimating the extent of violence against women in their homes from these sources of data. For instance, Police estimate that only 18-25% of family violence incidents are reported to them (Family Violence Death Review Committee, 2014), which suggests that the actual incidence of violence in New Zealand homes is much higher than the evidence suggests. Court data is also problematic because only two charges are recorded as Domestic Violence changes. Of these, only the breaches of protection order charges are exclusively related to intimate partner violence. If men assault women who they do not know intimately, they may also be charged with Male Assaults Female. Around 13% of Male Assaults Female charges are not related to intimate partner violence, although they do

indicate a level of violence against women that is more extensive than domestic violence. In our study of the cases that were processed by the Waitakere Family Violence Court, we identified another 14 *categories* of charges that related to violence against women in intimate relationships, including kidnapping and abduction, intent to kill, threatening to kill, sexual attacks and threats and intimidation (Coombes, Morgan & McGray, 2007).The District Court data seriously underestimates the number of charges that involved domestic violence and therefore presents a much-distorted representation of the extent of violent offences that are processed through the courts. The Refuge statistics are also limited in that only refuges that are affiliated with the National Collective of Independent Women's Refuges were included in the information gathering. There are 45 refuges affiliated with the national body, and at least 15 others that are non-affiliated.Consequently, the number of women and children using refuges and refuge services are also underestimated in the data. Even without taking account of the difficulties of accurately counting the available categories of data for indicating the extent of intimate violence against women from operational databases, the data available significantly underestimate the extent of women's victimisation across Aotearoa/ New Zealand.

In relation to the seriousness of the most physically violent cases of intimate partner violence, the most readily available statistics are drawn from the work of the Family Violence Death Review Committee. The committee was established to 2008 to review and report to the Health Quality and Safety Commission on family violence deaths. Its aim is to better understand why these deaths are such a substantial percentage of homicides in Aotearoa/ New Zealandto assist improving strategies to reduce the most serious consequences of family violence. In their most recent report, the Family Violence Death ReviewCommittee found that 47% of all offences related to homicides in the 2009-2012 period under review were family violence deaths. On average, 35 people died as a result of family violence every year. Of these, 37 were deaths of children who had been abused or neglected, and 63 were the result of intimate partner violence. Child abuse and neglect is closely associated with intimate partner violence and it is most frequently the case that children abused by their mothers, fathers or stepfathers live in families where their mothers are abused by their partners. Unsurprisingly, children are also affected by intimate partner homicides when they witness the death, or as survivors of a homicide in their family. Of the 63 intimate partner violence deaths that the committee reviewed, 93% of women had been abused in the relationship and 96% of men had been the abusers (FVDR, 2014).

Among the women and children affected by the extent and seriousness of intimate partner violence in Aotearoa/New Zealand, the most vulnerable are from the most disadvantaged cultural and ethnic groups, especially the Māori indigenous people and people from Pacific Islands (FVDR, 2014) who suffer the intergenerational consequences of colonisation. Increasingly, there are concerns for migrant and

refugee women, too, as their victimisation is brought to greater attention, and issues related to previous trauma, cultural conflict and settlement are better understood (Morgan, et al., 2008; FVDR, 2014).

The difficulty of safely conducting research on Intimate Partner Violence

Earlier, I suggested that under-reporting of intimate partner violence and lack of population level studies are among the most difficult issues with establishing actual prevalence intimate partner violence against women in Aotearoa/New Zealand. While there have been some studies at population level, nationally many domestic violence researchers are reluctant to conduct large-scale population based studies because the kinds of strategies that are often used to gather data in these studies are recognised as potentially putting victims at risk of further harm. Random sampling and cold calling telephone surveys have both been identified as potentially harmful. Random sampling usually involves sending invitations to participate in the research to potential volunteers without previously negotiating the invitation with the recipient. If an invitation to participate in research on domestic violence arrives at a household where abuse occurs, the victim may be subjected to increased risk of violence because the perpetrator suspects that the abuse will be reported. Cold calling involves ringing or visiting a potential participant, also without previously negotiating the call or visit with the recipient. Cold calling sometimes mean that people are unable to voluntarily consent to participate, or are unable participate candidly because of the presence of an abuser during the researcher's contact. When telephone interviews are conducted, the interviewer has no way of knowing whether the abuser is present while they are speaking with the victim.

In the following sections I will draw on examples from our qualitative research with women victims of intimate partner violence to consider how experiences of intimate violence, stereotyping, minimisation, sexual violence, protection of children, and the meaning of safety are implicated in the difficulties of conducting research with women who are vulnerable to intimate partner violence.

