Prevention, Response, and Referral Pathways for Cases of Intimate Partner Violence and Sexual Violence at a New Zealand University

A Preliminary Assessment

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Abstract

Aim: This dissertation aimed to conduct a preliminary assessment of prevention, response and referral pathways for cases of intimate partner violence (IPV) and sexual violence (SV) at a New Zealand university.

Methods: *Study Design:* The study was exploratory in nature, and used a qualitative methodology. *Setting:* The setting of the study was the University of Auckland (UoA), a large urban university with six campuses, and a total student population of 40 784 people. *Participants:* Participants were recruited purposively on the basis of their roles as key respondents to IPV and SV in the UoA student body. Recruitment yielded two Women's Rights Officers, seven counsellors, the Manager of Security Services, and three Heads of Halls (of Residence), with a total number of twelve participants. *Data collection:* Qualitative data were collected through one paired semi-structured interview, two individual semi-structured interviews, and one focus group with seven participants. Conversations were conducted for approximately one hour, electronically recorded, and transcribed. *Data Analysis*: Qualitative data was coded and analysed using the General Inductive Approach, producing a final total of 5 main themes, with 18 subthemes.

Results: The present study indicates that a small number of student IPV and SV cases are presented to key respondents; however, each of these cases have a large impact in terms of time and resources. Prevention efforts are occurring at the university, but are limited in focus, occurring sporadically and independently of each other; are limited in reach, with only small proportions of the student population accessing these services; and limited in content, with the main focus of educational approaches being the provision of SV information to potential victims. Immediate responses to IPV and SV at the university are more developed. However, levels of identification and screening appear to be restricted, suggesting that further development of existing services is required. Finally, referral and maintenance responses to IPV and SV exist at the university, and are generally perceived as adequate, with further

development of these services being potentially outside of the expertise and jurisdiction of the university.

Conclusion: Further research is required to ascertain levels of actual need for responses to IPV and SV in the UoA student body. Currently, the foundations for adequate prevention and response pathways exist. However, more investment is required from the university in terms of funding and commitment to develop these further. Development of these services would be consistent with international efforts to address IPV and SV in university student populations, and would contribute to the prevention of high profile cases of IPV and SV at the university, as well as an improvement in the academic and social environments of students.

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Chapter 1: Introduction and Structure

1.1Introduction

Intimate partner violence (IPV) and sexual violence (SV) are significant and common problems globally, with both phenomena having serious adverse effects on the reproductive, social, emotional, mental, and physical wellbeing of victims, and their families. The nature of these issues lead both IPV and SV to be 'silent' issues in society, with significant underestimation of the effects of the problem; however, population-based studies such as the 'WHO Multi-country study on women's health and domestic violence against women' show that between 15% and 71% of women are subject to sexual, or physical violence during some stage of their lifetime (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005). In the New Zealand (NZ) context, a study conducted by Fanslow & Robinson (2004) revealed that approximately 1 in 3 women experience IPV in their lifetime.

Sadly, these rates are reflected in university populations, which internationally exhibit rates of IPV among students ranging from 20% to 68% (Amar & Gennaro, 2005; Nabors, 2010; Nabors & Jasinski, 2009; Policastro & Payne, 2013; Próspero & Vohra-Gupta, 2007). Although there are no current estimates of the rates of IPV or sexual violence in NZ universities, early studies suggest that it is also a problem here. A study conducted by Gavey (1991) , on a sample of 347 female, and 176 male undergraduate students at UoA, showed that 51.6% of women had experienced a form of sexual victimization, and 25.3% had been raped or experienced attempted rape.

Internationally, various universities have implemented preventative, responsive, and referral level interventions in order to address IPV and SV in their student populations. However, it is unknown what approaches are currently implemented in a NZ university context. This study attempts to address this gap in the literature, conducting research to investigate what responses to IPV and SV currently exist at UoA; what the strengths and limitations of these responses are; who is responsible for conducting these responses; and what people at the university feel needs to be done.

1.2 Aim

The aim of this study is to conduct a preliminary assessment of prevention, response, and referral pathways for cases of intimate partner violence and sexual violence at a New Zealand university.

1.3 Structure

The dissertation consists of six chapters. This introductory chapter outlines the aim and structure of the dissertation. The subsequent chapters are arranged in the following way:

- **Chapter 2:** Provides a context and rationale for the present study through a background literature review on the issues of IPV and SV. Prevention, response, and referral efforts currently implemented to address these issues in international university populations are also discussed.

- **Chapter 3:** Discusses the methodological principles that underlie the methods used in the present study.

- **Chapter 4:** Describes the methods used to conduct a preliminary assessment of prevention, response, and referral pathways for cases of IPV and SV at the University of Auckland.

- **Chapter 5:** Describes the qualitative results obtained from the present study.

- **Chapter 6:** Summarises and discusses key findings of the present study, strengths and limitations of the research conducted, suggestions for future research and practice, and conclusions of the study.

Chapter 2: Background Literature Review

2.1 Introduction

This background literature review has been conducted in order to establish the scope for the present study. The chapter contains a synthesis of literature relevant to the aim of conducting a preliminary assessment of prevention, response, and referral pathways for cases of IPV and SV at a NZ university. After a brief description of the search methods used, the review begins by defining IPV and SV and providing a summary of their consequences. This is followed by a discussion of their prevalence in both general and university populations. The chapter then discusses the various ecological factors that can influence rates of IPV and SV in university populations, with a particular focus on the role of alcohol use in students. A review is then given of various responses to IPV and SV that have been attempted in international university populations, and is divided into the four main categories of 'Prevention'; 'Factors Affecting Help Seeking Behaviours'; 'Immediate Response'; and 'Referral and Maintenance'. Finally, an international example of a comprehensive approach to IPV and SV in university populations is provided.

2.2 Search Methods

A literature search was conducted in order to collect significant information regarding IPV and SV, their prevalence, and relevant responses in university populations. The search was conducted using the electronic databases 'Scopus', 'MedLine', and 'Google Scholar'. The generic search engine 'Google' was useful for gathering relevant grey literature in the form of governmental and organisational reports.

Several key terms were used in varying combinations in order to create search phrases. These key words included: college, university, intimate partner violence, sexual violence, sexual assault, dating violence, relationship violence, responses, intervention, prevention, responses, risk factors and education. Examples of key Boolean phrases included [intimate partner violence AND university AND intervention] and [sexual violence AND prevalence AND

university OR college]. Upon reading some of the articles, the term ‘alcohol’ occurred on a regular basis, and was subsequently added to the pool of search terms.

In order to narrow the scope of the review, specific parameters were put in place, with articles relating to such topics as genetics, immunobiology, and neuroscience being omitted. Parameters of the search were also restricted to studies published between the years 2000 and 2013. However, a dearth of NZ literature led to exceptions being made in the case of violence in NZ university populations. A ‘snowballing’ technique was also used in the identification of relevant literature from the reference lists of articles that were relevant.

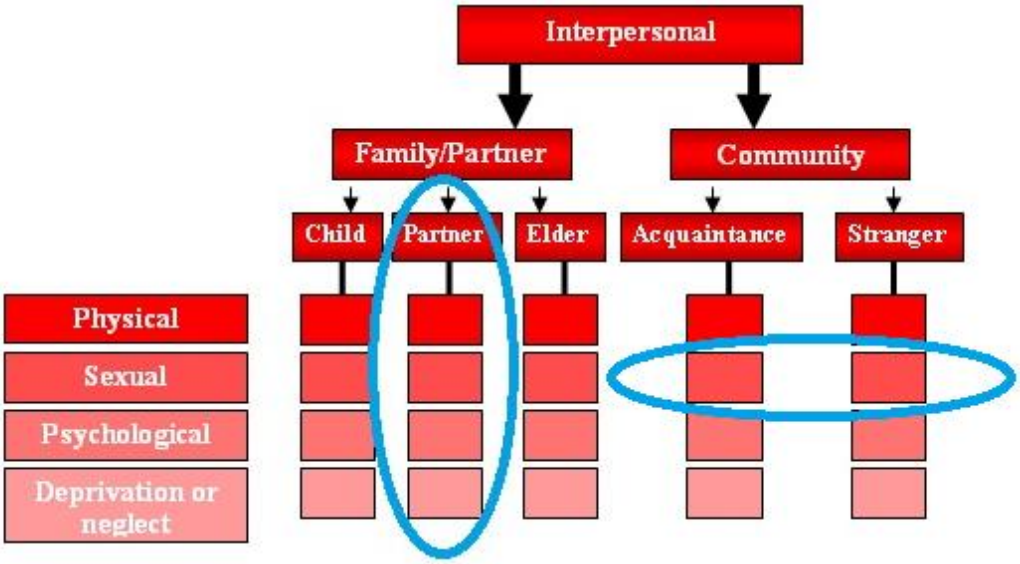
2.3 Intimate Partner Violence and Sexual Violence - Defining the issues

The World Health Organisation (WHO) defines ‘violence’ as the intentional use of physical force or power, actual or threatened, against oneself, another person, or against a group or community that results in either a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). TheWHO definition enables a broad range of behaviours to be considered. This is achieved through the inclusion of the word ‘power’ in conjunction with ‘physical force’, expanding the meaning to include acts resultant from a power relationship, which can include threats, coercion, intimidation, and neglect (Krug et al., 2002). Therefore, this definition can be understood to include neglect, physical, sexual, and psychological abuse.

Further, the consideration of ‘intentionality’ allows for consideration of differential cultural considerations of violence (Krug et al., 2002). For example, the physical striking of a spouse in some cultures may be determined as acceptable or ‘normal’ and therefore not ‘violent’ (Chavis & Hill, 2009; Krug et al., 2002). Thus, the WHO’s definition focuses on the intent to injure rather than the intent to ‘use violence’, defining violence as it relates to the health of the victim (Krug et al., 2002).

This definition also includes a typology, which divides the overall category into three types of violence: self-directed, interpersonal, and collective (Krug et al., 2002). The focus of this dissertation is on intimate partner violence (IPV), and sexual violence (SV). These are classified as ‘interpersonal’ violence (Figure 1).

Figure 1: WHO Typology of Violence – Interpersonal violence



Source: Adapted from Krug et al. (2002, p. 7, figure 1.1)

As shown in Figure 1, interpersonal violence can be divided into the two sub-categories of 'family and intimate partner violence'; and 'community violence'. This dissertation will focus on IPV, which can include physical, sexual, or psychological violence; and SV, which can be perpetrated by a known acquaintance of the victim, or a stranger (Figure 1) (Krug et al., 2002). More specific definitions of IPV and SV are provided in the following sections (2.3.1, 2.3.2).

2.3.1 Intimate partner violence

IPV describes a broad, preventable range of behaviours that include physical, sexual, or psychological harm by a former or current partner or spouse (Saltzman, Fanslow, McMahon, & Shelly, 2002). It is important to note that although more commonly presented as male violence against women, IPV can also occur against either sex in heterosexual, or same-sex couples (Anderson, 2005; Ruiz-Pérez, Plazaola-Castaño, & Vives-Cases, 2007; Saltzman et al., 2002; Tjaden & Thoennes, 2000). Moreover, sexual intimacy is not required in a relationship for violence that occurs to be classified as IPV (Saltzman et al., 2002).

Although IPV can be perpetrated by either gender, and any sexuality, a significant body of literature indicates that the nature of IPV perpetrated by men against women is more repetitious, physically injurious, and generally more severe than violence perpetrated by

women against men (Ansara & Hindin, 2011; Tjaden & Thoennes, 2000). Therefore, the literature on IPV focuses mainly on the health consequences as experienced by females; this is also reflected in this chapter. It can be argued that this is justified, given the significant effects of IPV on women's health. For example, an Australian study reported that IPV accounts for approximately 8% of the total burden of disease among women aged between 18 and 44 years, and is a more significant contributor to poor health in this demographic than such risk factors as hypertension, tobacco use, and body weight (Ansara & Hindin, 2011; Vos et al., 2006).

According to Saltzman and colleagues (2002), the four main types of IPV consist of physical violence; threats of physical or sexual violence; psychological violence; and sexual violence. These are all described below, with the exception of sexual violence, which has been defined in the next section (2.3.2).

- *Physical violence:* Physical violence is the intentional use of physical force which can potentially cause injury, harm, death, or disability. This includes, but is not limited to such acts as scratching; slapping; pushing; choking; grabbing; shaking; punching; burning; use of a weapon or restraints; and the use of one's body, size, or strengths against another person (Saltzman et al., 2002).
- *Threats of physical or sexual violence:* This category describes the use of words, gestures, or weapons to communicate intent to cause injury, physical harm, disability or death (Saltzman et al., 2002).
- *Psychological and emotional violence:* Psychological and emotional violence involve inflicting trauma on the victim through acts, threats of acts, or coercion. This can include, but is not limited to such acts as deliberate humiliation, controlling what the victim is 'allowed' to do, withholding information from the victim, isolating them from friends and family, diminishing or belittling the victim, and denying the victim access to basic money or resources. Furthermore, stalking is often included among the types of IPV (Saltzman et al., 2002). This refers to repeated harassing or threatening behaviour, such as following an individual, appearing at their home or workplace, making harassing phone calls, leaving written messages or objects, or vandalizing an individual's property (Saltzman et al., 2002; Tjaden & Thoennes, 1998).

Although SV is classified as part of IPV, it can also be perpetrated as part of 'community' violence by a stranger or acquaintance (Figure 1). Therefore, it has been defined separately in the next section.

2.3.2 Sexual Violence

SV is classified as any sex act that is perpetrated against the will of the victim, and encompasses non-consensual sex acts, attempted non-consensual sex acts, abusive sexual contact, and non contact sexual abuse (Basile & Saltzman, 2002). All of these acts involve victims who either do not consent, or are unable to consent to or refuse the act. These have been described in further detail below.

- *Completed sex act:* A completed sex act can be defined as contact between the penis and the vulva or anus, involving any degree of penetration; contact between the mouth and penis, vulva, or anus; or penetration of the genital or anal opening of another individual with a hand, finger, or other object (Basile & Saltzman, 2002).
- *Abusive sexual contact:* Abusive sexual contact is classified as intentional touching directly, or through clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any individual without their consent, or of any individual unable to consent or refuse.
- *Non-contact sexual abuse*: This category of SV does not consist of any physical contact between a perpetrator and a victim. Non-contact sexual abuse describes such acts as voyeurism; intentional exposure of a victim to exhibitionism or pornography; verbal or behavioural sexual harassment; threats of SV; or taking nude photographs, or photographs of a sexual nature of another individual without their consent or knowledge, or of an individual who is unable to consent or refuse (Basile & Saltzman, 2002).

There are a broad range of consequences that can result from IPV and SV. These are described below.

2.4 IPV and SV – A summary of the consequences

With regards to the consequences of IPV and SV, the vast majority of research has focussed on the physical effects as experienced by the victim (Ansara & Hindin, 2011). Although physical consequences are a significant facet of the debilitating effects that IPV and SV can have on the victim, the consequences of IPV and SV are broad, also spanning adverse sexual, psychosocial and economic effects (Ansara & Hindin, 2011; Campbell, 2002; Moe & Bell, 2004; Rothman & Corso, 2008; Snively, 1995; Tjaden & Thoennes, 2000).

2.4.1 Physical health consequences

Survivors of IPV and SV are subject to a number of physical health consequences. These can be either acute or have long-term effects that persist after the violence has ceased (Campbell, 2002). Direct effects of physical or sexual assault largely relate to physical trauma, the severity of which can be demonstrated through a New Zealand (NZ) study, in which a sample of 1309 Auckland women demonstrated that those who had experienced severe physical IPV (18.9%) were twice as likely to have been hospitalised in the last 12 months than women who had not experienced physical IPV (Fanslow & Robinson, 2004).

The long-term physical health consequences of IPV and SV are no less severe. According to Campbell (2002), the injuries and stress linked to IPV and SV can lead to chronic health issues such as headaches and back pain, gastrointestinal disorders and cardiac symptoms such as chest pain and hypertension.

2.4.2 Sexual health consequences

Due to forced sex, or sexual assault, IPV and SV can result in a number of gynaecological problems. These can include sexually-transmitted infections; vaginal, urethral, or anal bleeding, infection or trauma; fibroids; decreased libido; chronic pelvic pain; and urinary-tract infections (Campbell, 2002; Coker, Smith, Bethea, King, & McKeown, 2000; Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008; Maman, Campbell, Sweat, & Gielen, 2000). Adverse neonatal and maternal outcomes have also been recorded, including unintended

pregnancy and preterm delivery (Campbell, 2002; Cripe et al., 2008; Maman et al., 2000; Silverman, Decker, Reed, & Raj, 2006).

