Community responsibility for freedom from abuse (2006): The view from 2011

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The argument of this paper was that responsibility for freeing women, men and society from abuse, rests primarily with communities supported by institutional and state resources and policies. We called for a rebalancing of responsibility away from individual women and men. We acknowledged that the attitudes and actions taken by family, friends, health workers and other officials were pivotal in either stopping violence and in reconnecting women and their children to the community or in condoning continuing violence.

Based on the findings of a four-year study including Maori and Pacific, women we concluded that the main determinants of violence against women was gendered inequity deeply embedded in family and community cultures, the institutional practices that reflected and supported these attitudes and the belief that responsibility for stopping the violence lay with the individual women. The refrain of the time over and over again was "why don't women leave?" The questions "why doesn't he stop?" or "what allows him to be violent and a serial abuser?" were never asked. We were able to demonstrate the emotional, financial and safety difficulties women faced in leaving and the ways in which women strategically took opportunities to spiral out of abuse. These opportunities have increased as more resources have been made available and as mass media campaigns such as "It's Not OK!" and "Blow the Whistle" have contributed to a shift in community consciousness and willingness to act in defense of women and children.

Six years or so on, we note changes as well as ways in which violence in families persists. During this time there has been a broadening of the scope of attention to neglect and abuse in families with the emergence of research and NGO agency attention to child poverty and inequality. The focus on children can be seen as a compelling strategy to address poverty and associated child neglect and abuse. Bringing to light the impacts of violence and lack of provision for child wellbeing in New Zealand is a doorway to addressing whole of family functioning.

Responsibility for child wellbeing is located with communities as well as with the State. The report *1000 days to get it right* identifies the negative impacts of poor investment in child wellbeing in New Zealand. The estimated $4 billion in economic costs is calculated in terms of subsequent hospital admissions, drug and alcohol abuse, criminal justice costs, lower employment and poor educational outcomes[1]. A parallel study *Te ara hou* to identify culturally referenced goals for whanau and Pasefika family wellbeing is similarly addressed to shared responsibility for stopping abuse[2]. Child Poverty Action Group (CPAG) and initiatives to reduce inequality such as Whakatata Mai demonstrate the impetus towards greater accounts of collective responsibility for healthy families[3].

In respect of specific attention to violence against women there has been some shift in responsibility from the victim to the perpetrator. A whole-of-Government approach resulted in better co-operation among government agencies and there has been progress in police prac-

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tices for example around the arrest of perpetrators, in the health sector and in local government support for the elimination of all forms of violence. Better education and training about the dynamics of abuse has resulted in increased skills in recognising abuse and taking action. Plunket nurses, some general practice doctors and some DHBs have established policies of identification and follow up. The voices of men against violence are louder.

New information has come to hand that links poverty with domestic violence and child abuse. At the time of the original Free from Abuse research there was a prevalent view that violence takes place across all socio-economic sectors, and that women in the higher income brackets were more able to hide violence. They had more resources to leave home for a short time and possibly more investment in staying in violent relationships for economic reasons. More recent research by Albee (2006)[4] and Public Health Advisory Committee (2010)[5] has come to light that contradicts this view, particularly in relation to child abuse. In these studies family income is strongly correlated with child wellbeing:

Parental income is associated with almost every measure of child wellbeing. Poverty impacts on access to healthcare, quality of food consumed, involvement in social activities, housing quality, educational opportunities (p. 53)[5].

Albee links drug and alcohol usage, violence levels, longevity, and cognitive development to detrimental impacts on physical and mental health and as diminishing to the human spirit (p. 176)[4].

Poor children, when compared with economically advantaged children, experience more family turmoil, more violence, instability, separation from family, chaotic households, and lower social support. They have parents who are less responsive.

> … they are less often read to and they live in more crowded , noisier, and more dangerous environments. … Their neighbourhoods are poorly served and more deteriorated" (p. 176)[4].

The *Children's social health monitor 2011 update* says it all: richer children are far less likely to end up in hospital because of injuries from assault, neglect or maltreatment than poor children. Poverty stresses families and puts children at risk (p.61)[6].

Gaps remain, and are embedded in poverty and unequal socio-economic factors. Institutional change is necessarily slow and in many areas has not even been initiated on a scale adequate to meet the need. For, example, not all District Health Boards and groups of primary care health professionals have engaged with the process. Women continue to face problems in the courts around financial support, the custody of children, and not least, their personal safety. Refuges are under resourced and unable to serve the most vulnerable women. Refuge workers do not have access to specialist training. Specialised services and housing options for women with drug and mental health problems are not available[7]. Financial barriers and housing uncertainties continue to constrain the choices of women.

It is not our intention here to review all the positive changes in services and attitudes that have occurred over the last five years or to identify the areas of research and action where there is stagnation. One area of research we are drawing attention to is the effects on the wellbeing of children exposed to violence. We have noted the studies related to economic deprivation and also the negative bias of abuse in Māori and Pasefika families. In comparison to former decades, progress over the last five years has been significant. However, identification of abuse and, in particular, psychological abuse and threatening behaviour is inhibited by beliefs in men's rights over women, the misunderstanding that only physical violence is abuse and that violence is confined to the lower levels of society. The issue of male dominance and gender inequity apparent at all social levels is barely in the public discourse or addressed in public educational campaigns.

We reiterate our assertion that sustainable solutions to the violence and abuse of women "is a complex undertaking requiring the committed collaboration of a wide range of stakeholders" and that "this is unlikely to happen without a rebalancing of responsibility among individuals, professional and institutional policies and services, and the general community". Five years ago we advocated that the discourse around domestic violence be framed to present the problem as an economic, social, cultural and human responsibility issue. Our thinking over the last five years has further clarified for us that eliminating the underlying determinants of gender inequity is a necessity if there is to be further progress towards a society where both men and women can flourish.

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Notes

1. Grimmond, D. (2011). *1000 days to get it right.* New Zealand: Infometrics Ltd, Every Child Counts.
2. Henare, M. and Puckey, A. (2011). *Te ara hou - The pathway forward. Getting it right for Aotearoa-New Zealand's Māori and Pasefika children.* The University of Auckland, New Zealand: Every Child Counts and Mira Szászy Research Centre.
3. New Zealand Council of Christian Social Services (NZCCSS). (2011). *Whakatatamai closer together*. www.closertogether.org.nz, sourced 05 Nov 2011.
4. Albee, G.W. (2006). Historical overview of primary prevention of psychopathology. *3rd World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioural Disorders.* Auckland: Clifford Beers Foundation.
5. Public Health Advisory Committee. (2010). *The best start in life: Achieving effective action on child health and wellbeing.* Wellington: Ministry of Health.
6. Children's Social Health Monitoring Group. (2011). *The children's social health update*. www.nzchildren.co.nz/userfiles/Childrens%20Social%20Health%20Monitor%202011%20Update%20Master%20Word%20Document.pdf, sourced 05 Nov 2011.
7. Homeworks Trust. www.homeworkstrust.org.nz, sourced 5 Nov 2011.