Experiences of intimate violence

In the case of intimate partner violence, it is widely recognised that many of the relationships involve a pattern of economic, psychological and physical control over the victim by the perpetrator, in which acts of physical violence are embedded (Dutton & Goodman, 2005; Herman, 2005; Lewis, Dobash, Dobash & Cavanagh, 2001; Pence & Paymar, 1990). Advocates and police working to improve safety for women in violent relationships have also recognised that incidents of physical violence are not 'one-off' events that are out of character for the victim's partner. In our studies, the women who participated had all been involved with victim services provided to the Waitakere Family Violence Court (WFVC) when their partners were prosecuted for offences against them. In the majority of cases, the offence involved physical violence, yet all the women reported an ongoing history of emotional and

social abuse that characterised their relationships. For some participants, the history of physical violence in their relationships had occurred over many years, and involved multiple incidents in which they had been assaulted (Coombes, et al., 2009; Morgan, et al., 2008).

> *"My partner had assaulted me on many occasions (WP1, 11).*
>
> *...it was probably about a [number of years long] relationship. Umm, and he probably hit me about five or six times through that time (WP2, 446-447).*
>
> *I've been married for [a very long time] and this marriage – I think a month after, that is just when…And a few times he was violent. [Soon] after I got married (WP5, 259-260)."*(Morgan, et al., 2008, p.32)

Even among these participants, for many, physical violence was less significant that emotional and psychological abuse.

> *"…a lot of it was not a lot of physical [assault], more a mental injury I suppose. And it really was every single day brainwashing, with the threat of violence (WP6, 318-320).*
>
> *...all this emotional abuse had started – right from the first day, it had started (WP5, 314-315)."*(Morgan, et al., 2008, p.32)

After sometimes years of abuse and physical violence in their relationships, and by the time their partners had been charged for an offence against them, the participants were experiencing emotional turmoil. The violence that they had experienced was associated with fear, shame, love and control.

Fear emerged from the women's recognition that their partners' past behaviour had been threatening, and in some cases this lead to a more global fear that permeated their lives and seemed inescapable. For example,

> *"… he'd start speeding the car, he would lock all the doors and he would speed his way through all the little narrow roads and scare me to death...even now…[the] fear hasn't left me yet.. He really scared me (WP1, 410-413).*
>
> *...that was scary - being stuck in the car with him (WP2, 799)…*
>
> *...at the time I was like, oh my god I'm going to be like this for the rest of my life, he's going to come in and kill me in my sleep and [felt that] all over and over all day and all night (WP4, 387-389)."* (Morgan, et al., 2008, p.37)

Shame arose from the participants' anticipating kinds of responses that other people might have if they found out about the violence in their relationships, and how others might expect the participant should respond to the assaults of they experienced. For example,

> *"I felt scared, I just felt scared that other people are going to, you know, our friends are going to find out, you know stuff (WP3, 198-201).*
>
> *[Others said] I allowed it. I should have just called the cops and got him locked up (WP4, 362).*
>
> *And all the time all the family members used to come over, relatives from [geographical location]. I had hid the truth from everybody because I kept thinking it's probably me, it's probably me (WP5, 520-521)."* (Morgan, et al., 2008, pp.37-38)

Fear and shame were interwoven with the women's responses to their partner's control of their lives.

> *"...like I changed my personality a lot. Like you know, I mean he was so controlling. I lost a lot of my friends. I wasn't allowed to hang out with them; couldn't go out you know… I wasn't*

> *allowed to talk to people at work you know, yeah just very controlling you know. It did change my behaviour because I knew, you know. So you're constantly like, on edge, like you know, just waiting for him to explode. And his sort of anger would just go off (click of fingers) like that for no reason, no reason at all, just blow off the handle (WP1, 188-194).*
>
> *...if umm I looked the wrong way, [to him] that meant that I was thinking something bad, you know. That excessive control and knowing that if I do piss him off, I could be dead. Or you know, he might take it out on [members of my family] or something, you know something like, all that kind of stuff (WP3, 341-343)."* (Morgan, et al., 2008, p.39)

Participants also told us that they felt love and sympathy for their partner. Although they may have been afraid for themselves, and ashamed of their relationship, love of their partner meant that they worked to maintain their relationship, despite ongoing abuse.