2.4.3 Psychosocial consequences

Mental health disorders such as depression and post-traumatic stress disorder are among the most common mental health consequences of IPV and SV (Campbell, 2002). Also included in common psychosocial consequences of IPV and SV were anxiety, suicide ideation and suicide attempts (Ansara & Hindin, 2011; Ellsberg et al., 2008). In addition, the psychosocial consequences of IPV and SV do not solely encompass diagnosable mental disorders; a Canadian study of 1131 men and women revealed that the most commonly experienced psychosocial outcome for women suffering from severe IPV or SV was fear, with 47.8% of the sample exhibiting this pattern (Ansara & Hindin, 2011). Approximately one in five men in this sample who had experienced IPV or SV also reported symptoms of depression or anxiety, as well as feeling hurt, ashamed, or confused.

2.4.4 Economic consequences

Due to the physical, sexual, and psychosocial consequences of IPV and SV mentioned in the previous sections, violence of this nature is responsible for significant adverse economic outcomes. For example, it has been estimated that in the United States of America (U.S.A), IPV victimisation is responsible for an annual total of 14.6 million days of lost productivity among women, with every assault on a female partner leading to an average of seven days of works missed (Rothman & Corso, 2008). Moreover, each assault incident of physical assault is purported to cost an average US$800 of medical and mental health care. In total, this amounts to a cost of approximately US$5 billion every year in health care costs and lost productivity (Moe & Bell, 2004; Rothman & Corso, 2008).

In a NZ context, Snively (1995) compiled a report on one of the first attempts in the world to identify the economic cost of family violence, of which IPV plays a significant role. Results of Snively's analysis indicate that the annual economic cost of family violence in NZ is approximately $1.2 billion (Snively, 1995). To contextualise this figure, this was more than

the $1.0 billion earned from NZ wool exports between 1993 and 1994, and approximately half of the $2.5 billion earned from forestry exports (Snively, 1995).

These economic consequences serve as an indicator of the substantial prevalence of IPV and SV. When considered alongside the physical, sexual and psychosocial consequences of this preventable behaviour, it becomes apparent that these issues should be addressed. The prevalence of IPV and SV are described in the following section.

2.5 Intimate Partner Violence and Sexual Violence – Prevalence

With regards to the measurement of IPV and SV in global populations, a number of factors can complicate the issue. As mentioned in section 2.3, there exists a diverse range of definitions for IPV and SV. This can lead to variation in the data on the prevalence of the issue. A majority of prevalence studies focus solely on the physical aspect of IPV due to its relative ease of definition and recognition (Ruiz-Pérez et al., 2007). However, as explicated by the WHO Typology of Violence (See Figure 1), and the definitions as outlined in sections 2.3.1 and 2.3.2, IPV also encompasses processes of sexual, psychological and other processes involving power over another (Basile & Saltzman, 2002; Krug et al., 2002; Saltzman et al., 2002).

Using this conceptualisation of IPV and SV, the 'Multi-country study on women's health and domestic violence against women' showed that between 15% and 71% of women are subject to sexual or physical IPV in their lifetime, whilst between 3% and 59% of women report sexual coercion or violence from a partner (Ansara & Hindin, 2011; C. Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006; Heise & Garcia-Moreno, 2002; Jewkes, Sen, & Garcia-Moreno, 2002).

Rates of IPV and SV in the NZ population are also reportedly high. A large cross-sectional study of 2855 women from the Auckland and Northern Waikato regions reported that 33% and 39% of women had experienced physical and/or sexual IPV, respectively (Fanslow & Robinson, 2004). According to Towns (2009), the development of these violent behaviours in relationships can be viewed as if on a continuum, starting with controlling behaviours at the inception of young peoples' relationship careers, and progressively worsening to extreme physical violence throughout the life course. With this developmental understanding of IPV

and SV (Towns, 2009), a logical action to prevent and reduce of IPV and SV in populations would be to investigate and address these behaviours in university populations, which contain significant numbers of young people entering intimate relationships for the first time.

2.5.1 University prevalence

In terms of international studies of prevalence in university populations, the vast majority of studies have been conducted in the U.S.A, with studies indicating rates of IPV among university students ranging from between 20% and 68% (Amar & Gennaro, 2005; Nabors, 2010; Nabors & Jasinski, 2009; Policastro & Payne, 2013; Próspero & Vohra-Gupta, 2007). A cross-sectional study of 338 Russian university students also indicated that approximately 25% had experienced physical assault from an intimate partner (Lysova & Douglas, 2008). In addition, a Japanese sample of 274 students reported that approximately 50% of both male and female students had experienced IPV in the form of harrassment from an intimate partner (Ohnishi et al., 2011). As a lone category, SV was also reportedly high in U.S.A university populations (Koelsch, Brown, & Boisen, 2012; S. J. Potter, Moynihan, Stapleton, & Banyard, 2009). National samples in the U.S.A indicate that 11%-15% of university women have experienced a completed rape, whilst 50% of have experienced some form of sexual victimisation in their lifetime (Koelsch et al., 2012). A US national sample of university women also found that 2.8% had been subject to completed or attempted rape in the previous year (Banyard, 2008).

With regards to the prevalence of IPV and SV in NZ university populations, there is a dearth in the amount of available literature. One early study by Gavey (1991) was located, which indicated that SV is also an issue in at least one NZ university student body. A cross-sectional survey of 347 female, and 176 male undergraduate students at the University of Auckland (UoA) revealed that 51.6% of women had experienced a form of SV in their lifetime, and 25.3% had been raped, or experienced attempted rape in their lifetime (Gavey, 1991). With regards to male participants, only perpetration was measured. Interestingly, these data from male participants showed that only 13.6% reported perpetrating sexual violence; a small proportion compared to American samples (Gavey, 1991). In response to these results, Gavey (1991) argues that during the time that this study was conducted, sexually coercive behaviours were condoned to some extent by Western societies, particularly in heterosexual relationships. Due to these cultural factors, there is a possibility that while behaving in

sexually coercive ways, men may not have been attentive to whether or not their female partner was willing, and did not find past acts of SV memorable. This may have been salient in NZ men rather than men from the U.S.A because the phenomena of 'date rape' and 'acquaintance rape' had not received as much public exposure at the time in NZ (Gavey, 1991).

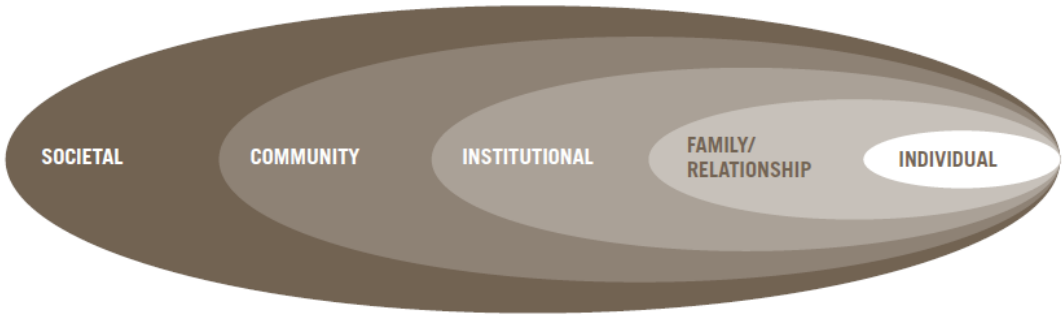
2.6 The Ecological Model – An integrated method of understanding IPV and SV

No single factor can be attributed to the high rates of violence in general and university populations. The perpetration of, and responses to IPV and SV are embedded in a complex interplay of individual, relationship, institutional, social, cultural, and environmental factors (Krug et al., 2002). These factors will be discussed in the context of the ecological model, which has been described in this section.

The ecological model (Figure 2) is a tool that can be used to aid in the explanation of the multifaceted nature of IPV and SV (Fanslow, 2005; Krug et al., 2002). Originally applied to child abuse and youth violence, this model has since been used in the field of IPV and SV, and explores the relationships between individual and contextual factors, considering IPV and SV as the product of multiple levels of influence on behaviour. The ecological model also provides a basis for the examination of interventions that have been designed to address IPV and SV, and the levels they target (Fanslow, 2005).

There have been multiple iterations of the ecological model. The version used for this dissertation has been adapted from Fanslow (2005), and includes a less common 'institutional' level. The levels included in this model are explained below, in addition to considerations of how these levels may be represented in a university context

Figure 2: Ecological Model for Understanding Violence



Source: Adapted from Fanslow (2005, p. 77, figure 7.1)

- *Individual:* This level accounts for personal history, biological, and demographic factors. This can include such factors as a previous history of violence, impulsivity, and substance abuse (Fanslow, 2005; Krug et al., 2002). More specifically to a university context, possible influences at the individual level could include student, faculty, or staff attitudes towards IPV or SV, or personal skills for negotiating conflict (Langford, 2012).
- *Family/Relationship:* Family/relationship includes proximal social relationships with peers, intimate partners and members of family. This level predominantly consists of relationships with those in which the individual interacts with on a daily basis (Fanslow, 2005; Krug et al., 2002). In a university community this could consist of peer norms regarding acceptable behaviours, or responses to IPV and SV by bystanders (Langford, 2012).
- *Institutional:* This level recognises the role of institutions and institutional practices in influencing behaviours (Fanslow, 2005). Examples could include the implementation of interventions, and organisational practice against IPV and SV (Langford, 2012).
- *Community:* The community level of the ecological model represents the contexts in which social relationships exist; these can include neighbourhoods, workplaces, or university campuses (Fanslow, 2005; Krug et al., 2002). The aim of this level is to identify the traits of these settings that that are associated with being a victim or a perpetrator of IPV and SV. In a university context could include young students at a transient age being inexperienced in conducting healthy intimate relationships

(Towns, 2009), or high levels of alcohol consumption in university campus environments (Abbey, 2002).

- *Societal:* Finally, the societal level of the ecological model refers to the characteristics inherent in wider society that have an influence on rates of IPV and SV. These could include wider cultural factors, such as cultural beliefs of the acceptability of violence against an intimate partner, male gender role socialisation, or media images that glamorise or romanticise violence (Bonomi, Altenburger, & Walton, 2013; Langford, 2012).

One factor that has complex relationships with university IPV and SV across multiple ecological levels is the consumption of alcohol among university students.

2.7 The Role of Alcohol in University IPV and SV

The consumption of alcohol in university populations is reported to be a significant mediator of peer relationships, given that the majority of alcohol consumption within student bodies occurs in social situations (Hove, Parkhill, Neighbors, McConchie, & Fossos, 2010). Unfortunately, the salience of alcohol in university populations has a significant effect on the perpetration of IPV and SV, with a significant body of research indicating that as a peer norm existent at institutional and community levels, the excessive consumption of alcohol may exacerbate, intensify, or camouflage IPV or SV, in addition to affecting responses at the institutional level (Banyard, 2011).

Alcohol has been shown to be a common factor in both IPV and SV perpetration among university populations (Abbey, 2002; Hove et al., 2010). Research has consistently proven that the transition into university, and the subsequent years spent in tertiary education represent the highest alcohol consumption rates in the life span (Hove et al., 2010). This is concerning when considering IPV, which is reportedly 11 times more likely to be perpetrated by men who have consumed alcohol on the same day (Hove et al., 2010).

SV perpetration was also associated with alcohol consumption. Studies indicate that approximately 50% of all sexual assaults occurring in U.S.A university student bodies are associated with the use of alcohol (Abbey, 2002; Koelsch et al., 2012). According to Burn (2008), rapes in university student bodies often occur in party and date situations, and often

involve drug or alcohol intoxication. However, it should be considered that the frequent pattern of co-occurring alcohol consumption and SV may not be a simple causal relationship. Other variables may also be responsible for both alcohol consumption and sexual assault.

The role of alcohol in the perpetration of IPV and SV can be explained using multiple levels of the ecological model. An ecological lens dictates that SV in university populations has multiple unique influencing factors across perpetrators and for any single perpetrator. For example, in university populations, a significant mediator in the relationship between SV and alcohol consumption was shown to be the influence of peers and institutional traditions (Abbey, 2002; Hove et al., 2010; Mouilso, Fischer, & Calhoun, 2012; Simons, Gwin, Brown, & Gross, 2008). One common 'traditional' use of alcohol in university peer groups is the provision of an 'excuse' to engage in behaviours that are normally considered inappropriate; however, this is only possible if the peer group of the individual hold the same belief (Abbey, 2002; Simons et al., 2008). In many university communities, peer norms consist of heavy drinking and in the engagement of casual sex, with women often being treated as commodities (Abbey, 2002). These beliefs can also be compounded by societal views that are pervasive in some countries; for example, the belief that women who drink in bars are sexually promiscuous and therefore appropriate targets for sexual aggression (Abbey, 2002).

The use of alcohol and its relationship to IPV and SV in university populations demonstrates some of the complexities of addressing the issue, with responses being required across multiple levels of the ecological model.

2.8 Current Responses in University Communities

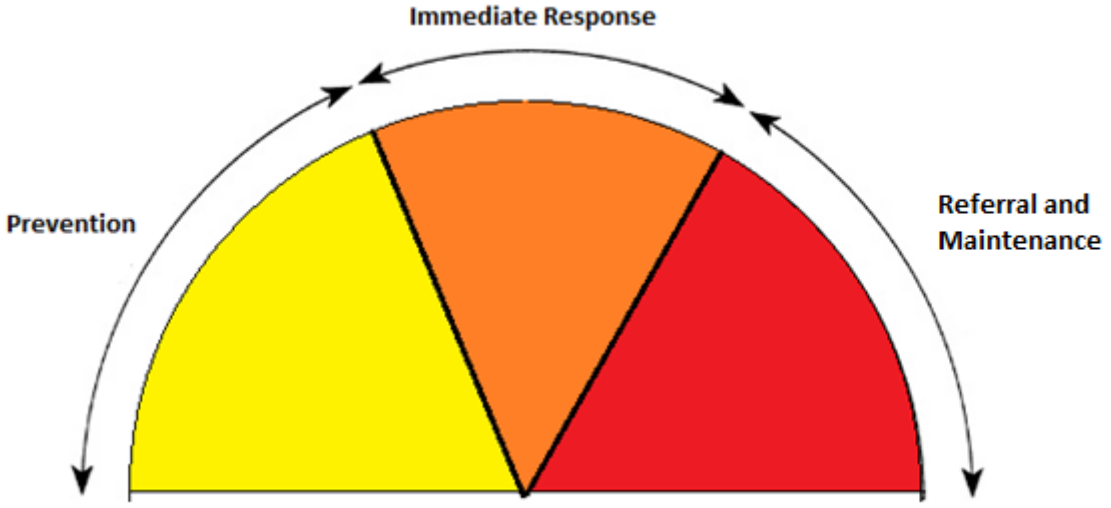
This review will now summarise some of the main approaches used in universities to address IPV and SV in their student populations. Literature in this area is concentrated on responses to SV in U.S.A university populations, with a paucity of information from other countries. One factor that may have been responsible for the overwhelming majority of U.S.A literature in this area is the implementation of a national campus security act named the Clery Act, that was implemented after the highly publicised 1986 rape and murder of university student Jeanne Ann Clery on a university campus (Giovannelli & Jackson, 2013; Karjane, Fisher, & Cullen, 2005). Also known as the 'Jeanne Clery Disclosure of Campus Security Policy and

Campus Crime Statistics Act', this law requires that all U.S.A universities across the nation annually provide information about crime, including sexual crime categories in and around campus, acting as a stimulus for the formation of programmes to address IPV and SV in university populations (Karjane et al., 2005).

The following discussion on some of these programmes has been divided into four sections based on the Modified Mental Health Intervention Spectrum as proposed by Barry (2001) (See Figure 3). First, responses to IPV and SV at the 'Prevention' level are discussed. Second, although not shown on the diagram, the section of 'Factors Affecting Help Seeking Behaviours' represents the transition between 'Prevention' and 'Immediate' responses, and explains some of the ecological factors that can influence a victim's use of services to address IPV and SV. Third, 'Immediate Response' interventions are discussed. And fourth, some of the processes for 'Referral and Maintenance' of student victims of IPV and SV are presented. These levels of IPV and SV intervention are further explained in the following sections.

It is important to note that the majority of studies and interventions mentioned in this section do not show the persistence of effects over time, or describe programmes that have not been evaluated at all; therefore, they are often unclear in their effectiveness (Banyard, Moynihan, & Plante, 2007). This is less than ideal; however, the main intention of this section is to build an adequate scope for the range of responses that have been implemented and attempted in various universities. Further detail has been provided where possible.

Figure 3: Modified Mental Health Intervention Spectrum



Source: Adapted from Barry (2001, p. 32, figure 3)

2.8.1 Prevention

A response to IPV and SV at the 'Prevention' level can be defined as activities that are implemented preceding any significant exposure to risk factors or onset of IPV or SV (R. H. Potter, Krider, & McMahon, 2000). These interventions are designed to address previously identified risk and protective factors for IPV or SV, providing education to whole populations or specific groups (R. H. Potter et al., 2000).