> *"Foolishly…in a way because you love this person but you hate what they are doing to you, you kind of want to help them, in a way. I know that sounds stupid but you… kind of like think, "I can make it all better". And,*
>
> *you know, you want to see the good in the person (WP1, 78-80).*
>
> *...but then you, of course I'd feel sorry for him, because he'd come and cry and say, you know, he's got nowhere to stay. And yeah so it sort of went on and off like that for several years (WP2, 440-443)."*(Morgan, et al., 2008, p.38)
>
> *"...I tried to give him another chance because I did; I loved him (WP3)."*(Coombes, et al., 2009, p.80)

Since women we spoke with in our studies were both scared of their partners and scared of the responses that others would have if they knew about the violence and abuse in the women's relationships, they did not tell people about their victimisation, and they did not report it to the police. Most often, they did not seek help. They loved their partners and wanted the violence to stop; they did not want to end their relationship.

In the context of research with women who have been victimised by their partner, the emotional turmoil that emerges from speaking about their relationships leads them to be silent and often pretend that nothing has happened. It is unlikely that they would respond candidly to a questionnaire or a survey, and they may not respond candidly to an interviewer who has not taken time to build rapport with them, and ensure that they are safe to participate in research. For those women who are still in danger in their relationships, the presence of their abuser at the time they are invited to participate in research is not the only consideration for the candour of their responses.

Stereotyping

At least for some of the women in our studies, shame and fear that others would discover they were victimised being discovered was linked to stereotypes of victims and perpetrators of intimate partner violence. While stereotypes vary across different cultural contexts, the most common we identified were similar to those used to compare public and police stereotypes of intimate partner violence in a United Status study by Stalans and Finn (2006). These included ideas that domestic violence is more common in low socio-economic groups, or in particular cultural groups, which include Māori and Pacific people in New

Zealand.Men who perpetrate domestic violence are stereotyped as intentionally harming their partners and habitually restoring to violence. Stereotypes of women who are victimised portray her as responsible for her partner's abuse, which may be in retaliation for abusing him or her inadequacy as a wife and mother.

In our studies it was notable that most of the women we interviewed were more financially independent that we might have expected in the district from which they were recruited, which is a lower socio-economic area. The stereotype that domestic violence is more common in lower socio-economic groups affected some participants who did not think that they fit the stereotype.

> *"I own everything that I have, so I didn't meet the typical stereotype. I felt I didn't meet that (WP6, 14-17)."* (Morgan, et al., 2008, p. 34)

Sometimes, a stereotype of perpetrators as cruel and intentionally violent, without justification, meant that women found it difficult to identify their partner as the perpetrator of a violent act.

> *"I mean I talked confidentially, but yeah, it was hard to actually tell the doctor he had done that to me because [partner]'s such a nice person (WP8, 421-422)."* (Morgan, et al., 2008, p. 33)

Even if they did recognise that their partner was occasionally violent, the stereotype of perpetrators as cruel and intentionally violent meant that they believed that their partner would stop being violent if they took appropriate action themselves.

> *"I was like, things will get better. He just needs positive reinforcement, encouragement, all that…you know, things will come right because there were of course times when things were good (WP3, 4-6)."* (Morgan, et al., 2008, p. 33)

There were also occasions where the women believed the stereotypical view that they were responsible, in some way for their partners' violence, and they would be able to manage without any intervention or service if they took responsibility themselves and responded appropriately.

> *"I wanted to try and make it work and yeah so I didn't tell anyone. And I used to have bruises and stuff but I use cover up for him a lot. I used to make excuses for him and I used to blame myself like; "if I didn't do that, then he wouldn't hit me" and; "oh, maybe it is my fault and I'm the crazy one" (WP2, 233-236)."* (Morgan, et al., 2008, p. 68)

> *"…with him it was 120%. I tried every damn thing I could think of to save my marriage in every way, and yeah cook him lovely dinners, and have talks, I would tolerate his abuse (WP5, 673-674)."* (Morgan, et al., 2008, p. 33)

Many of the participants in our study recognised that their relationships were violent given the extent of physical violence they experienced, even if they believed that they were responsible for their partners' violence or that their partner was not a violent man who intentionally harmed them. Yet other participants did not identify their relationships a violent because they compared their situation to the stereotype of domestic violence that portrays victims as battered women, who experience physical violence frequently and to extremes that result in hospitalisation and sometime death.