A common approach implemented by universities in the U.S.A in order to reduce the incidence of rape in their student bodies was to offer programmes that provided awareness about risk factors for rape, and self-defence training for women in order to be able to resist the advances of potential attackers (Karjane et al., 2005; S. J. Potter et al., 2009; Senn, 2013). While this may indeed aid certain individuals in defending themselves, this approach is problematic in that it focuses on rape as perpetrated by strangers, rather than acquaintances (S. J. Potter et al., 2009). It could be argued that the focus of this particular educational approach is slightly misplaced, due to the overwhelming majority of SV perpetrated by known acquaintances rather than strangers; for example, despite common stranger-rape myths, between 80 % and 90% of rapes involve victims and perpetrators who know each other (Karjane et al., 2005).

Other programmes targeted towards university students provided general information about the consequences of sexual assault, promotion of empathy with victims, and modification of rape myths (Koelsch et al., 2012). Rape myths can be defined as irrational beliefs that act as factors that can elicit sexually aggressive behaviours; for example, the belief that the term "no" means "convince me" (Abbey, 2002; O'Donohue, Yeater, & Fanetti, 2003; Policastro & Payne, 2013).

One example of a prevention approach that aimed to modify rape myths in males, in addition to increasing their levels of victim empathy, and helping them identify negative outcomes that could result from engaging in SV was a video based intervention conducted with a sample of 203 male undergraduate students at a medium-sized U.S.A university (O'Donohue et al., 2003). Participants were shown three video-based prevention segments, the first of which depicted university-aged characters discussing and debunking rape myths connected with SV. The second segment showed testimonials of female victims who had previously experienced SV, and focussed on communicating the short and long-term consequences of

SV. A powerful aspect of this segment was the asking of viewers to then imagine the experience of a loved one being raped, or themselves being raped by another man. The third and final segment showed men who had previously committed sexual assault, two of whom were in prison; characters in the video described the negative effects that perpetrating SV had had on their lives, and those of their families (O'Donohue et al., 2003). Evaluation of the intervention showed that the programme was effective in reducing rape myth acceptance, increasing victim empathy, and increasing awareness of the consequences of perpetrating SV; however, the design of the study did not allow the effectiveness of the programme at decreasing actual rates of SV to be investigated (O'Donohue et al., 2003). This finding is consistent across studies with a reviews of similar interventions concluding that , these types of interventions are successful at improving knowledge about SV; however, they have shown limited success in altering behaviours or changing incidence of SV (Koelsch et al., 2012).

A limitation of the currently implemented strategies is that they disregard the larger ecological context in which IPV and SV can occur, implicitly construing IPV and SV as a product of individual deviance or personal responsibility (Liang, Goodman, Tummala-Narra, & Weintraub, 2005). Although personal characteristics are undoubtedly contributory to the perpetration of SV or IPV, failure to acknowledge the wider peer and community contexts in which IPV and SV commonly occur could be detrimental. For example, a seemingly reasonable strategy of the promotion of safety whilst drinking could be deemed as socially undesirable by students, particularly if the consumption of alcohol in party environments is carried out with the intention of lowering inhibitions and becoming more receptive to peer pressure, with the need for social acceptance being more significant than warnings of safety for some students (Koelsch et al., 2012). Such an example highlights the importance, and complexities of considering IPV and SV as embedded in the broader ecological context of society. It should be noted, however, that some promising approaches to preventing SV on university campuses exist (Karjane, Fisher, & Cullen, 2002). These are summarised below.

A national study conducted by Karjane and colleagues (2002) in the U.S.A assessed the compliance of 2500 institutes of higher education to the ‘Clery Act’, summarising some of the main approaches taken to prevent the perpetration of SV among their students. Part of this report also identified promising preventative practices that had been implemented by some universities (Karjane et al., 2002). Similarly, Langford (2002) conducted an assessment funded by the U.S. Department of Education, which aimed to gauge the scope of the issue of

violence in university student bodies, in addition to providing a summary of some positive approaches taken by various campuses across the U.S.A.

In terms of educational approaches, the 'Stop, Look, Listen' (SLL) programme implemented at the University of Northern Colorado (UNC) describes a compulsory two hour workshop required for all incoming new students (Langford, 2012). This workshop explored a variety of health and safety practices, with a particular emphasis on the relationship between SV and the consumption of alcohol. This contrasts with some of the more common approaches taken to educate against SV, which primarily focussed on stranger rape as opposed to SV perpetrated by acquaintances (Karjane et al., 2005; S. J. Potter et al., 2009).

A relatively unique educational approach was also taken by Marshall University in West Virginia (Langford, 2012). Due to the fact that Marshall University serves an area with the highest rates of IPV and SV in the state, staff responded to the specific needs of their students, by including information on both IPV and SV in their educational programmes. This differs from the vast majority of violence education programmes, which solely focus on SV (Langford, 2012). As a result of these efforts, referrals to counselling services have increased substantially (Langford, 2012).

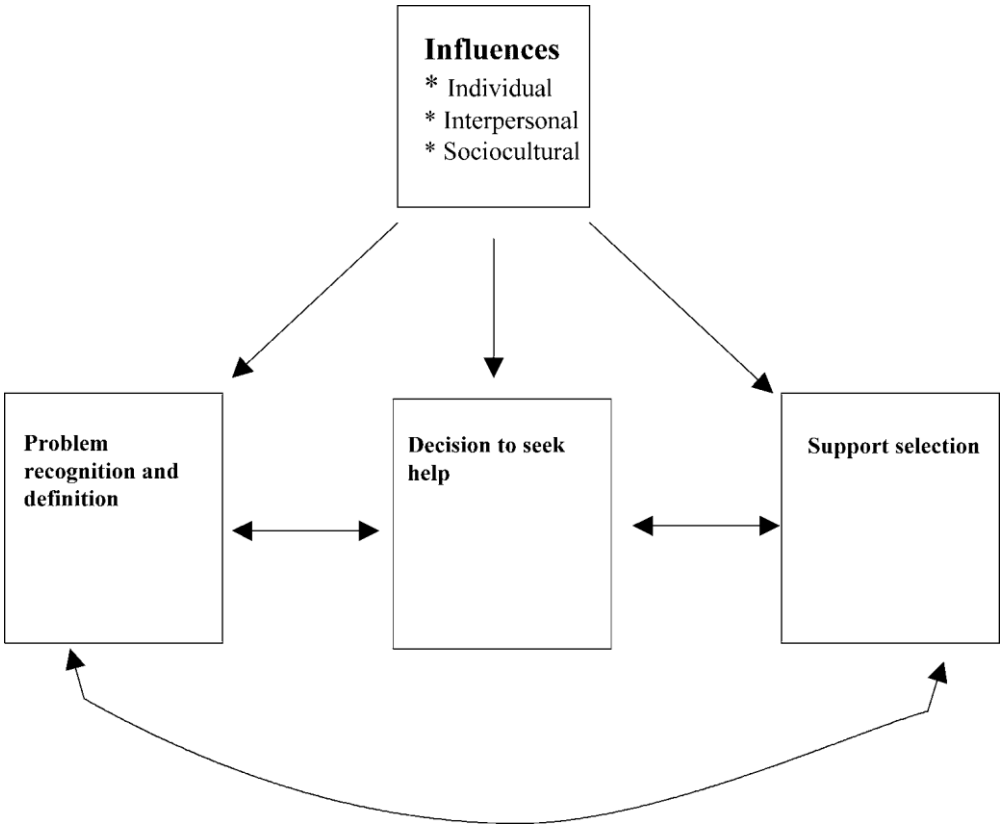
Another practice described as being positive is that of taking a 'proactive stance' against SV (Karjane et al., 2002). The example used refers to a university in Portland, Oregon, where high ranking university administrators including chancellors and presidents acknowledge the reality of SV among university students. Although this may appear to be a simple approach, it allows the provision of comprehensive and specific policies targeted at preventing IPV and SV (Karjane et al., 2002).

With regards to policy, Karjane and colleagues (2002) also provide recommendations that could aid in the prevention of SV in university populations according to strong policies implemented in various universities across the U.S. These recommendations include the need for clear operational definitions of what constitutes SV, as well as definitions and illustrations of actions that comprise gaining consent for mutual sexual activity. It has been recommended that such definitions be highly accessible and visible to students in student handbooks, on university websites, and on brochures alongside guidelines and clear instructions on how to report an assault, and where to access available support services (Karjane et al., 2002). Such policies are highly related to, and would aid in the mitigation of factors that can act as barriers to an IPV or SV victim seeking help. Such factors are discussed in the next section.

2.8.2 Factors affecting help seeking behaviours

Although preventative strategies are necessary in addressing IPV and SV in university communities, it could be argued that alone, they are not sufficient. According to Figure 3, to create comprehensive approaches, there must also be levels of immediate response and follow up (Barry, 2001). Unfortunately, the pathway for an IPV or SV victim to seek help from an immediate response or follow up service can be fraught with limiting factors that affect the victim's decision to seek help (Liang et al., 2005). According to the 'Theoretical Framework for Understanding Help-Seeking Processes among Survivors of Intimate Partner Violence' as proposed by Liang and colleagues (2005) (Figure 4), the process of help seeking for the individual can be divided into the three stages of 'Problem recognition and definition'; 'Decision to seek help'; and 'Support selection', each of which are influenced by factors at multiple levels of the ecological model. As shown by the bi-directional arrows between each of the stages in Figure 4, the process of defining the problem, choosing to seek help, and choosing a support provider is not linear; for example, although an IPV or SV victim's definition of their situation shapes their decision, the helper that they choose will also influence how they define the problem and whether they will continue to seek help (Liang et al., 2005). These stages of help seeking will be applied to the context of IPV and SV in university populations in the following sections.

Figure 4: Theoretical Framework for Understanding Help-Seeking Processes among Survivors of Intimate Partner Violence



Source: Adapted from Liang et al. (2005, p. 73, figure 1)

2.8.2.1 Problem recognition and definition. Individuals respond to IPV and SV in a variety of ways, depending on how they define their situation (Liang et al., 2005). At the individual level, an IPV victim's definition of their situation depends on their readiness to change; for example, a university woman who is not willing to leave her abusive relationship will accept the perpetrator's definition of the situation, minimising the violence as temporary, or comparing her relationship to someone's who has more serious problems of IPV (Liang et al., 2005).

One main factor that could affect problem recognition and definition at the relational level for an IPV victim could be cognitive distortions caused by both the abuser, and members of the victim's close support networks. For example, upon attempting to disclose to friends or family members in order to validate their definitions of their situation, being met with disbelief, shock, or disdain could challenge their beliefs, causing them to re-evaluate their

situation as something other than abuse (Liang et al., 2005). Furthermore, historical violence from either previous intimate relationships or familial relationships has the potential to change the victims' perception of what is 'normal', and what constitutes 'violence' (Edwards, Dardis, & Gidycz, 2012; Liang et al., 2005).

Societal, community and institutional level attitudes and perceptions of IPV and SV can also play an essential role in the public response to IPV or SV, and the response of the victim to their own situation (Policastro & Payne, 2013). Societal ideologies, such as those portraying university women who drink in bars as sexually promiscuous (See section 2.7), or university practices of heavy drinking for the explicit purpose of having casual sex may legitimise or normalise IPV and SV, causing victims to internalise these perspectives and view their experiences or situations as normal, which can lead to difficulties in the recognition of violence in their lives (Edwards et al., 2012). However, even if victims of IPV and SV are able to recognise their situations, there are additional factors that can contribute to their decision to seek help.

2.8.2.2 Decision to seek help (disclosure). The victim's decision of whether to seek help is derived from their definition of the problem, and continually changes as the victim's understanding of their situation and environmental circumstances shift (Liang et al., 2005). One factor at the individual level that significantly influences the victim's decision to seek help is recognition of the problem as undesirable (Liang et al., 2005). IPV research is consistent with this condition, with research demonstrating a positive correlation between the severity of IPV and the likelihood of help seeking among victims (Goodman, Dutton, Weinfurt, & Cook, 2003; Liang et al., 2005). Similarly, victims of SV were reportedly more likely to report their experiences to formal and informal support services when their experiences were congruent with more stereotypical images of IPV or SV, with more 'minor' incidences being disregarded (Walsh, Banyard, Moynihan, Ward, & Cohn, 2010).

At the relationship level, one of the main factors affecting whether a victim of IPV or SV chooses to seek help is that of a fear of bringing shame on themselves or their family; or a fear of being blamed. This can be compounded by previous experiences of disclosure where their concerns or fears have been minimised. It appears that these apprehensions are not unfounded in university populations; for example, a study of knowledge and attitudes towards IPV in a sample of 200 medical students revealed that 11.1% believed that victims

choose to be victims, 18.2% believed that victims must get something from the abusive relationships, and 18.3% were of the belief that 'it takes two to tango' (Sprague et al., 2013). Furthermore, between 25% and 75% of women who disclose their experience(s) of SV report that they are responded to in a way that is hurtful, disbelieving, or in a manner that blames them for the assault. These negative responses to disclosure are also known as 'the second rape', and can be a significant deterrent for those who have yet to disclose about a recent experience (Orchowski & Gidycz, 2012). In university populations, even such questions as "were you drinking?" can be a discourse of victim blame (Orchowski & Gidycz, 2012), inadvertently blaming the victim and reinforcing societal stereotypes of women who drink as sexually promiscuous (Abbey, 2002).

As a result of such factors, IPV and SV disclosure is infrequent in university populations; for example, one study of 650 university aged women revealed that although 42% had been victims of SV, only 28% had disclosed to someone. Of these, 75% had told a friend rather than a professional (Sable, Danis, Mauzy, & Gallagher, 2006). In the event that a victim of IPV or SV does choose to seek help, the choice of support can also be affected by a number of factors (Liang et al., 2005). These have been briefly discussed in the next section.

2.8.2.3 Support selection. The selection of a support provider involves the identification of an informal or formal source of support after a problem of IPV or SV has been recognised, and the decision has been made to seek help (Liang et al., 2005). At the individual level, a victim's weighing of the costs and benefits of each source of support may influence which one they choose. In making the decision between disclosing to formal, or informal sources of support, the victim is often faced with the decision of losing privacy and facing stigmatisation from friends or family, or handing control over to formal support services that could remove the abusive partner from the situation, which can be particularly problematic if the abused partner is financially or socially reliant on their abusive partner (Liang et al., 2005).

The majority of IPV and SV survivors do not reach out to formal support services, instead choosing to disclose to informal support providers. For example, studies on SV disclosure indicate that of those victims who choose to seek help, approximately 67% disclose to a friend, whilst the National College Women Sexual Victimisation Survey conducted in the U.S.A. reported that only 2% of SV victims report to police, 4% report to campus authorities,

and 1% disclose to counselling services (Walsh et al., 2010). This could in part, be due to perceived incompetence of formal support services from the perspective of the victim and their peers, with many women questioning the sensitivity of providers (Liang et al., 2005). In addition, many victims are unwilling to seek help from the justice system due to the prospect of having to 're-live' their experience in view of the public (Liang et al., 2005).

At a societal level, the decision of who to seek help from can be influenced by beliefs originating from ethnic background or patriarchal ideologies. Research has shown that women with strong patriarchal ideologies are less likely to seek help from formal support services, instead viewing IPV as an issue to be addressed inside the family (Ahmad, Riaz, Barata, & Stewart, 2004). However, if a victim chooses to seek support from formal support services, there are a number of immediate responses that are available. The next section will describe those that have been implemented in university contexts.

2.8.3 Immediate response

Immediate response interventions to IPV and SV are designed to intervene during, or immediately after exposure to an event (R. H. Potter et al., 2000). In the field of violence, examples of this type of intervention could include victim participation in a trauma group, or counselling services (R. H. Potter et al., 2000). Perpetrators of SV and IPV can also be targeted by this type of intervention through such initiatives as identifying early-stage offenders, and requiring them to participate in an intervention programme or seek help from mental health services (R. H. Potter et al., 2000).

The majority of the literature focuses on prevention approaches to IPV and SV in university populations; only a sparse amount discusses immediate responses. In their national review of 2500 U.S.A universities, Karjane and colleagues (2002) reported that the majority of immediate response services were more 'general', with 62.8% of campuses providing on campus law-enforcement, 47.7% providing student health services, and 70.2% providing student counselling services (Karjane et al., 2002, 2005).

Despite this predominantly 'general' approach to student safety, health, and wellbeing, some exceptions were also identified. For example, in order to facilitate the student victim's journey through the assistance pathway, policies which made their need to control the pace of

the process and be the primary decision maker as he or she moves through the campus system were labelled as 'promising' preliminary practices (Karjane et al., 2002). Oklahoma State University (OSU) was noted to be a user of this approach, with a policy to inform students of the exact steps in the reporting of SV and adjudication process. In this process, students are carefully informed of the consequences of each action, what to expect, and how their confidentiality would be maintained (Karjane et al., 2002).

Another potentially effective approach was that of a full-time office or officer dedicated to the coordination of the institutional response to disclosures of sexual assault (Karjane et al., 2002). These centres function primarily in the 72 hours after SV has occurred, and provide a coordinated response to disclosures of rape, acting as a central point of contact for students, staff, and faculty members to notify of cases, or rumours of SV in student populations (Karjane et al., 2002). The office or officer also can guide the victim through treatment and procedures to collect evidence and contact support services. This approach also has the added benefit of managing the tensions that occur between such campus departments as campus life, campus security, and campus residency by creating a central point of reporting for all incidences of IPV and SV (Karjane et al., 2002). In summation, this approach coordinates reports, provides a clear point of access for the system, and ensures an informed, collaborative response that can include connections and referrals to external follow-up resources, which are explained below.

2.8.4 Referral and maintenance

As with literature surrounding 'immediate response' approaches to addressing IPV and SV in university students, the available information regarding referral and maintenance services is limited. This type of strategy is initiated after SV and IPV has been committed, and involves the use of long-term support services for victims (R. H. Potter et al., 2000). According to Karjane and colleagues (2002), the majority of these responses involved off-campus referral to external services, with 33.4% of universities in the sample utilising these pathways. Of those who mentioned the use of external resources, the most commonly noted services were rape crisis centres (70.2%), mental health services (26.1%), victim advocacy offices (26.1%), women's centres (26.3%), and police agencies (65.8%) (Karjane et al., 2002).

2.8.5 The Bystander Approach – a comprehensive intervention

In order to create a comprehensive approach to preventing IPV and SV, whilst also promoting pro-social behaviours, integrated aspects of prevention, immediate response and maintenance responses are needed on university campuses (Banyard, 2013). One example of a comprehensive approach that incorporates all of these aspects is the Bystander Approach (Banyard, 2011, 2013; Banyard & Moynihan, 2011; Banyard, Moynihan, & Crossman, 2009; Banyard et al., 2007; Banyard, Plante, & Moynihan, 2004).

The Bystander Approach is aimed at surmounting the limitations of previous SV prevention programmes, and approaches all participants as potential witnesses to violence rather than women as victims and men as perpetrators (Banyard et al., 2007; Casey & Lindhorst, 2009; Koelsch et al., 2012; McMahon & Banyard, 2012). This framework is based on the premise of inviting members of the community to become active in reducing the incidence of IPV and SV in their community (Banyard et al., 2007; S. J. Potter et al., 2009). The programme promotes and educates general community members to utilise skills to prevent incidents of IPV and SV, speak out against rape myths, and provide adequate support to survivors (S. J. Potter et al., 2009). Research indicates that the promotion of men as allies instead of perpetrators is effective as a strategy for educating them about IPV and SV (Banyard, 2011).

This approach acknowledges the important contribution of peer, institutional, and societal norms of coercion in relationships to the perpetration of IPV and SV in university populations (Banyard, 2011). As a method to address the societal contribution to IPV and SV, this approach aims to train active, helpful bystanders to counter these social norms by challenging rape myths, refusing to aid in the creation of environments where alcohol is used to facilitate assault, and speaking out about predatory behaviours (Banyard et al., 2009; Banyard et al., 2007). A specific example of a bystander approach to SV prevention is provided below.

In an experimental evaluation of a bystander intervention programme at a U.S.A university, 398 undergraduate participants were assigned to either a control group that received no intervention, a 90 minute single session programme, or a three session programme consisting of three 90 minute sessions over the course of a week (Banyard et al., 2007). Participants in intervention sessions were divided into single-sex groups, and led by peer facilitators of the same gender. The single session prevention programme covered basic information about

prevalence, causes, and consequences of SV, in addition to discussions of the roles community members can play as bystanders in situations where potentially dangerous situations for SV are observed (such as an intoxicated girl being led to a bedroom), or afterward when a friend discloses (Banyard et al., 2007). Activities included role plays and the creation of 'bystander plans' which also emphasised the safety of the participant, and outlined how to use various immediate response resources in the community, such as rape crisis centres. The three-session programme followed a similar format, with the three 90 minute sessions occurring over the space of one week (Banyard et al., 2007).

An additional aspect of this programme was the administration of a 'booster' session two months after the initial programme (Banyard et al., 2007). This involved 20 minute group discussions around a five minute scenario showing potential ways to help a victim of SV. With regards to evaluation, participants who took part in both the one and three-session programmes showed improvements in outcome measures when compared to the control group, including decreased levels of rape-myth acceptance, and increased knowledge of SV (Banyard et al., 2007). In addition, the study reported significant increases in pro-social bystander attitudes, and increases in bystander behaviours based on self-report measures. Four and twelve month follow-ups indicated that the majority of programme effects persisted over time, and had benefits for both genders (Banyard et al., 2007).

The Bystander Approach demonstrates an ecologically integrated strategy for addressing IPV and SV in university populations, and reflects an international shift in focus from the victim, to include approaches that engage potential perpetrators and bystanders (Banyard, 2008, 2011, 2013; Banyard et al., 2009; Banyard et al., 2007; Banyard et al., 2004; Breitenbecher, 2000; Casey & Lindhorst, 2009; Christensen, 2013; Connor, Nouer, Mackey, Banet, & Tipton, 2012; Karjane et al., 2002, 2005; Koelsch et al., 2012; Langford, 2012; O'Donohue et al., 2003; S. J. Potter et al., 2009). Currently, it is unknown what types of strategies are implemented in NZ universities to address IPV and SV in their student bodies, indicating the need for enquiry.

2.9 Conclusion

In summation, it can be concluded that IPV and SV are significant global health issues, accounting for considerable levels of physical, sexual, psychosocial and economic consequences (Ansara & Hindin, 2011; Campbell, 2002; Moe & Bell, 2004; Rothman & Corso, 2008; Snively, 1995; Tjaden & Thoennes, 2000). The implications of these consequences become more significant when considering the prevalence of these issues.

Globally, between 15% and 71% of all women have experienced physical or sexual IPV in their lifetime, whilst between 3% and 59% of women experience sexual coercion or violence from a partner. These high rates are also reflected in NZ populations. For example, in a cross-sectional study of 2855 women, 33% of women in the Auckland region and 39% of women in the Northern Waikato region reported experiencing physical and/or sexual IPV in their lifetime (Fanslow & Robinson, 2004).

In order to prevent and reduce the further proliferation of IPV and SV in communities, a developmental understanding of violence dictates that a logical area to intervene is with young people, where behaviours established at the inception of new relationships will continue to develop throughout the life course (Towns, 2009). A demographic that contains a significant number of young people at the beginning of their relationship careers is that of the university population, which internationally exhibits rates of IPV among students ranging from 20% to 68% (Amar & Gennaro, 2005; Nabors, 2010; Nabors & Jasinski, 2009; Policastro & Payne, 2013; Próspero & Vohra-Gupta, 2007). In NZ, an early cross-sectional survey of undergraduates at the University of Auckland reported that 51.6% of women in the sample had experienced a form of SV in their lifetime (Gavey, 1991). From this it could be suggested that IPV is still an issue in NZ university populations.

In international universities, various interventions have been implemented at preventative, immediate response, and referral levels in order to address these levels of IPV and SV. However, it is unknown what approaches are currently implemented in a NZ university context. Therefore, this study aimed to conduct a preliminary assessment of prevention, response, and referral pathways for cases of IPV and SV at a NZ university. The methodology and methods for this study have been described in the next two chapters.

Chapter 3: Methodology

3.1 Introduction

The following chapter discusses the methodology of the present study as a theoretical basis for the methods used to collect and analyse data. Firstly, the post-positivist theoretical standpoint of the researcher is declared. Secondly, a justification for the use of qualitative methods is provided, followed by a rationale for the purposive recruitment of key informants for the study and the data collection methods used with these participants. Following this, a discussion of the trustworthiness of the present study is provided, as well as a summary of the techniques used to ensure it.

3.2 Theoretical Stance of the Researcher

This research was conducted from a post-positivist paradigm, which informs the rationale for the sampling, data collection, validity, and data analysis methods used in this study. Those who conduct research from a post-positivist paradigm align with a critical realist ontology, which assumes that although a 'real world' exists, this reality is only imperfectly understandable due to the flawed sensory and intellectual capabilities of humans (Guba & Lincoln, 1994; Letourneau & Allen, 1999).

The aim of this study was to conduct a preliminary assessment of prevention, response, and referral pathways to cases of IPV and SV at a NZ university. From the critical realist ontological view of the researcher, the reality surrounding IPV and SV at UoA, the pathways to address it, and their strengths and limitations from the perspective of key respondents is impossible to completely ascertain (Guba & Lincoln, 1994). However, the aim of the post-positivist researcher is not to impossibly obtain the absolute objective truth (Letourneau & Allen, 1999). Instead, any claims around the reality of the issues of IPV and SV in the UoA student body and responses to it from the university have been obtained from the widest range of informants possible, given the scope and time-frame of study. This has been done in

order to obtain the most accurate view of the issue under investigation as possible (Guba & Lincoln, 1994).

3.3 Qualitative methodology

In order to accomplish the aim of the present study, a qualitative methodology was appropriate. In general, qualitative research aims to obtain the contextualised nature of meaning and action, and attempts to generate results and analyses that are detailed and integrative by relating individual interpretations and events to larger systems and patterns of meaning (Liamputtong & Ezzy, 2005).

The present study is exploratory in nature, aiming to conduct a preliminary assessment of prevention, response, and referral pathways for cases of IPV and SV at a NZ university; this is an area that is not well researched in NZ. Qualitative methods are particularly useful as an exploratory phase of research (Liamputtong & Ezzy, 2005; Patton, 1990). For example, Liamputtong and Ezzy (2005) emphasise that qualitative data analysis is important when the researcher has little knowledge of the area of enquiry. In addition, Baum (1994) contends that qualitative information can be used in three ways in public health: to explain the political, social, economic, and cultural influences of health and disease; to understand how communities and individuals interpret health and disease; and to study interactions between 'players' who are relevant to a public health issue.

Through the preliminary assessment of prevention, response, and referral pathways for cases of IPV and SV in a NZ university, the present study addresses social and cultural influences that affect these pathways, how these pathways are interpreted from the perspective of key respondents to IPV and SV at UoA, and how key respondents as 'players' relevant to addressing IPV and SV at UoA interact. The criteria for selecting these key respondents as key informants have been described in the next section.

3.4 Key Informant Approach:

A ‘key informant’ is defined as an expert source of information who is able to provide detailed information and a deep insight into what occurs in their community due to their personal skills and societal position (Marshall, 1996a). The ‘Key Informant Approach’ as proposed by Tremblay (1957) describes the selection of these individuals with the intention of providing a thorough description of the social and cultural patterns of a group, or an issue within that group (Marshall, 1996a, 1996b; Tremblay, 1957).

According to Marshall (1996a), a principle advantage of the Key Informant Approach is that high quality data can be obtained over a short timeframe. Therefore, this technique was appropriate for this study.

According to Tremblay (1957), there are five characteristics of an “ideal” key informant:

Role in Community: Their formal role in the community should lead to them being continuously exposed to the type of information being sought by the researcher.

Knowledge: As well as having access to the desired information, the informant should also have absorbed it meaningfully.

Willingness: They should be agreeable to communicating the researcher, and cooperating as fully as possible.

Communicability: The informant should be able to convey their knowledge in a way that is intelligible to the interviewer.

Impartiality: The ideal key informant should be unbiased, with any relevant biases being known by the researcher.

These criteria were considered in the selection of Women’s Rights Officers (WROs), Counsellors, the Manager of Security Services, Heads of Halls and Residential Assistants as potential key informants in this study (Marshall, 1996a; Tremblay, 1957). More detail on the participants is provided in Chapter 4, (Sections 4.3 and 4.5; Tables 1 and 2).

3.5 Focus Groups

In the present study, a focus group was used as one of the two methods of qualitative data collection. According to Liamputtong and Ezzy (2005), a focus group is defined as a qualitative research method which aims to understand and describe the beliefs and interpretations of a select population to gain comprehension of an issue from the perspective of group participants. A typical focus group will involve between six and ten participants who have similar concerns or experiences, and consists of participants engaging in meaningful interaction with the help of a moderator (Kitzinger, 1995; Liamputtong & Ezzy, 2005). It is important to note that a key difference between focus groups and group interviews is that group interviews are often used as a quick way to collect information from several individuals at once, whilst focus groups emphasise the need for interaction between group members and are based on the principle that group processes aid people in clarifying their views (Liamputtong & Ezzy, 2005).

In addition, a key advantage of focus groups is that they can be used to explore people's knowledge and experiences, and in the context of health, are commonly used to examine patient experiences of health services and the attitudes and needs of staff (Kitzinger, 1995). These aspects are particularly important in terms of the preliminary assessment of prevention, response and referral pathways at a NZ university, and were used when collecting data from seven university counsellors as key informants.

3.6 Semi-structured Interviews

The term 'semi-structured' interviews is often used interchangeably with 'focused interviews', 'non-directive interviews', 'in-depth interviews', and 'active interviews' (Liamputtong & Ezzy, 2005). In the present study, the interviews utilised a schedule of questions and prompts (See Appendix A). However, this was treated more as a 'guide', allowing for divergence when useful or necessary. In addition, the approach taken with these interviews was conversational, with the student researcher actively involved in encouraging the respondents to engage in conversation about various aspects of prevention, response, and referral pathways for cases IPV and SV at a NZ university. This approach differs from the

strictly positivist method of structured interviews, where interviewers must be trained to ask the same questions each time in an exact, prescribed manner (Liamputtong & Ezzy, 2005).

The advantage of this semi-structured approach is that it assumes that not all relevant questions are known prior to the research beginning. Thus, understandings of key issues and patterns are built through the process of interviewing, causing this method to lend itself to the exploratory nature of the present study (Liamputtong & Ezzy, 2005). WROs, counsellors, the Manager of Security Services, and Heads of Halls were interviewed in this manner. The trustworthiness of the data obtained from these methods is discussed in the following section.

3.7 Criteria for Trustworthiness

The issue of bias in qualitative research is a continual topic of debate within methodology texts, with a lack of consensus surrounding the amount of acceptable researcher influence, the degree to which it needs to be 'controlled', and how it should be accounted for (Ortlipp, 2008). Denzin (1994) refers to this 'interpretive crisis' as stemming from the challenge of strictly positivist traditions of rigorous research. Part of this argument acknowledges the fact that the models often used to assess rigor in quantitative research are seldom congruent with qualitative research (Krefting, 1991).

The nature and objectives of qualitative and quantitative methods often differ; therefore the use of such terms as 'validity' and 'reliability' in the context of qualitative research is erroneous (Krefting, 1991). Thus, in order to assess the 'trustworthiness' of this qualitative study, the four basic criteria of 'credibility', 'transferability', 'dependability', and 'confirmability' as first proposed by Guba (1981) have been utilised. These criteria have been designed in consideration of a critical realist ontology such as the one used in this study, and attempt to capture the formality of the methods of physical sciences, whilst also accounting for the interpretive nature of human activity at the centre of qualitative enquiry (Liamputtong & Ezzy, 2005).

In order to avoid confusion, it should be noted that the terms used in Guba's (1981) model for 'trustworthiness' differ from, but parallel the well established categories of rigor used in quantitative inquiry (Lincoln & Guba, 1986). The term 'trustworthiness' itself is a parallel to the more commonly used 'rigor'; whilst 'credibility', 'transferability', 'dependability', and

'confirmability' are comparable to the established terms of 'internal validity', 'external validity', 'reliability', and 'objectivity', respectively. These criteria for trustworthiness and their relevance to this study will be further explicated in the following section, in addition to a description of the procedures undertaken to ensure that these criteria were met.

3.7.1 Credibility

'Credibility' as an evaluative criterion in qualitative research stems from the question of 'truth value' (Guba, 1981; Krefting, 1991). 'Truth value' refers to the way in which a researcher can be confident that their findings are indeed 'true'; both for the respondents and the context in which the research was carried out (Guba, 1981). In qualitative enquiry, 'truth value' is normally acquired through receiving information on the perceptions and experiences of the respondents. Therefore, 'truth value' is defined by the respondents rather than the researcher (Sandelowski, 1986).