> *"At the time I didn't even recognise it as violence to be honest, I just thought; "it's normal, just a couple's tiff", I thought (WP5, 277-280)."* (Morgan, et al., 2008, p. 32)

> *"Because the whole thing of women's refuge, and I was thinking, that's not me…that's not where I'm at or…I'm not a battered woman (WP5)."* (Coombes, et al., 2009, p. 40)

In some cases, it was not until the women had been involved with advocacy services that they were able to recognise their relationships as involving ongoing patterns of abuse and violence.

> *"[they] helped me to see some patterns… they taught me, about how they, you know, there's like a plateau of it and it's like a cycle and they start off, you get the aggressive and cool down, the loving period and that's where they woo you back. And then, the yelling starts and then bang! They explode again, and it starts again, and you forgive them and it's so true. You wake up and they'd be crying and just horrified at what they'd done to you, and they'd be so lovely. And the moment your bruises were healed it'd start again (WP1)."* (Coombes, et al., 2009, p. 64)

Some participants realised, over time, that there was something unhealthy about their relationship. Eventually, the stereotype of violence as physical assault enabled them to acknowledge, to themselves, that they were being victimised.

> *"… at the beginning he was fine. And then a few months down the track I started noticing little things about him, how he would speak to his mother and things like that and I just kind of let it go, and once he started hitting me and stuff like that I didn't tell anyone (WP7, 230-233)."* (Morgan, et al., 2008, p. 33)

In this example, the participant has explained how her slow realisation of her partner's abuse meant that by the time she did realise her victimisation she did not disclose it to anyone. Shame and fear that others would discover her partner's abuse of her silenced her.

When researching with women who have been victimised by their partner, the influence of stereotypes, alongside shame, fear and their love for their partner, need to be taken into account carefully. The meaning of violence and abuse for both victims and perpetrators may be linked to specific stereotypes of domestic violence rather than to the patterns of psychological, emotional, financial and physical abuse that are recognised in academic literature, and in law and policing. Stalans and Finn (2006) found that experienced police officers were more educated about stereotypes of intimate partner violence than the public in general. This implies that when population level studies are conducted, we can expect that stereotypes may confound measurement of the incidence of intimate partner violence.

Minimisation

Stereotyping contributes to supporting a phenomenon known in the literature as minimisation. Minimisation strategies involve limiting the significance or severity of incidents that the women understand as violent or abusive. When stereotypes emphasis physical violence, severity may be associated with frequent physical violence so that more infrequent incidents of physical violence, or those which do not result in visible physical injury are minimised. This association also enables psychological and emotional abuse to be discounted as violence. Qualitative research documented victims' use of various minimisation strategies to cope with

violence in their lives as early as the 1980s (Kelly, 1988; Kelly & Radford, 1996).

Throughout our studies, we noticedhow some participants still used language that downplayed physical violence, or did not acknowledge psychological and emotional abuse as forms of violence, even after coming to terms with the emotional turmoil and ongoing patterns of intimate partner violence in their relationships.

> "*…over the years there was a bit of violence, the odd punch or the slap, that sort of thing (WP3, 3-4).*"(Morgan, et al., 2008, p. 32)

> "*And it was just a big fight and I was so nervous, I lost weight. I must have lost about 10 kilos, bang, in about 8 weeks. I couldn't eat, I couldn't sleep… (WP2).*"(Coombes, et al., 2009, p. 64)

Minimisation can be an adaptive strategy that enables women to focus on positive experiences within their relationship. It enables women to escape identifying as victims of violence, and hence the shame that accompanies disclosure of their victimisation. However, it also serves as a barrier to seeking help, and can make it difficult for women to recognise that they are in danger.

Minimisation is one of the most significant phenomena in our team's commitment to using qualitative research strategies, and collecting data through individual interviews. Interviews enable us to have conversations with women who have been victimised so that participants are able to disclose abuse confidentially, as they understand it. When intimate partner violence is measured using standardised instruments, there is a serious risk that threats of harm, risks of disclosure and/or commonly held stereotypes will support minimisation strategies and significantly distort the measurement undertaken. Using qualitative analysis techniques allow us to attend to the effects of minimisation and stereotyping on the ways in which victims understand safety at the point where we are analysing data, rather than assuming they are not influencing the collection of the data.

Sexual violence

While qualitative research strategies, and conversational interviewing in particular, may provide researchers with opportunities to analytically consider how participants' prior experiences of intimate partner violence, the influence of stereotypes and their use of language to minimise the violence, the particular issue of sexual violence in intimate relationships is very difficult to address.

Although some domestic violence literature has acknowledged the link between physical, psychological, emotional and sexual violence in intimate relationships, it is the most frequently unreported form of intimate violence against women (McOrmond-Plummer & Eastea, 2013). Very few of the participants in our study explicitly disclosed sexual violence, and when they did so, they did not want to discuss those abuses further.

> "*I still carry [a lot] especially the sexual side of the relationship, umm. I carry a lot, and it affects my current relationship a lot. That bit umm, that's probably the biggest thing for me…it affects me more than being hit because it's just something that's really personal, and yeah my perception of sex and everything to do with it has changed a lot…(WP4, 468-470, 475-478).*"(Morgan, et al., 2008, p. 86)

The intimacy and extremity of sexually violent acts may be unspeakable for those who experience them. In this sense, it is understandable that many acts of intimate partner violence go unreported, even to friends and family. As one of the participants in our first study explained,

> *"…not a single person my whole life knows… probably never will… Because that is the ultimate victimisation, the ultimate humiliation of what a person can do to you as a person (WP3, 773, 781-782)."* (Morgan, et al., 2008, p. 68)

Even in the context of carefully constructed conversational interview schedules that are designed to build rapport and allow participants to guide the conversation as they judge best, there are abuses that are so difficult to disclose that care is needed to ensure the research itself does not provoke feelings of humiliation, shame and self-disgust.

Protecting the children

A further consideration in the vulnerability of women who have been victimised in their intimate relationship with their partner is their concern for, and efforts to protect, their children. Participants in our studies mentioned their children frequently throughout their interviews and they worried for their children's psychological, social and physical wellbeing. At various times in the history of violence in their relationships, participants focused on protecting their children from physical harm.

In a number of situations,they spoke about how their partners did not physically hurt the children even though they assaulted their mothers. For example,

> *"He wouldn't attack [the kids]….But he didn't mind doing it [to me] in front of them (WP1, 335-336).*
>
> *You know and the last thing in the world is that I would want him to hurt my (child) and he never ever did. He was always lovely; you know, which was hard… (WP2, 367-368)."* (Morgan, et al., 2008, p. 79)

As with understanding the violence in their relationships, often the mothers in our studies did not consider emotional and psychological abuse to be forms of violence. For them violence meant physical assault. Just as the legal system in Aotearoa/New Zealand includes emotional and psychological abuse in the definition of domestic violence, so it includes witnessing intimate partner violence in the definition of child abuse. Advocates from the services that supported the women assisted them to understandbroader meanings of violence in their home. As they engaged with advocacy services, participants became increasingly aware that psychological violence had a damaging effect on their children.

For some, the needs to protect their children from psychological and emotional harm, as well as physical assault, lead to contradictory concerns. Reporting violence against them risked an accusation that they were not protecting their children from the psychological harm of witnessing the violence. Since allowing a child to witness intimate partner violence is regarded as a form of child abuse, the women's failed attempts to manage their partner's violence meant that they could be regarded as abusive.

> *"And then there's still that underlying fear that someone's going to read this [victim impact statement]… I was always worried that if I did say this and it was written down somewhere I'd have [social work organisation] on my front door saying; "why didn't you protect your kids?" and*
>
> *that's not the way it was (WP4, 344-350)."* (Morgan, et al., 2008, p. 79)

In this kind of situation, fear of losing her children affects a woman's willingness to disclose violence and raises the possibility of social stigma for failing to manage her partner's violence well enough to protect her children. Despite the risks and fear involved with disclosing their own victimisation, participants concern for their children was often the main consideration for deciding to separate from their partner. All of the women in one of our studies did decide to separate, although many of them continued to include their ex-partner as a member of their family/whānau. They described feeling increasingly concerned about the effect that their victimisation was having on their children.

> *"For a while after [ex-partner] attacked me, [child] would say to me, umm you know things; "oh mummy don't make dad sad or angry" or something you know, he'd say things like that to me (WP1, 334-335).*
>
> *[Child is] just very sensitive and is very aware of the fact that [the] father is mean to [the] mother and I feel very sad and wish that I could change that in some way (WP5, 1975-1976)."* (Morgan, et al., 2008, p. 80)

Protecting their children and managing their safety was a preoccupation for the participants and came up frequently throughout their interviews. Their concerns for their children added a depth of complexity to the emotional turmoil, risks of further harm and of stigma that they faced.

Research with women who have been victimised in intimate relationships needs to take account of the multiple and sometimes contradictory social responsibilities of wives and mothers, and the concomitant possibilities of non-disclosure of abuse. Conducting qualitative research and gathering data from conversational interviews meant that we did not need to ask directly about sensitive and complex issues that could provoke fear of disclosure for participants. By building rapport in the context of a supportive conversation, the women spoke candidly enough for us to analyse the specific risksand responsibilities the women experienced and the strategies they used to manage the complexities of seeking safety from intimate partner violence.