'Credibility' acknowledges the existence of multiple subjective 'realities' as experienced by different respondents (Guba, 1981). In other words, although an objective reality may exist, the way in which this is subjectively experienced by different individuals varies (Krefting, 1991) Therefore, in order to present a credible qualitative study, the researcher must adequately represent the different realities of respondents as accurately as possible (Guba, 1981; Krefting, 1991; Sandelowski, 1986). From the critical realist ontological perspective of the researcher, the ultimate goal involves the combination and scrutiny of many subjective views in order to gain a closer view of the (ultimately unattainable) objective reality of the phenomenon under study (Letourneau & Allen, 1999).

In the present study, a number of key informants were interviewed, including WROs, counsellors, Heads of Halls, and the Manager of Security Services. As such, in an attempt to obtain a more accurate view of the reality regarding IPV and SV within the UoA population, as well as the prevention, response, and referral pathways to address it; the subjective 'realities' as expressed by the various informant categories have been represented in the data.

According to Krefting (1991), there are a number of ways to increase the credibility of a study. The first is 'triangulation', and refers to a formalised method by which the convergence of multiple perspectives on a phenomenon can ensure that multiple aspects of it have been investigated and represented (Kimchi, Polivka, & Stevenson, 1991; Krefting,

1991). The second method used in the present study to ensure credibility was reflexive practice in the form of a field journal, where the researcher attempts to mitigate the effects of their own biases on the results by reflecting on their own thoughts, feelings, and experiences throughout the research (Krefting, 1991). More detailed explanations of these practices and how they were utilised over the course of this study have been provided in section 3.8.

3.7.2 Transferability

The category of 'transferability' in the assessment of trustworthiness of a qualitative study parallels 'applicability', which can be defined as the degree to which findings can be applied to other groups, settings, and populations (Krefting, 1991). From a quantitative perspective, 'applicability' is maximised through 'external validity', where the inquiry is conducted in a way that removes chronological and situational variables from the results (Guba, 1981; Sandelowski, 1986). In contrast, qualitative research is often seen as inseparable from context (Guba, 1981), and thus such principles as external validity are not applicable to the present study.

Instead, the concept of 'transferability' has been applied , and describes the assessment of whether the findings of the present study fit into other contexts; this is determined by the 'goodness of fit' between the original study context, and the other context presented by another party (Guba, 1981; Krefting, 1991). With this perspective, the assessment of the transferability of the findings is ultimately the responsibility of the reader, who may wish to compare or transfer the findings to a different study or context (Lincoln & Guba, 1985). The job of the researcher in the present study is to provide an adequate basis for comparison through the provision of 'dense' background information on the research context and the participants (Krefting, 1991; Lincoln & Guba, 1985). Descriptions of the study setting (Section 4.2), demographic characteristics of respondents (Section 4.5, Table 2), and the reasons for selecting them (Section 3.4; Section 4.3) have all been provided in an attempt to facilitate 'dense' description in this study.

3.7.3 Dependability

'Dependability', as a criterion of trustworthiness considers the issue of the consistency of the data, which enquires into whether the findings would be the same if the study were repeated with the same subjects or in a similar context (Krefting, 1991). This is particularly important in quantitative research, where the notion of 'reliability' aims to restrict methods of observation and create precise designs that ensure similar results upon repetition (Krefting, 1991; Sandelowski, 1986). However, this idea is based on the purely positivist, 'naive realist' assumption that there exists a single 'apprehendable' reality that results can be measured against (Krefting, 1991).

Converse to quantitative research, the nature of qualitative research is unstructured, emphasising the uniqueness of humans, and acknowledging the existence of unexpected and extraneous variables (Krefting, 1991). These variables are particularly prominent in qualitative research due to the fact that humans are used as 'instruments' for data collection that are not only affected by such factors as fatigue, but also shifting perceptions and insights of the participants and the researcher (Guba, 1981). Therefore, to acknowledge multiple subjective experiences and unexpected variables in qualitative research is also to consider that some part of this changing stability is in fact 'real' (Guba, 1981). Thus, instead of invariability being the objective of research, Guba's (1981) concept of dependability seeks to track and identify variability between different accounts (Guba, 1981; Krefting, 1991).

In this study, a key source in variability between accounts comes from the range of different key informants used. In order to track and make clear this potential variability between accounts, the study has followed suggestions made by Guba (1981), where clear descriptions of data collection (See section 4.6) and analysis (See section 4.8) have been provided so that it can be ascertained how repeatable, or how unique the study is. This has been further reinforced through the use of a 'coding consistency check', where an external researcher's coding of an identical piece of the study data is compared to the original coding, in order to ensure that variability in the study has not affected the data . More specific details of this procedure can be found in section 4.8.3.

3.7.4 Confirmability

The fourth and final criterion of trustworthiness is 'confirmability', originating from questions surrounding the neutrality and objectivity highly sought after in quantitative, rationalistic research (Guba, 1981; Krefting, 1991). Neutrality generally refers to the degree by which the results can be attributed purely to the conditions of research and subjects, instead of other external biases and influences (Guba, 1981). Converse to quantitative research, the nature of qualitative research requires the researcher to not only participate directly in the research as the tool of data collection, but also to intentionally decrease the distance between the participants and themselves so as to increase the value of the data (Krefting, 1991). Therefore, rationalistic methods of ensuring neutrality are not ascribed to this research.

Instead, the idea of confirmability has been used, which shifts the emphasis of neutrality from the researcher to the data (Krefting, 1991). Thus, in order to ensure confirmability in the present study, steps have been taken to ensure that the findings of the study are purely the result of the experiences and opinions of the respondents, rather than the result of characteristics and influences of the researcher (Guba, 1981; Krefting, 1991). In this study, this was ensured through the use of reflexive practice in the form of a field journal (See section 3.8.3).

3.8 Strategies to Ensure Trustworthiness

A number of strategies can be utilised in order to increase trustworthiness in qualitative research. These include such techniques as 'prolonged and varied field experience', member checking, time sampling, nominated sampling, dependability audits, and confirmability audits (Krefting, 1991). Although utilising the majority of these strategies in this study would have been desirable; the scope of the research and the time available meant that only the following strategies were utilised. These were: triangulation, a coding consistency check, and the keeping of a reflexive 'field journal'.

3.8.1 Triangulation

Triangulation is a technique that aligns with the critical realist ontology of the researcher in the present study, and can be defined as the convergence of multiple perspectives and sources of information, with the goal of mutually confirming data in order to explore all possible aspects of a phenomenon (Creswell & Miller, 2000; Kimchi et al., 1991; Krefting, 1991; Patton, 1990). There are multiple types of triangulation, with any one being useable in order to increase the trustworthiness of a study, particularly with regards to dependability and credibility (Guba, 1981; Krefting, 1991). Triangulation can be extremely time consuming (Patton, 1990). Thus, given the scope and time frame available for this study, only one type of triangulation was considered, being triangulation across data sources.

3.8.1.1 Triangulation across data sources. Triangulation across data sources describes the use of various data sources with a similar focus, in order to gain an insight into the diverse perspectives surrounding a topic for the purpose of validation (Kimchi et al., 1991; Liamputtong & Ezzy, 2005).

'Person' triangulation across data sources was utilised in this study, and can be defined as data collection from at least two of the three following categories of person: collectives (societies, communities, organisations); groups (families, dyads, or groups); or individuals (Kimchi et al., 1991). The method of triangulation used in this study fulfils the criteria required to constitute person triangulation, and thus triangulation across data sources. By accessing the opinions and perceptions of Women's Rights Officers (WROs), counsellors, the Manager of Security Services, and Heads of Halls, this study has been able to collect data from groups and individuals.

With regards to collection from groups, the WROs can be classified as a dyad in that they are pair that works together in a professional capacity. Similarly, the seven university counsellors who participated in the study can be classified as a group who function as a key node for addressing IPV and SV within the UoA student body. In terms of the individual component of data source triangulation in this study, two individual interviews with Heads of Halls, and another with the Manager of Security Services fulfils this requirement.

In addition to allowing the examination of differing key respondent perspectives and experiences in order to obtain a more comprehensive view on the various issues and opinions regarding IPV and SV, and the various prevention, response, and referral pathways that exist to address it at UoA, the use of triangulation in the present study also serves to ensure its trustworthiness through credibility (Krefting, 1991). By presenting multiple perspectives on the topic under investigation, the strategy of triangulation minimises the chance of distortion from a biased researcher, or single data source, as could be the case in data based on the single application of one measure, such as a single interview (Krefting, 1991). Therefore, the use of triangulation increases the likelihood that the subjective 'realities' as experienced by key informants have all been accurately and fairly represented in the data of the present study.

3.8.2 Coding consistency check

As mentioned in section 3.7.3, a coding consistency check helps ensure dependability in a study by checking and ensuring that variability in the study has not affected the data. Generally, a coding consistency check involves the comparison of coding applied to the same piece of qualitative data by two different researchers (Krefting, 1991; Thomas, 2006). The specific procedure that was utilised in the present study has been described in section 4.8.3.

3.8.3 Reflective practice - field journal

Reflective practice, or reflexivity can be defined as the investigator's self-appraisal of the influence of their background, perceptions, and interests on the qualitative research process (Krefting, 1991). One way of doing this is through the use of a field journal, which contains the documentation of the researcher's questions, thoughts, frustrations, and concerns throughout the research process (Lincoln & Guba, 1985). In writing this journal, the researcher reflects on, and can become aware of their own biases preconceptions, which they can then account for or rectify when they next collect or analyse data (Krefting, 1991; Lincoln & Guba, 1985).

The keeping of a reflexive field journal can help ensure credibility by making the researcher aware of their own biases, so that they can make adjustments to ensure that the contributions

of respondents are represented as accurately as possible (Krefting, 1991). The same principle is applied to confirmability, where the researcher is made aware of their own preconceptions, so that they consciously remove their biases from the findings of the study, particularly with regards to analysis (Krefting, 1991). In the present study, the researcher made use of a reflexive field journal in order to ensure the credibility, confirmability, and trustworthiness of the research. An excerpt from this field journal can be viewed in Appendix A.

3.11 Summary

This chapter provided a description of the theoretical perspective of the researcher, and a justification for the sampling and qualitative data collection methods used in the present study. The various dimensions of 'trustworthiness' were then discussed, followed by a description of the measures used in this study to ensure it. The next chapter describes the methods used in the study in order to conduct a preliminary assessment of prevention, response, and referral pathways for cases of IPV and SV at a NZ university.

Chapter 4: Methods

4.1 Introduction

In this chapter, the methods used in this study are discussed. First, an outline of the setting has been provided, describing the student population and the physical location of campuses and Halls of Residence. Secondly, an outline of the criteria that were used to select participants has been provided, and is congruent with the Key Informant Approach criteria as explained in the Methodology chapter (See section 3.4). Following this, the procedures used to recruit participants has been outlined, as well as a description of their demographic characteristics, and the methods by which data was collected from them. A brief discussion of the ethical issues addressed in this study has also been provided. The chapter then moves to outlining the process of data analysis, and involves the description of data cleaning, coding, and coding consistency checking procedures. Finally, the chapter concludes with a brief discussion of the potential limitations of some of the methods used, with a particular focus on issues of potential bias from key informants.

4.2 Setting

The study took place at the University of Auckland. As New Zealand's largest university, the student population was 40 784, consisting of 30 477 undergraduate students, and 10 307 postgraduate students in 2012. Of this number, 5301 were international students (University of Auckland, 2012).

The university is set in the centre of NZ's largest urban city, and is made up of eight main faculties which are distributed across six different campuses, which are located in different parts of Auckland. The UoA also provides student accommodation in the form of five main Halls of Residence which house a total of 1490 students each year (University of Auckland, 2013). These halls are all located within the urban setting of central Auckland, and are in close proximity to each other, and to the university's City Campus.

4.3 Participant Selection criteria

A purposive sampling technique was used in a non-random, deliberative fashion, with the objective of achieving a specific goal through the use of the Key Informant Approach (Liamputtong & Ezzy, 2005; Tremblay, 1957).

When sampling purposively, the researcher actively selects the most informative and productive sample in order to answer the research question (Marshall, 1996b). The Women's Rights Officers (WROs), counsellors, Manager of Security Services, Heads of Halls, and Residential Assistants, were identified as key informants on the basis that their roles involve either advocating for student rights; aiding them in dealing with issues including IPV and SV; and protecting their general safety and interests, respectively.

The key respondents adequately filled the criteria for the "Ideal Key Informant" as proposed by Tremblay (1957), with the possible exception of 'Impartiality' among the WROs, Manager of Security Services, and Heads of Halls (See Table 1). The degree to which the criterion of 'Impartiality' was met is discussed in section 4.9.1.

Table 1: Participant Fulfilment of Key Informant Criteria

	Key Informant Criteria				
Type of Informant	Role in Community	Knowledge	Willingness	Communicability	Impartiality
Women's Rights Officers	✓	✓	✓	✓	?
Counsellors	✓	✓	✓	✓	?
Manager of Security Services	✓	✓	✓	✓	?
Heads of Halls	✓	✓	✓	✓	?
Residential Assistants	✓	✓	×	N/A	N/A

Data collection was carried out between the months of June and October 2013.

4.4 Participant Recruitment

The recruitment procedure and sample size for each informant category has been explained below.

For all key informant groups, the student researcher made the initial approach. Approval from the Director of Campus Life Services was obtained to contact the Heads of Halls. Following this, invitation emails with a Participation Information Sheet (PIS) were sent out to Heads of Halls, WROs, and the Head Counsellor. The emails also requested that the Head Counsellor and Heads of Halls circulate the PIS amongst their staff. Due to difficulties obtaining the email address of the Manager of Security, a telephone call was made instead. All potential participants were given the opportunity to have any questions or concerns addressed before agreeing to participate in the study.

The initial plan involved recruitment of Residential Assistants, however none volunteered to participate. As a result, a decision was made to seek involvement from the Heads of Halls, in order to obtain a perspective from the university Halls of Residence. The same recruitment procedure was carried out with the Heads of Halls, with an invitation email being sent out with attached PIS. After liaisons with the participants, appropriate times and locations were confirmed to conduct the data collection procedures.

4.5 Characteristics of the participants:

Twelve persons, three males, aged between 25 and 50, and nine women aged between 18 and 60 participated in the study (See Table 2). Each of these participants was involved in dealing with student issues at the University of Auckland, including IPV and SV in their various forms. The WRO's are voted in their position by democratic student election; whilst the counsellors, Manager of Security Services and Heads of Halls are employed by the University of Auckland.

Table 2: Demographic Characteristics of Participants

Type of Informant	Number of Participants	Demographic Characteristics	
		Age Range	Gender
Women's Rights Officers	2	18 - 25	Female
Counsellors	7	40 - 60	Female
Manager of Security Services	1	30 - 50	Male
Heads of Halls	2	25 - 50	Male

4.6 Data Collection

Data were collected through one paired, semi-structured interview with the WRO's; one focus group with the counsellors; and three semi-structured individual interviews with the Manager of Security Services and Heads of Halls. In all cases, procedures were followed to ensure the comfort and safety of informants. These procedures included the provision of quiet, comfortable spaces familiar to the participants, appropriate settings, a verbal review of the PIS and the signing of consent forms, re-emphasis of informed consent, and adherence to the stated time limits.

More specific details pertaining to the questions asked during data collection in this study can be found in Appendix B.

4.7 Ethical Issues

The study was approved by the University of Auckland Human Ethics Committee (Reference Number: 9396). In all instances, permission to contact participants was sought from the appropriate sources. Information was provided to all potential participants in both oral and written form by the student researcher. Written consent was also obtained prior to their participation. The Head Counsellor and Heads of Halls were required to give their assurances that participation or non-participation of their staff would not affect participant relationships with their departments or Halls in any way. Complete anonymity could not be guaranteed to the participants, given the fact that there are a limited number of individuals in their respective roles at the University of Auckland. Participants were informed of this fact.

4.8 Data Analysis

Consistent with the 'critical realist' ontology that has been adopted for the purposes of this study, the 'General Inductive Approach' as proposed by Thomas (2006) was utilised. This approach follows a set of procedures used to create meaning in intricate data, through the development of themes or categories derived from the raw data (Thomas, 2006).

4.8.1 Data cleaning

Data cleaning refers to the process by which the raw data files are prepared before analysis (Thomas, 2006). Each raw transcript file was checked for any spelling errors, and formatted. Formatting involved ensuring that all fonts were the same size, and margins were equal, with questions from the student researcher and responses from participants clearly marked out. Each individual data transcript was also printed, and backed-up electronically.

4.8.2 Data coding

The inductive coding began with close examination of the text, where the student researcher read the raw text until familiar with the content, and gained an understanding of the themes and topics covered in the text.

After becoming familiar with the text and the themes within it, categories were identified. The upper-level categories were mainly derived from the study objectives. The more specific, lower-level categories were derived from multiple readings of the raw data. This is also known as 'in vivo' coding (Thomas, 2006).

Various segments of text were placed into the relevant categories. This process was facilitated with the use of 'QSR NVivo 10' computer software.