The meaning of safety

The safety of research participants is a priority of all the research our team conducts on the interventions and services offered for intimate partner violence against women. Yet safety, like violence or protecting children, has variable meanings for the women themselves. Among the participants we recruited, there were some who were still involved with legal processes to protect themselves and their children, and some whose ex-partners continued to abuse them even though they had been separated for some time.

> "*Even now…. It's like you don't know when he's going to turn up. If the cell phone goes off its like; "…I hope it's not him." You know, you*

> *know he's still abusive over the phone (WP3, 822-824).*"(Morgan, et al., 2008, p. 84)

> *"He's violent. He is violent. But he won't touch me. He won't hit me….I said "this time, I'm not saving you, I'm not going to get you back out of the police… So he's not hitting me. But he would just scream and he would do, you know, raise his voice (WP2, 280 – 283)."* (Morgan, et al., 2008, p. 66)

Others had enhanced theirs and their children's safety, although they were often still worried about how their ex-partner treated them, or could become abusive again in the future.

> *"But he still, he still treats me like I'm his girlfriend, you know… you think: "I could walk in the house make me a feed"… So yeah, in his head its fine, he's not being disrespectful to me, he's just doing what he wants to do. But yet I know if I had another partner he wouldn't just do that (WP7, 179-184)."* (Morgan, et al., 2008, p. 43)

Only one participant spoke of how her partner had become more supportive of her, and it was specific to parenting their children, in the context oftheir separation.

> *"He is very supportive now. I have to tell him that we have work together to stay at the top together…and if we do our consequences and boundaries together, you know, they will learn and they like that (WP2, 271-274)."* (Morgan, et al., 2008, p. 67)

In the aftermath of their victimisation, the women appreciated the support they had received from advocates who they met because of their partner's involvement with the Waitakere Family Violence Court. As they accepted the support of their advocates, they became more aware of the ways in which their broader family and social relationships, and the stereotypes of domestic violence, influenced theirisolation and the secrets they had kept.

When participants were speaking with us in interviews, they reflected on the time since they first became involved with the services provided through the Waitakere Family Violence Court, and often recognised that their initial fears were primarily focused on their physical safety. As the threats to their physical safety became less immediate after their partner's arrest, safety meant protection from serious bodily harm. As they became more aware of the emotional and psychological damage of threats, coercion, intimidation and manipulation, the meaning of safety broadened to incorporate protection from these harms. Financial and spiritual abuses were often recognised much later in the women's process of becoming safer and better protected from intimate violence.

Our participants provided detailed accounts of the way in which family members, friends or neighbors made a difference to how, and even whether, they were successful able to transition to living more safely. Those who took responsibility for calling the police, or providing practical assistance such as safe access to a phone or a place to go for respite from times of crisis in their relationships, made the transition to safety far more viable. Those who ignored signs of serious conflict or provided no support, or supported the women to keep silent about the abuse, and those who blamedthe women for their victimisation, presented the women with barriers to overcome if they were to become safer.

In the context of lived experiences where violence and safety shift their meanings according to the character of threats or risks, and the kinds of events that involve others in the women's experiences of intimate violence, pathways to achieving safety are complex. Whether or not women and children become safer when they engage with services intended to support them depends on multiple contingencies: If the timing is right, if a safety plan works, if the perpetrator's access to his victim is restricted well enough, if friends and family aren't blaming or judgemental, if others don't reassert negative stereotypes, if relocation is feasible, if a neighbour is home when help is needed, if someone witnesses a breach of a protection order, if the police respond quickly to a call out, and so on. Contingencies inevitably influence the extent to which women victims of intimate partner violence can enhance their safety.

Research strategies for managing safety

Recruitment

When we began designing the Waitakere studies involving women whose partners had been involved with the Family Violence Court, we were already aware that safety was a vital consideration in how we recruited participants, and that the meaning of safety would be different for different women, depending on their circumstances and their experiences. We collaborated closely with the victim advocacy agency that supported women whose partners were involved with the court, and respected their assessments of the safety of their clients. We established criteria for recruiting participants including: that they were over 18 years of age; that the court proceedings involving their partner had been concluded for at least two months; and that their advocates had assessed that they were safe enough to take part in research.

In the first study, we were aiming for a cohort of 12 participants. Advocates provided us with names of clients who met our criteria, and we selected 20 of these clients to receive invitations to participate. From these first invitations we recruited six participants. We then began a second round of recruitment invitations; however between the first and second rounds of invitations one of the women who had been a client of the advocacy services, Annan Lui, was murdered by her violent partner. Her death was the first homicide in the district since the advocacy services had been established. Advocates reported that the women they had spoken to about the research became far more cautious about taking part, and the demand for advocacy services increased substantially. We appreciated that the additional demand on their services meant that they could not help us to recruit when they were so urgently needed to support women who were in critical situations. When the demand for services returned to normal levels, we negotiated a third round of recruitment invitations and three more participants became involved in the study. At that point, we decided to stop recruiting because we were approaching the summer holiday period, and the public holidays that occur during Christmas and New Year celebrations are a recognised time of increased demand on refuge and advocacy services. Taking

safety into account meant compromising our goals for a sample of 12 participants, yet for us this compromise was far preferable to imposing research demands on advocacy services that were needed to enhance women's safety in the district.

In the second study, we again collaborated with advocates to recruit participants, and we changed our recruitment protocol a little so that potential participants were asked about their interest in the research during a scheduled meeting or phone call with a known victim advocate. This approach was designed to ensure that the women are less at risk because discussion of the proposed research takes place at a negotiated contact time, where advocates can assess the clients' safety and offer follow up support if required.Advocates contacted potential participants who met the criteria for participation with regard to age, and time lapse since their partner's court case was finalised, and if there was nothing in their file to indicate that their safety might be compromised. The experience of the advocates and the research team with this approach to recruitment made all of us more sensitive to the complexities of safety that affect the women involved with their services.

There were 2888 case files on the advocacy database over the two year period prior to recruitment commencing. 1425 (49%) involved court related matters that met the criteria for time-lapse since criminal cases were concluded. 775 (54%) of these cases included notes suggesting that the client's safety could be compromised by contact. 69 (5%) clients had no current contact details and 2 (0.15%) were too young to participate. The remaining 579 (41%) clientswere contacted at least once. Thirty-eight of these clients were identified as unsafe when contacted and advocates provided them with additional safety planning services. Of the remaining clients, some were ineligible because they were involved in new court matters, others had moved out of the area or were living in refuges, and some had taken part in our previous study (Morgan, et al., 2008). Of those who declined to take part, many did not want to revisit the time when they needed advocacy services, or the place that was associated with the assaults they had experienced. Some did not want to revisit the time that their partner was in court because they had not wanted the prosecution to proceed. Many of the participants, who declined invitations to take part in the research, were apologetic about their decision. They appreciated the services that advocates provided, but they were concerned that the research would remind them of experiences that they did not want to revisit. Many were unwell, physically or psychologically. Sometimes their children were sick, or they had too much to do with family responsibilities and work. At times participants did not take part because we could not provide the resources they needed: child care was hard to find and some needed translation services. Fifteen clients agreed to participate but did not respond to information sheets about the research. Five clients agreed to participate, but cancelled scheduled interviews because of changes in their circumstances closer to the interview time scheduled. After seven months of recruitment, the advocates screened another 1071 files going

back further than two years prior to recruitment beginning. They could not identify anyone who met all the criteria for participating in the study.

An unintended consequence of our recruitment strategy was the identification of many previous advocacy clients who continued to have needs for safety planning and advocacy support. The research project resulted in many clients re-engaging with services and put pressure on the advocates' resources. Again, in this study, we called a halt to recruiting without reaching our target of 24 participants because so many of the advocate's clients were facing ongoing challenges to their safety and wellbeing. From the combined pools of nearly 4000 case files, we recruited 15 participants who were interviewed over an 8 month period. By the time we had completed all the interviews, 13 of the participants had re-engaged with advocacy services because their circumstances changed over the time since they were recruited, and they realised that their ongoing safety would benefit from additional support.

Along with realising how difficult it could be for women who had been involved with advocacy services to achieve ongoing safety, health and wellbeing, we learnt during the interview process that even many years after initial court cases at Waitakere, many women were still involved in family court matters over property and custody of their children. The long term consequences of their partner's violence against them were considerable, challenging and continued to compromise their safety, even when they had separated and moved away from the district where the offences had occurred. Even among this group of women who were more financially independent than we might initially have expected if we had not questioned the stereotype of domestic violence occurring primarily in lower socio-economic groups, there were ongoing issues in the transition to living safer, healthier lives.