Overlapping and irrelevant text was removed from among the categories in order to increase clarity of the results. It is important to note that in certain instances, segments of text were coded in to more than one category. This is acceptable practice in qualitative research as stated by Thomas (2006).

The system of categories was further refined through searching for sub-topics within each category. These included new insights, and differing points of view between informants. Appropriate quotations that conveyed the essence of each category were then selected.

The coding process resulted in a finalised total of 5 main categories, and 18 sub-topics within them.

Table 3: The Inductive Coding Process

Close reading and familiarisation with the text data	Text segments related to the study objectives were identified	Segments of text were labelled to create categories	Overlapping and irrelevant text was reduced among the categories	A final model of main categories and relevant sub-topics was created
→		→	→	
Multiple pages of text	Numerous segments of text	Approximately 60 categories	20 Categories	5 main categories

Source: Adapted from Thomas (2006, p. 242, Table 2)

4.8.3 Coding consistency checks:

After the initial coding of the raw data was completed, a coding consistency check was performed in order to maximise the dependability and trustworthiness of the data (See section 3.7.3). A second coder was given a sample of the raw text, and descriptions of each category without text attached. The second coder was then asked to allocate sections of the text to the categories that had been given. A check was then made of the extent to which the text categorised by the second coder was congruent with the original coding of the student researcher. Coding was consistent between the two versions, with only minor differences appearing. Adjustments were made accordingly.

4.9 Discussion and Summary

In summary, this chapter describes the purposive sampling technique that was undertaken to obtain the most informative and productive information that could contribute to the aim of conducting a preliminary assessment of prevention, response, and referral pathways to cases of IPV and SV at a NZ university. One semi-structured paired interview, one focus group, and three semi-structured individual interviews were conducted with the WROs, Counsellors, Head of Security, and the Heads of Halls. This group of informants was chosen based on the nature of their roles at the University of Auckland, where they were considered to be key nodes where information on IPV and SV in the student body coalesces. Participants met the criteria for an ideal Key Informant as proposed by Tremblay (1957) (See section 4.3) with the possible exception of impartiality.

4.9.1 Tremblay's Key informant criteria – 'impartiality'

As mentioned in section 4.3, there is potential for the issue of bias from the WROs, the Manager of Security Services, and the Heads of Halls. While this cannot easily be confirmed, it is possible that the interests of each of these key informants affected the types of answers they may have given.

However, the use of triangulation in this study aids in mitigating the effects of potential participant bias through the collection of data from multiple sources (Kimchi et al., 1991). This allows for a more comprehensive view of the topic by providing views from the different ‘angles’ seen by the key informants interviewed in this study.

4.9.2 Summary

In summation, this chapter provided an outline of the methods undertaken in this study, and included descriptions of the setting, participant characteristics, recruitment strategy, data collection, ethical issues, and data analysis. The provision of descriptions of the study setting and participant characteristics in particular is congruent with what is required for ‘dense description’ as mentioned in section 3.7.2. In the next chapter, the findings of the research are presented.

Chapter 5: Results

5.1 Introduction

This chapter presents the results of qualitative conversations held with WROs, counsellors, the Manager of Security Services, and Heads of Halls as key informants providing data to accomplish the aim of a preliminary assessment of prevention, response, and referral pathways for cases of IPV and SV at a NZ university. This results chapter has been divided into five main sections. The first section will present findings surrounding the magnitude of IPV and SV at the University of Auckland. The second section will discuss preventative responses to IPV and SV at the university. The third section contains responses from key informants describing factors that affect help seeking behaviours in the university student body. The fourth section discusses immediate responses to IPV and SV within the university population; while the fifth section discusses responses aimed at maintenance and referral.

5.2 Magnitude of the Issue

As part of the study, respondents were asked to comment on their perceptions of the magnitude of IPV and SV in the student body, with a particular focus on its seriousness relative to their other duties as WROs, counsellors, the Manager of Security Services, or Heads of Halls. To preserve the anonymity of the victims, any identifying details of specific cases have been omitted from this dissertation. The descriptions of the types of violence that occur in the student body were diverse, and included harrassment in the form of stalking; 'cyber-bullying'; physical and emotional violence; sexual molestation, rape, 'gang-rape', and 'drug-rape'. The overall magnitude of these issues as identified by the respondents has been described below.

5.2.1 Small proportion; large impact

According to the respondents, the issues of IPV and SV were not common relative to other duties they were responsible for in their roles. However, it was acknowledged that the

seriousness of IPV and SV could lead to more resources being spent on each case. One Head of Hall described this issue:

> *...it's not up there on the huge sort of 'numbers' of what I deal with compared to other issues, but I suppose the amount of time that you have to invest with some of these people... because what happens is that a student in residence will tell other students who come in... you've got a bigger pool to deal with...once they've told others... you've got to provide support for friends as well, because some friends will be told: " I was molested in town last night", and they won't have any idea what to do, and then it starts to affect them... So I think the amount of time that I spend dealing with those issues is more per issue or per case than other issues...* (Head of Hall)

In addition, key respondents acknowledged that the cases of IPV and SV that they have encountered were likely a small proportion of the total cases occurring within the university student body. This speculation has been described below.

5.2.2 Underreporting of incidents

The majority of respondents stated that there was likely a discrepancy between their experiences in dealing with students presenting with IPV and SV, and the actual number of cases in the student body. This is exemplified by a statement made by one of the counsellors:

> *...it's hard to estimate, but I was thinking that over the years I have been here... I was thinking maybe about 5% of the case load... and thinking that would represent a small percentage of what may be out there.* (Counsellor)

Similarly, a Head of Hall noted the likelihood of a large number of cases of IPV or SV going unreported:

> *...reported things, and my perception of what's actually happening are two different things... it seems to be underreported, and it's unreported quite a lot.* (Head of Hall)

Following identification of the magnitude of cases occurring in the university student body, the focus of the discussion shifted to identification and appraisal of current responses to IPV

and SV that are available at the University of Auckland. These responses, their strengths, limitations, factors affecting them, and suggested future directions as proposed by the key respondents will be grouped into the four main categories of 'Preventative Responses'; 'Factors Affecting Help Seeking'; 'Immediate Responses'; and 'Referral and Maintenance'.

5.3 Preventative Reponses

A main type of response to IPV and SV at the University of Auckland identified by key respondents were preventative interventions in the form of student implemented education, university-implemented education, and the prevention of stranger assault. These will be discussed in this section, followed by a discussion of the limitations of current approaches, contributory factors to IPV and SV that are unique to the university population, and future preventative directions as identified by key respondents.

5.3.1 Student implemented educational approaches

These approaches were run by the Women's Rights Officers, who are also students at the university and members of the student union. These were stated to involve seminars and workshops to inform and educate students about such factors as rape prevention, IPV, and date rape. One of the WROs described initiatives which they had implemented:

> *We've also done some really positive stuff! We've done some workshops, and next week we're having a panel discussion about domestic violence... and when we did Women's-fest, which is the annual women's festival, we had a couple of events about Domestic Violence and Intimate Partner Violence. One in particular where we did a workshop with rape prevention education ... It was very much a focus on educating people about how to recognise the signs and what goes on.* (Women's Rights Officer)

5.3.2 University implemented educational approaches

These approaches to IPV and SV were mainly run by Security Services and the Halls of Residence. These strategies consisted of security presentations, seminars and poster campaigns. For example, the Manager of Security Services described an educational approach that he had participated in. It is important to note that this differed from the approach taken by the WRO's, and was not explicitly focussed on IPV or SV. Instead, the focus appeared to be on general safety at night:

> *I'm trying to get more involved with safety and security presentations, not just in the halls, but for our international students as well...for the last two or three years I've been involved with that. So that's just general safety and security advice to the students and also the staff as well; things to be aware of, you know especially in hours of darkness, places to avoid, walking in well lit footpath areas, letting people where you are and when you're leaving or when you're due to be at your destination... if you work or study alone, try and buddy up with someone, walk safely with someone, walk in a group if you can. If you can't, come here or call us and we'll send a security officer out and we'll try and escort you to your destination or walk you to your car. So that's the kind of message we try and get out. Especially the international students, they are very naive... New Zealand is a safe place, but we are now changing, we see more and more escalation of more serious things happening all the time and I think people need to be open minded about that.* (Manager of Security Services)

In their respective interviews, Heads of Halls discussed seminars and educational initiatives that had been used in their respective halls, for example:

> *We have a seminar... every year in the first 2 or 3 weeks...that talks about sexual health, sexual awareness, date rape... I had date rape as a feature at that session every time, so because I mean that a number of our residents from smaller towns, and from international backgrounds are not aware of the idea of date rape... they think that people they know are safe... and you don't want to scare them, but we try and make them aware that this was an issue.* (Head of Hall)

These quotes summarise some of the educational approaches taken to prevent IPV and SV in

the University of Auckland community. These largely appeared to focus on addressing the issues of IPV and SV at the level of potential victims.

5.3.3 Prevention of stranger rape and assault

A number of duties carried out by UniSafe Security Services appeared to provide a degree of protection against SV while transitioning from or between events. This was best summarised by the Manager of Security Services when discussing the role of Security Services (UniSafe) in event planning:

> *... we are very heavily involved with big events...so we provide security, we meet, we plan the whole thing, we assist the event organisers, not just at the event, but also afterwards because the concern is that when students leave, they are intoxicated, especially the young girls... When they all walk back in their different ways, we try to assist them or guide them where to go; so those who go to the halls of residence, we try to guide them and walk them back so they arrive there safely; we try to encourage them not to go through Albert Park or high risk areas, and that certainly helps...We've got a duty of care as the university for those students; not just here, but also when they leave to ensure that they arrive safely at their destination.* (Manager of Security Services)

5.3.5 Limitations to preventative responses

When discussing strengths and limitations of current responses to IPV and SV within the university student body, the key respondents did not identify any particular advantageous factors with regards to preventative responses. This does not necessarily mean that these strengths do not exist; however, only limitations were mentioned. The two main limitations identified by respondents were student resistance to education in Halls and a lack of security between campuses.

5.3.5.1 Student resistance to education in Halls. Discussions with both Heads of Halls and the Manager of Security Services revealed that the educational role of Security Services in Halls of Residence may be met with some resistance, particularly from students. One example of these attitudes was explained by the Manager of Security Services:

> *I think their argument has been that seeing a person there with authority or a police officer in uniform, immediately they're resistant, you know: "don't tell me! I'm a grown up now, you can't tell me what to do" and all really we want to do is make sure that they're aware of the risks of what they're doing and where they're going to go and travel to, and they take that into consideration. What we want is for them to be safe, that's what it's all about. It's not telling them how to do things, I agree they're all grown-ups now, but it's just being aware and a bit more responsible.* (Manager of Security Services)

5.3.5.2 Security between campuses. With regards to the physical environment of the University of Auckland, the university is divided across six different campuses around Auckland city. According to respondents, student movement between these campuses on foot can present significant danger to students in the form of physical or sexual violence from strangers, particularly at night. Although security services are known to patrol the City Campus, Heads of Halls expressed concern about the amount of security activity between City and Grafton campuses, which are within close proximity of each other. For example:

> *...It's a very sprawled out university and the routes between the various campuses... and they schedule lectures at Grafton and down the bottom, and there's not a lot of acknowledgement at the moment of the dangers that are inherent from moving between the two campuses.* (Head of Hall)

One Head of Hall remarked that as a response to the attempted assault of a student who was moving between campuses, Security Services had established a free 'shuttle' service for students. However, according to this respondent, this service was only maintained for one semester:

> *It seems like that shuttle service stopped... they promised more patrols, but I haven't seen them, and I think it may have fallen into a 'too hard' or 'not on the current agenda' basket, you know? That's my suspicion.* (Head of Hall)

Unfortunately, the issues of IPV and SV within the University of Auckland student body are not confined to the limitations of current preventative services within the university context.

5.3.6 Community factors unique to university populations

This category refers to community factors that were identified by respondents to be potentially contributory to IPV and SV in the student population, and therefore of concern when considering preventative responses. The themes identified under this category include the role of alcohol and drugs as contributory factors to student IPV and SV; and the limited number of templates for healthy relationships for young people at universities.

5.3.6.1 Alcohol and drugs as contributing factors. Alcohol and drugs were frequently mentioned as key contributors to IPV and SV in the student body, particularly when discussing such issues as rape and sexual assault. The majority of descriptions involved alcoholic intoxication of at least one of the parties involved, or the use of 'date rape' drugs as a tool to enable a victim to be taken advantage of in a sexual manner. One counsellor stated:

> *I think another thing we do see here is around alcohol and drugs, so people who have maybe been drinking a lot and they've been forced or taken advantage of, and the other one we see is drug rape, most of us have had that [General Agreement].* (Counsellor)

This statement was met by general agreement from the other counsellors in the focus group, suggesting that it was an issue that had been encountered by the majority of those present. The WROs identified alcohol as a contributing factor:

> *All the stories that I have heard have been ones where all the situations somehow involve alcohol or a party situation where there are lots of people.* (Women's Rights Officer)

The identification of alcohol and drugs as a common mediator in the occurrence of SV in University of Auckland students indicates a significant influence of peer relationships, given that the majority of alcohol and drug consumption within student bodies occurs within social situations (Hove et al., 2010). Also identified as contributory to IPV and SV in students was the inexperience of younger people who were just experiencing their first 'real' relationships.

5.3.6.2 Limited templates for healthy relationships. It was stated by respondents that IPV and SV in the student population could stem from their inexperience in creating and maintaining serious, respectful relationships. Furthermore, this could be compounded by the experience of isolation from family and other examples of 'serious' interpersonal relationships. This was best explained by a counsellor:

> *Because students are often really experiencing maybe their first real serious relationship when they come to university and if they don't have a template for what is a respectful relationship... and they might be away from home or family, or they might be trying to fit in... I think there isn't enough understanding or resourcing around what's an OK or acceptable relationship generally in the university amongst young people...* (Counsellor)

These factors can be located at the 'relationships' level of the ecological model of violence, and were perceived by key respondents to contribute to IPV and SV in student populations. The theme of having 'Limited templates for healthy relationships' was identified by respondents as a key area to change in future; this has been discussed in the following section.

5.3.7 Future directions for preventative responses

In response to limitations, and contributory factors to IPV and SV in the university population, respondents also identified some future directions that could be taken at the university to improve, or supplement current preventative responses. These suggestions included an increase in the number of educational approaches, and increased security between campuses.

5.3.7.1 Increased educational approaches. Although one of the main preventative responses to IPV and SV at the University of Auckland was stated to be the use of educational approaches, these were limited to descriptions of promotion campaigns in the Halls of Residence, the student body of which only makes up a small proportion of the entire university population. Key respondents expressed the need for further education of the general university student body about IPV and SV, and what healthy relationships entail. For example, one counsellor stated:

> *I would like there to be more education, and more things happening outside of the room that would help young people and young women especially... but also young men identify what is acceptable and not acceptable... what is needed is more outside of our room.* (Counsellor)

The WROs also identified that educational campaigns could be useful in promoting acceptance of the fact that IPV and SV also occur in university-age populations. This could contribute to addressing non-recognition of violence, particularly with regards to student perceptions and stereotypes of IPV and SV. One statement that summarises this perspective is given below:

> *All of the "It's not OK" stuff is targeted at a couple living together, often with children and families, and that is not reflective of all the violence that happens in New Zealand. So perhaps recognition and acknowledgement as an education type campaign saying like: "you might not live with them, but this is still..." representing alternate situations where it's not just like: "Dad is hitting mum and the children are*

scared" because it could be mum being abusive to dad, or dad emotionally blackmailing other dad. It doesn't matter about the situation, but if you're in a relationship with someone and things aren't right, there needs to be a broader acknowledgement and acceptance. If that happens, I think more students will see it for themselves.

An approach that went beyond the use of advertising and social marketing was also proposed. Training for friends as potential support networks was also identified as a potential method for addressing IPV and SV in the student population:

Even just something like: "how do you support someone?" because it can be very difficult... we've seen this before when people come to visit us, you can't push your opinion or what you would do or what you would want them to do on to them... if they're reaching out to you for help, it's kind of like a betrayal of the trust that they're giving you in coming to you, to say: "well I think you should do this, let's do that".. You need to give them all of the options and point them in the right direction, and that in itself might be really good training for people to have, where even if you are helping, it's not your place to help in a way that they don't want. You're not going to solve the problem by being like: "your boyfriend is a dick, get out and go to the police". That might not be the best way for them to deal with it; it might not be what they want... So, training or education that encompassed that would be really valuable. (Women's Rights Officer)

5.3.7.5 Increased safety between campuses. As mentioned in section 5.3.5.2, Heads of Halls identified an issue with the security of students moving between different campuses. In response to this issue, potential solutions to this issue were also proposed. For example a Head of Hall stated:

As for the university side...I'd like to see some more formalised improvements made in the security side in terms of getting movement between the campuses...It would be really nice to see a route between the Newmarket and the university City campus going through the Grafton campus that was absolutely well lit, sign posted even with phone spots for security, so along the whole route... I know I've seen that in campuses

> *overseas so almost like a covered walkway that extends all the way, I know that's probably never going to happen, but a well-lit, well signposted and security system that was patrolled between the campuses would be a really good idea.* (Head of Hall)

In summation, current preventative responses aimed at IPV and SV at the university included educational responses run by both student and university organisations. However, Heads of Halls expressed concerns about the level of security between campuses. In addition, respondents noted that the use of alcohol or drugs, as well as limited templates for healthy relationships were community-level factors unique in their contribution to IPV and SV within the university student body. In order to address some of these factors, respondents also suggested an increase in the number of educational preventative approaches targeted at the student body, and an increase in the level of security between campuses.