Interviewing

Earlier I mentioned that we used conversational interviews to gather data for our analysis, so that we could build rapport and allow participants to guide the conversation as they judge best. We engaged this strategy primarily so that we could gather detailed accounts, and better understand the meanings of violence, protection and safety from the participants' point of view. Although we developed interview schedules for each study, which included a number of prompts that interviewers could use to ensure that the research goals were also met, the prompts were rarely used as the interviewers were able to identify significant, and even unanticipated, information as they talked with the women about their experiences. We had anticipated that our culturally diverse participant group might appreciate having a choice among Māori (indigenous), Pākehā (New Zealand European), immigrant or mixed teams of interviewers, so we took their preferences into account. Interviews were conducted privately at either the participant's home or a local community service office depending on convenience and safety for the participant.

While we had taken account of the time-lapse from the end of the court case involving their partner to the recruitment of the women for the studies as a matter concerning their safety, the interviewing process gave us new insights into the complexities of research with women who experience domestic violence. Some participants explicitly who told us that if they had been interviewed at any time closer to their involvement with the court proceedings, they would not have been able to talk to us as coherently or as candidly as they could at the time the interviewers were conducted. One participant clearly explained that at the time a victim's partner is arrested and taken to court, their status as a victim and their experience of victimisation is as significant as their risks of further harm:

> *"You do whatever you're told to do at that point, so that's why you're still a victim. You're a victim to the whole system. You are a puppet on a string because you haven't got a clue. Unless you've been through the process before, you don't know what's going on. You don't know when anything's going to happen, dates, times, nothing. You know nothing until you're told, 'til you get stuff in the mail, stuff from the lawyer, "Would you like this, would you like that?" You're dealing with lawyers, you're dealing with children's lawyers, you're dealing with [victim advocates], and you're dealing with police officers. You're dealing with your children and your family and the emotional side of it and it's just a big cesspool, somebody stirring it with a big wooden spoon. It's all going round and round and round (WP2)."* (Coombes, et al., 2009, p. 41)

Alongside our insights about the timing of interviews and the importance of not conducting research while the women are experiencing interventions that feel chaotic and unmanageable to them, conversational interviews also gave us a fresh appreciation of the importance of interviewers' interpersonal skills and experience with women in crisis. Early in our planning of the studies we had decided that our interviewing team would be experienced with counselling to ensure that they were able to recognise any escalating distress that the interviews might provoke for the women reflecting on abuse and violence in their intimate relationships. When we came to analysing the data it was apparent that in some cases, periods of the interview up to 45 minutes in duration had involved counselling interactions that were not directly related to gathering data for the study and had not be intended when we developed interviewing protocols or schedules. For us, this experience emphasised the critical importance of collaborating with the advocacy services so that participants could re-engage with their advocates after interviews that provoked distress, raised new issues for them, or helped them realise that there would be benefits to the safety and wellbeing from seeking renewed support from the community services available to them.

Drawing to a conclusion

Within some of the literature on intimate violence against women, there are frequent references to the importance of taking women's safety into account and our research team plans the studies that involve women who have been victimised with safety as a foremost consideration. Women who have been victimised are not only affected by abuse and violence, towards themselves and their children, but also by stereotypes of

victimisation; family and community responses to their victimisation; shifting meanings of violence, protection and safety; the complexities of the systems that aim to intervene to stop violence, including the criminal justice system, child protection systems and family court. They may also be put at risk by researchers who do not take their safety into account when they design research.

Although we have been aware of these possibilities throughout our studies on the interventions and services that aim to reduce domestic violence in New Zealand, each of our studies has brought us new insights into the complexity and challenges of safely conducting research with women who are vulnerable to abuse and violence at home, and to social stigma in the community. We have learnt to compromise for safeties' sake, to be flexible so that we can accommodate participants' changing circumstances, to take as few risks as we can anticipate in the way that we design and conduct our research, and always to collaborate with those who understand best the circumstances and contingencies that enhance or compromise women victims' safety.

Returning, now, to the current context of domestic violence in Aotearoa/New Zealand, I hope that our experience of researching violence against women in intimate relationships and the challenges posed by women's previous experiences of abuse, and phenomena like minimisation and stereotyping help explain the scarcity of population level studies and the difficulties of reliably measuring the extent of violence committed in intimate relationships. While our research team appreciates the importance of reliable prevalence and incidence estimates for the purposes of determining needs for services and interventions and strategies for prevention, our priority remains the safety of the women, and children, who are most seriously affected by violence in their homes.

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