The key respondents also identified a number of factors in the university student community that could affect the help-seeking behaviours of students who are victims of IPV or SV. These have been identified in the next section.

5.4 Factors Affecting Processes of Help Seeking

In the instance that a student is a victim of IPV or SV, the respondents identified a number of factors that could affect their processes of seeking help from available services and resources. These have been grouped under the two main categories of 'Problem recognition and definition'; and the 'Decision to seek help'.

5.4.1 Problem recognition and definition.

According to key respondents, a large number of students that they had encountered did not recognise that they had been subject to IPV within their relationships or to SV from their partner or strangers. Various explanations were given for this phenomenon, including the effects of: differential perceptions and stereotypes of violence; the student's experience of historical or familial violence; and limited templates for healthy relationships.

5.4.1.1 Perceptions and stereotypes of violence. One issue described as contributing to a lack of recognition regarding IPV or SV was that the views or stereotypes held by students may have consequences for how they view violence in their own relationships or lives. These perceptions included the beliefs that rape could only be defined as "penile-vaginal penetration" (Head of Hall); that IPV entailed physical battering only; and that IPV could only occur among married couples. One aspect of this issue was aptly summarised by a WRO:

> *Or even they don't recognise themselves that they are in a situation that they shouldn't be in, or one that is not OK...If everyone knew about the 'power and control wheel', maybe it'd be a lot better; but people don't recognise the situations that they themselves are in a lot. And there's also a perception that domestic violence happens between a husband and a wife in a family unit. All of the things you get told is that there are families involved, and children and stuff. I guess for University students, not many are living with their partners or they're not living in a household where they're seeing their parents in a bad, abusive relationship. So I think that they might not see that there are other sorts of violence and violent relationships and healthy relationships because not everyone is living in that stereotypical scenario that is portrayed.* (Women's Rights Officer)

Respondents also discussed their perception that students that had previously encountered violence in their personal history or family lives could also have different perspectives on the meaning of 'violence' in a relationship, and its severity.

5.4.1.2 Student experiences of historical or familial violence. Participants in the study expressed that students that had either previously experienced abuse from a family member, or witnessed acts of violence between family members were more likely to dismiss 'minor' acts of violence as inconsequential. For example:

> *So I find historic abuse as quite a significant factor... children who have grown up with that. And of course then that impacts on their tolerance to abusive relationships. If they've witnessed repeated physical abuse of father to their mother...When they enter a relationship that's not physically abusive, but verbally abusive, they think:*

"Oh this is a big improvement", and so it minimises the impact... I find that quite common [general agreement]. (Counsellor

5.4.2 Decision to seek help

Discussions with participants revealed that students could often be deterred from disclosing to key respondents about issues of IPV or SV that they were experiencing. These reasons related to a fear of shame, being blamed for the incident(s), or unwillingness to report issues due to the belief that it may lead to forced changes in their lifestyles.

5.4.2.1 Fear of shame and blame. A main barrier to disclosure was the belief that it could bring shame on the student, their family or the institution. Furthermore, it was reported that students felt that they may be blamed for causing the incident(s). These perceptions were portrayed as embedded in cultural norms and beliefs, with international students reported as being particularly susceptible to this phenomenon. However, it was also revealed that New Zealanders could exhibit this barrier to disclosure, especially Maori or Pacific Islander students, who could be concerned that they would be shamed, or bring shame on their family and others who were part of their proximal relationship network. For example, one Head of Hall stated:

...in particular I found in Asian cultures, in my experience anyway, they are very hesitant on telling people because of the shame it will bring the family or even the institution if they're here on exchange... Some New Zealanders can be quite hesitant to share what's happened to them, particularly Maori and Pacific Island cultures as well that I've dealt with. Again, shame to the family, or this perception in the Maori students I've dealt with that their family might think that they got themselves into that situation... um and it's their fault for being silly... same with the Pacific Islanders as well; this whole: "oh they're going to think it's my fault anyway"... but yea, I find in Asian cultures, they think that they're bring shame to their family and in sort of NZ culture, people don't want to share because they feel that their parents will think it's their fault, so that why they might be a bit hesitant to share. (Head of Hall)

This statement is congruent with a belief expressed by a WRO, where they stated that 'victim blame' was a common occurrence in NZ society:

> *I just don't feel like New Zealand provides a safe environment to talk about these issues and not be criticised or ostracised, because quite often it is the victim to whom it's like: "Well why did that happen? Why did you let that happen? How could you get yourself into that situation?" I feel like those are the kinds of questions...that it feels like you will be asked if you talk about it.* (Women's Rights Officer)

5.4.2.2 Fear of consequences. Participants also expressed that students could be apprehensive of disclosing to university support services about their experiences with IPV or SV due to fear that they may be forced or pressured to change their current lifestyles as a consequence of disclosing about their experience(s) with IPV or SV. These 'changes' included such factors as being forced to stop study, and being told to leave the relationship. For example, a counsellor stated:

> *... in terms of say, international students where they've arrived in this country to do their degree, and depending on their cultural background, if there is anything that comes along and disrupts the nature of how they got to come to this country to do their degree, they can lose their funding. So to actually take steps to end violence within that relationship could mean the end of their study here in this country. So there are huge things resting on their shoulders, and it takes a hell of an amount to come in actually say: "This is what is happening"* (Counsellor)

These factors that influence student processes of help seeking appeared to predominantly affect 'Immediate Response Interventions', which have been described in the next section.

5.5 Immediate Responses

Congruent with the Modified Mental Health Intervention Spectrum as shown in Figure 3, another main type of response to IPV and SV in the student body is that of 'Immediate Response', which detect or respond to IPV or SV in a client or student. These differ from preventative approaches in that they seek to address or detect issues of IPV and SV in students after they have already occurred. At the student level, support networks within Halls of Residence were purported to act as a significant support network; while respondents identified 'Case identification and screening'; and the 'Risk intervention team' as the main immediate response interventions at the organisational level of the university.

5.5.1 Hall of Residence student support networks

There was a common perception that the student communities in the Halls of Residence act as a support network for each other, encouraging companions to seek help, and providing general support and security for each other. This strength was identified by one of the counsellors:

> *...it may be that in the halls of residence also, because they do get some education around this, that they're more likely to have one of their friends or the RA to urge them to take some action [general agreement], and it's my experience that they do tend to come in, and I don't think they would have perhaps otherwise.* (Counsellor)

As mentioned in the above quote, this support network has the added advantage of facilitating disclosure in victims of IPV and SV.

5.5.2 Case identification and screening

Discussions around the identification and screening of students referred mainly to the procedures undertaken by the university counsellors as main responders to cases of IPV and SV in students. One counsellor described the process by which they screened student clients prior to their sessions:

We do have a question on the questionnaire that asks whether you are experiencing violence. Whether people answer that is up to them, but there is that question and we have had some people answer that in the affirmative, and sometimes add to that, so some people are disclosing through the questionnaire. We have a new online questionnaire which we ask clients to fill in before they come and see us for ongoing counselling. (Counsellor)

However, although this was acknowledged by a significant number of the counsellors present during the conversation, there also appeared to be a degree of inconsistency between the practices of the university counsellors. One counsellor stated that they did not screen for IPV or SV in their clients:

...it could be sitting there with a lot more students that we're aware of, and it's not a regular part of our screening or our assessment... (Counsellor)

5.5.3 Risk intervention team

Respondents also noted that they had a responsibility in terms of the identification and assistance of individuals who might represent a risk to themselves or others. A specific example was the 'risk intervention team identified by the Manager of Security Services:

Even to an extent we have a risk intervention team who discuss students that are at risk, either to themselves or others. I'm also on the committee. We meet monthly, and obviously the nature of the discussions that take place are confidential and private; but what we try to do is identify people who need assistance and then try and put measures in place to assist them... (Manager of Security Services)

It should be noted, however, that whilst the risk intervention team provides support to those at risk, this is not an intervention specifically targeted at IPV or SV. This was explained by one of the counsellors when discussing the initiative:

We have this as sort of information sharing, so we can actually join the dots across campus, so that you may have actually one situation arising about a student of

concern, and then somebody else has another piece of information, and you can kind of make some connections. But it's usually about students that are posing a risk to others in some way. It's generally not about the students who are victimised so much... Well that's not what our focus is... (Counsellor)

This 'sharing of information' mentioned by a counsellor was also identified to be a strength in current immediate response practices at the University of Auckland. This has been described among other strengths in the following section.

5.5.4 Strengths of immediate responses

Two main strengths of immediate responses to IPV and SV at the University of Auckland were identified by respondents. These are: 'Cross-referral and information sharing'; and the 'Efficiency of counselling services'.

5.5.4.1 Cross-referral and information sharing. The sharing of information and cross-referral of student clients between key respondents to IPV and SV at the university were identified to be a strength of current immediate responses. In particular, the relationship between Heads of Halls and counsellors was noted to be strong. For example, a Head of Hall stated:

So the counselling service and I work really closely ... So the counsellor will ask: "is it OK if I feed this back through...what you're telling me?" and vice versa when I meet with a student, I say "look I have to tell someone about this, for myself, and for you... I'd like to work with you and counselling" or even disability services because they've got the mental health coordinators to make sure that they're all properly supported... and most students -- 9 out of 10-- will say that's OK. (Head of Hall)

Similarly, strong levels of communication were reported during appraisals of the policies and procedures in place to address security issues and student safety at the University of Auckland. One example was given by the Manager of Security Services, who described the

communication processes and procedures of UniSafe in the context of the risk intervention team:

> *So we've got a policy and procedure manual which we follow...It's about escalating to the appropriate people. Some things a team leader can deal with...there are certain things they need to escalate to my level, and sometimes I will even escalate it if it's serious enough. Let's say we have a sexual assault on campus, that's serious, especially if it's a student or a staff member... So that will go right up to the Vice Chancellor's level, and we will inform the counsellors as well to ensure that the person gets the proper support, immediately. We won't wait until we meet as a risk intervention committee before we actually deal with the matter, we will actually intervene immediately. The same with the international office, they have good support structures as well; and we all talk to each other. So the same people who are on the committee, they all deal with their own little thing, but if there's something big enough, we will all get together and discuss...even if we have to call an urgent meeting...most of the time these things happen after hours, so it's a matter of knowing who to call and where to escalate it.* (Manager of Security Services)

When issues were communicated through these pathways, another strength of the current system of immediate responses was identified to be the response of the counselling services.

5.5.4.2 Counselling service response. The counselling services at the university were regarded as capable in responding to the needs of students referred to them by the Halls of Residence and Security Services. This was expressed by the Manager of Security Services:

> *They actually are very capable, I feel. They deal with things really quickly. I've never had an incident where I've referred something and it wasn't dealt with. They'll make it preference, or an urgent matter, and they'll deal with it... Yea, there's maybe certain things they can't share with me, which may be useful; but I also understand why they can't share that. But if that's really an issue, we have other means of getting information that we need...but no I think they do pretty well.* (Manager of Security Services)

Although the counselling services were described as being quick to respond to urgent issues related to IPV and SV in students, it was also noted that counsellor resourcing could be

limited. This has been discussed in the next section as a limitation to current immediate responses to IPV and SV.

5.5.5 Limitations of immediate responses

In addition to the strengths of current immediate responses at the University of Auckland, respondents were also able to discuss some limitations of these services. These limitations include limited WRO training; the limited amount of counselling resources; the connection between Halls of Residence and Security Services; and a lack of clarity surrounding pathways for help for victims of IPV and SV.

5.5.5.1 WRO training. The WROs felt they would benefit from further training on how to respond to students disclosing IPV or SV. This is exemplified by the following statement made by a WRO:

> *...obviously we do everything we can in our capacity, and we're quite aware of the issue, so we're not completely clueless, but...we have no formal training, so in a sense it's almost a bit of a let-down. Students come to you with this huge problem and are like: "What do I do?" and we're like: "There's not actually that much we can do, I can refer you on to other people and point you in the right direction".* (Women's Rights Officer)

5.5.5.2 Limited counsellor resources. Conversations with key responders indicated that resources and sessions allocated to counsellors were limited, and suggested the restricted amount of free counselling sessions available for students may limit the ability of the counsellors to properly address issues of IPV and SV among the students that they encountered. This was expressed by the WROs:

> *I think the counselling services definitely need to be looked at... but I think the structures and boundaries they're given are too restrictive.* (Women's Rights Officer)

This is congruent with a statement given by one of the counsellors:

> *...it's such a big a big task or topic... we all end up seeing students and trying to do the work that they want, and perhaps do some other work with education... but we have limited resources, and a limited number of sessions, and it's not enough to deal with the problem I think.* (Counsellor)

This was also evident when discussing limitations of available time frames and sessions with counsellors. One counsellor suggested that the limited amount of time with each client could make it difficult to identify violence as an issue if the student presented with a different problem:

> *...sometimes it's very brief.... and my way of working is often quite led by what the student's presenting with, so...there may be issues of violence, or issues that don't come up in counselling, so it's a bit hard to know for sure, being able to gauge the problem.* (Counsellor)

Another limitation was expressed in the connection and communication between Halls of Residence and Security Services.

5.5.5.3 Connection between halls and security. Heads of Halls expressed that the relationship between their organisations and Security Services was relatively distant. For example:

> *It's tenuous... there has been that effort to do that, and I've always found security responsive if we discuss concerns with them... but the formal relationship is not great. It's not as formalised as I would like it to be...* (Head of Hall)

Furthermore, the Manager of Security Services stated that the level of training provided to RAs could be further supplemented by training from security. However, it should be noted that the Manager of Security Services was not fully aware of the extent to which the RAs were trained. An example of this is shown below:

> *They're still just children, they are probably the more responsible ones, but any training we can give them would be good. I think they do give them training, I'm not*

> *sure exactly to what extent. I certainly would like to be more involved and just advise them a bit on better ways of doing things, or advice they give to the students when they go out. It's always better coming from a student than coming from me. I think they would be more open to that advice than coming from me or even from the police. Yea, that's maybe one thing I'll look at improving.* (Manager of Security Services)

In addition to beliefs surrounding the training of RAs, the lack of knowledge surrounding the extent to which RAs are trained indicates that communication between the two parties at the institutional level may be limited. A lack of communication and clarity was also noted by respondents when discussing current accessibility of services at the university.

5.5.5.4 Lack of clarity surrounding pathways Respondents described a lack of faculty involvement in activities designed to protect students from such issues as IPV or SV, particularly that of the 'risk intervention team', where a counsellor stated that "only two faculties are actually represented" (Counsellor). Furthermore, the Manager of Security Services identified that a possible limitation was that some Faculty Deans were not adequately disseminating information regarding security and risk intervention services to its staff and students:

> *The thing is, information about the committee and its services are told to the deans, and that might not often be filtered down to root level... Even staff don't know where to go sometimes. A lot of the time, staff and faculties don't talk to each other and information gets caught in silos so maybe promoting our services more actively is something we could work on.* (Manager of Security Services)

This concern was also expressed by the WROs when discussing students and their knowledge of areas in which they could find assistance with IPV or SV:

> *...so many don't know where to go, and I can imagine there being a lot of students.... for every one that we talk to there's probably at least ten more I would say that don't really know where to go.* (Women's Rights Officer)

In response to this lack of clarity surrounding pathways for help at the university, respondents also suggested increased promotion of existing university services as potential future directions for improving immediate response resources for victims of IPV and SV within the university student body.

5.5.6 Future directions for immediate responses

With regards to potential future directions to help improve immediate responses to IPV and SV at the University of Auckland, one was identified. This was to increase the promotion of existing university services designed to address IPV and SV in students.

5.5.6.1 Increased promotion of university services. In response to the lack of clarity around existing pathways at the university, a proposed direction was to provide further promotion of existing resources. This was summarised by a WRO:

> *... promote the counsellors.... even AUSA advocacy group, because they deal with a lot of mediation between students, probably not the most ideal place you could go, but probably a place you could go to. Promoting more what we do. So yea, a lot of promo work saying that these places are available, if not for a long term solution, at least a first point of contact and a way to assess what's going on in your life, and how you can get further help...*(Women's Rights Officer)

After accessing and utilising available response services at the university, the third type of response that student victims can access are referral and maintenance services.

5.6 Referral and Maintenance Services

5.6.1 Referral to external resources

Respondents identified the utilisation of, or referral to external resources as a main facet of practice when addressing IPV or SV in the student body. These included such resources as the New Zealand Police and community constable; as well as organisations including 'Shine',

‘Women’s Refuge New Zealand’, ‘Shakti’, and the ‘Taylor Centre’. ‘Shine’, ‘Women’s Refuge New Zealand’, and ‘Shakti’ are all organisations that provide support services in the form of crisis help lines, education, and safe housing for victims; whilst the Taylor Centre is a branch of the Auckland District Health Board aimed at providing mental health services. The university relationship with the police was described by the Manager of Security Services:

> *We've got a close relationship with the police. They actually use one of our offices here, so they're on site almost daily. We've got a community constable whose portfolio is the tertiary sector, which include us and AUT, and any of these matters, if she's aware, she'll come and say: "hey, are you aware of this?", and I'll say: "Yep! I've got a report actually, my guys attended to this", and we'll share the information and we'll try and put the two together and see if we can't come to a conclusion or have a success or good outcome...*(Manager of Security Services)

Counsellors also mentioned the role of the community constable when dealing with issues of violence. However, the majority of discussion with counsellors focussed on referrals to support services such as ‘Shine’. For example:

> *...When we come across issues, particularly of violence; we tend to engage services outside the community... Like the community constable if it's appropriate, or I've made referrals to Shine... got students to contact Shine ... and they can just talk you through options, and that's been quite helpful. I've found that students sometimes.... just very recently, a student after ringing Shine, and getting the support she needed, she made the decision to end a relationship that was very controlling and abusive, and involved repeated coerced sex. So I think it's more external agents who we probably utilise, once... if we get to hear of abuse.* (Counsellor)

Approval of the use of external resources was not consistent across all key informants. The WROs, who advocate for female students, identified some limitations to the use of external networks; one example being that further referral could be discouraging for victims who found seeking help from a counsellor to be a difficult step. One statement expressing this concern is shown below:

> *... I think if you can pluck up the courage to go to a University Counsellor, that's such a big step that is huge for a victim. So then to be told that you have to go somewhere*

else, I can imagine would just be like: "Why should I bother? (Women's Rights Officer)

This issue has also been discussed as a limitation in the next section.

5.6.2 Limitations to referral and maintenance responses

With regards to their critical appraisal of maintenance and referral responses implemented by the university, respondents only identified one limitation. This was related to student reluctance to contact external sources, and has been described below.

5.6.2.1 Student reluctance to contact external sources. As mentioned in section 5.6.1, one of the main strategies of referral and maintenance as identified by key respondents at the university when addressing IPV or SV in the student body is the referral of the victim to external sources of support or information. Participants in the study described the reluctance of many students to continue along this trajectory for a number of reasons, including the perception that further referral would not have an advantageous outcome, or that they will be forced to 're-live' their experiences instead of moving on. This was stated to be particularly common when discussing the option of prosecution through the courts with the student client. One counsellor stated:

> *... quite often I've found they are fearful around reporting and taking it further... because the control has already been taken and they're afraid that they'll be forced, and worried and nothing will come of it anyway; that they'll just be traumatised from going to court. So that's quite an issue that we see from time to time.* (Counsellor)

No future directions for referral and maintenance responses were identified by respondents. However, other future directions based on these results will be suggested in the discussion

5.7 Summary of Results

In summation, the present study found that the issues of IPV and SV accounted for only a small proportion of key respondent duties. However, these cases were significant in the amount of resources and time required to address them. In addition, respondents acknowledged that incidences of IPV and SV at UoA were likely to be underreported, with those encountered by respondents representing only a small proportion of existent cases in the student population.

In terms of preventative responses to IPV and SV at the university, educational responses were reported to be implemented by the WROs, Security Services, and Heads of Halls, consisting of rape prevention workshops, panel discussions, general safety seminars, and general SV prevention seminars. More general security duties at university events were also reported to serve as a protective factor against such dangers as stranger rape and sexual assault. Limitations to current preventative responses to IPV and SV were identified to be student resistance to educational approaches in Halls of Residence, and a lack of security patrols between campuses.

Respondents also discussed community factors unique to university populations that are potentially contributory to IPV and SV in the UOA student body, and therefore worthy of consideration when addressing IPV and SV in a preventative manner. The first of these was the use of alcohol and drugs as a contributing factor, whilst the second referred to the fact that many university students are entering new relationships, with limited templates for healthy relationships. In response, a number of future directions for preventative approaches were identified by respondents, including an increase in the amount of educational approaches to increase awareness of IPV and SV in university populations, promote healthy relationships, and teach students how to support their peers.

In instances where students had already experienced IPV and SV, their help seeking behaviours were reportedly affected by two main sets of factors. The first was the student's recognition and definition of the problem, which was influenced by perceptions and stereotypes surrounding IPV and SV in the student population, and the student's experiences with historical or familial violence. The second set of factors was categorised under the student victim's decision to seek help, which was influenced by a fear of shame and blame, or a fear of the consequences of disclosure.

Respondents also identified three main immediate responses available if students chose to seek help. The first involved support networks in the Halls of Residence in the form of staff and friends. The second referred to the case identification and screening processes for IPV and SV undertaken by (some) counsellors; whilst the third immediate response was noted by respondents to be a general 'risk intervention team'. Two main strengths were associated with these responses, the first being the high degree of cross-referral and information sharing between various key respondents. The high capabilities of the counselling team in addressing urgent issues was identified as the second strength to immediate responses to IPV and SV at UoA.

With regards to limitations of immediate responses, WROs noted that they felt undertrained when dealing with cases of IPV and SV in students. In addition, they identified that counsellors were limited in their resources, with a set number of sessions being seen as too restrictive. A third limitation to immediate responses at UoA was reported to be the distant relationship between Halls of Residence, and Security Services, with a lack of communication between both facets being evident. The final limitation to these responses was an issue of clarity, where respondents indicated that staff and students were often unaware of how or where to contact IPV and SV support services. In response to this limitation, a future suggestion was made by respondents to increase promotion of IPV and SV services at the university.

In terms of referral and maintenance responses, the main practice identified was the referral of students on to more specialised, external services. A limitation to this response was identified by the WROs, where the prospect of being referred on to further assistance could cause students to be reluctant to contact university help services at all. These results are discussed in the context of the literature in the next chapter.

Chapter 6: Discussion

6.1 Introduction

The aim of this study was to conduct a preliminary assessment of prevention, response, and referral pathways for cases of IPV and SV at a NZ university. In this chapter, the key findings of the study have been discussed in the context of existing literature.

6.2 IPV and SV – Are They Common?

According to the literature, IPV and SV are common issues in general and university populations (See section 2.5). In NZ, Fanslow and Robinson (2004) reported that approximately 33% of women in the Auckland region had experienced IPV, whilst 15% had experienced SV from a non-partner. In addition, a cross-sectional study of 523 undergraduate students at the University of Auckland (UoA) reported that approximately 51.6% of women had experienced a form of SV, with 25.3% having experienced an attempted or completed rape (Gavey, 1991).

Due to the qualitative design of the present study, these reports of prevalence at UoA were not confirmable. Instead, respondents were asked about the magnitude of addressing IPV and SV relative to their other duties as WROs, counsellors, the Manager of Security Services, and Heads of Halls, as part of the overall aim to conduct a preliminary assessment of prevention, response and referral pathways for cases of IPV and SV at a NZ university. Results of this facet of the study showed that all respondents had encountered reports of IPV and SV in their roles. With regards to the number of IPV and SV cases addressed by respondents compared to their other duties, the number was purported to be small. However, respondents stated that when cases did occur, they often required a significant amount of time and resources to address (See section 5.2.1).

It is important to note that this result does not necessarily indicate that IPV and SV are uncommon in the university population. It could be argued that respondents are only presented with a small proportion of the cases of IPV and SV that occur within the university

student body due to underreporting. This fact was indeed expressed by some key respondents, with Counsellors and Heads of Halls acknowledging that the cases that they address were likely only a small percentage of what exists (See section 5.2.2). This is further supported by the literature. For example, a cross-sectional study of 650 university women reported that although 42% had been victims of SV, only 28% had chosen to disclose their experience to someone. Of this number, only 25% consulted with a professional rather than a friend or acquaintance (See section 2.8.2.2) (Sable et al., 2006). Though differences in setting and study design limit the number of definitive conclusions that can be drawn from this, it can be assumed that there is a similar situation occurring in NZ, where IPV and SV among students is relatively common, but not disclosed. Further research should be conducted to confirm this speculation, as well as to patterns of disclosure and help seeking among university students who have experienced IPV and SV.

Although study participants stated that addressing IPV and SV in students did not comprise a large proportion of their occupational activities, as key responders to IPV and SV in the student body, they were able to provide insight into the responses implemented at the university. The first of these were preventative responses in the form of educational programmes.

6.3 Preventative Education

In terms of preventative responses to IPV and SV at the University of Auckland, some of the main strategies identified were educational approaches implemented by both students and university organisations. At the student level, the WROs reported organising a panel discussion about IPV and SV, and providing a rape prevention workshop to those students who were interested. At the institutional level of the university, educational responses included SV prevention seminars and workshops provided to international students and students in the Halls of Residence by Security Services and Heads of Halls. This section will discuss the focus, reach, and content of these approaches, contextualising them in the broader pool of international literature surrounding educational approaches to IPV and SV in university populations. Suggestions for potential future research and practice will also be discussed.

6.3.1 Purpose and focus

The main driver for organising these seminars and workshops is assumed to be the safety and information of students. While this aligns with the respondents' duty of care towards students, the effectiveness of these strategies may be diminished due to the lack of a unified response. Interviews with respondents revealed that although these educational preventative programmes exist at the university, they do not appear to be connected. For example, conversations with WROs (See section 5.3.1) gave the impression that the SV prevention workshops that they had implemented occurred on an ad-hoc basis, independent of university-led responses. The infrequency of these responses could lead one to question their effectiveness, as well as the amount of university support behind these programmes. This is supported by best-practice literature in the area, which suggests that effective SV prevention programmes are sustained over time, and have multiple points of contact with reinforcing messages (Flood, 2004; Lee, Guy, Perry, Sniffen, & Mixson, 2007; Russell, 2008).

In addition, connections between responses implemented by Security Services and Heads of Halls at the institutional levels appeared to be relatively minimal. One explanation for this was given by the Manager of Security Services, who stated that previous attempts to create a more unified response with the Halls of Residence had been met with resistance from students, suggesting that a different avenue for preventing safety information should be investigated through both research and practice.

6.3.2 Reach

Information from respondents suggests that only a small proportion of the overall student body will be reached by these prevention strategies. Who attended the WRO-implemented workshops and seminars was not discussed. However, it can be assumed that the impact of these programmes on the university student body in its entirety is minimal, given that these workshops were run on an irregular basis, and only attended based on individual interest of students. Moreover, the sustainability of these programmes is questionable, with the election of new WROs each year potentially affecting continuity of existing initiatives on an annual basis. Similarly, the reach of university-implemented educational responses is likely to be small due to their target populations of international students and students living in Halls of Residence. As of 2012, approximately 13% of the University of Auckland student body was

made up of international students, and approximately 4% were students in the main Halls of Residence (University of Auckland, 2012, 2013). Consequently, it can be assumed that a large majority of the university population are not receiving the same levels of SV education from university run SV educational approaches. This indicates a possible need for exploration of a more unified, university-wide response to IPV and SV in the student population.

6.3.3 Content

Results of this study indicated that there are also possible avenues for improvement regarding the content of the educational responses to IPV and SV. Content of the sessions currently run indicates that workshops and seminars focussed on general safety at night, and promoting awareness of such dangers as date rape in party situations.

These approaches appear to primarily focus on SV, which is reported to be a common issue in university populations (for example, national samples in the U.S.A report that 11-15% of all university women have experienced a completed rape, and 50% have experienced some form of SV in their lifetime (Koelsch et al., 2012)). However, the focus of these approaches does not extend to IPV, which could be an important area for considerable development, given that international samples of university populations in the U.S.A, Japan, and Russia report rates of IPV ranging between 20% and 68% (Amar & Gennaro, 2005; Lysova & Douglas, 2008; Nabors, 2010; Nabors & Jasinski, 2009; Ohnishi et al., 2011; Policastro & Payne, 2013; Próspero & Vohra-Gupta, 2007). Although there are no existing studies of IPV in NZ university populations, it could be inferred that rates in the University of Auckland student body are potentially high, with a cross sectional study performed by Fanslow and Robinson (2004) revealing that in their lifetime, 33% of women in the Auckland region had experienced physical and/or sexual IPV, with a 5% annual prevalence. In order to gain a better understanding of the need for IPV prevention education at UoA, more research should be conducted in this area to determine more recent, definitive rates of both IPV and SV within the student body.

University implemented educational approaches also have a strong focus on the audience as potential victims only. Although these approaches may be useful in helping key respondents such as Security Services and Heads of Halls fulfil their duty of care towards students, without other supplementary approaches, these strategies may implicitly suggest that the

prevention of IPV or SV among students is the sole responsibility of the individual victim (Liang et al., 2005). International literature surrounding prevention efforts targeting IPV and SV in university populations demonstrates a shift past this unitary focus on potential victims, with attention on students as potential perpetrators and bystanders becoming emergent (Banyard, 2008, 2011, 2013; Banyard et al., 2009; Banyard et al., 2007; Banyard et al., 2004; Breitenbecher, 2000; Casey & Lindhorst, 2009; Christensen, 2013; Connor et al., 2012; Karjane et al., 2002, 2005; Koelsch et al., 2012; Langford, 2012; O'Donohue et al., 2003; S. J. Potter et al., 2009).This is discussed in the next section.

6.3.4 Congruence with the literature

In terms of reach, current educational responses at UoA were restricted, only targeting small proportions of the student population (See section 6.3.2). This gap is likely to be significant when considering that community and institutional factors that contribute to IPV and SV at universities are pervasive throughout entire populations (Banyard, 2011; Casey & Lindhorst, 2009; O'Donohue et al., 2003; Policastro & Payne, 2013). The literature reflects a recent shift in expectations for U.S.A universities to proactively address factors that could contribute to IPV and SV (Banyard, 2008; Karjane et al., 2002, 2005; Langford, 2012). One example of a proactive educational approach that could be adapted to a NZ context is that of the SLL ('Stop Look Listen') programme implemented at the University of Northern Colorado (See Section 2.8.1), where all new incoming students are required to undergo a two hour workshop on SV, acquaintance rape, and their relationship with the consumption of alcohol (Langford, 2012). While a possibility, further research would need to be conducted to ensure that the content and delivery of such a programme would work in a NZ context.

In the matter of content, educational approaches used at UoA are consistent with those identified in the literature. For example, common SV prevention approaches in U.S universities are reported to consist of educational programmes regarding risk factors for rape, and strategies for women as potential victims to be able to resist the advances of a sexual attacker (Karjane et al., 2005; S. J. Potter et al., 2009; Senn, 2013). However, although these approaches are commonly used, there is a significant body of literature that identifies that these strategies only account for a small proportion of what could be considered a comprehensive educational approach to mitigate IPV and SV in student populations

(Banyard, 2013; Koelsch et al., 2012; Langford, 2012; S. J. Potter et al., 2009). Alone, these approaches are largely reactive, aiming to reduce risks in the population. Authors such as Banyard (2013) emphasise the need to extend this approach by considering promotion in conjunction with prevention, by developing the basis for protective skills and conditions as well as removing risk factors. This would involve the supplementation of current preventative approaches with other programs or policies targeting societal norms, behaviours, actions, and beliefs around violence by addressing whole populations, including potential perpetrators and bystanders (Langford, 2012).

Approaches targeting students as potential perpetrators have been implemented internationally, with one example from O'Donohue and colleagues (2003) describing a video based intervention targeted at males, with the intention of reducing rape myth acceptance, increasing victim empathy, and increasing awareness of the consequences of SV perpetration (See section 2.8.1). Consistent with the majority of the literature in this area, this programme was not evaluated for its effectiveness in reducing the incidence of SV perpetration in university communities (O'Donohue et al., 2003). However, the example is presented to provide an indication of current directions in university IPV and SV education internationally, that may inform the future development of NZ specific responses. Other interventions targeting potential perpetrators include the engagement of male role models such as university athletes (Karjane et al., 2005). Involvement of male role models to encourage bystander action is part of a programme which views all participants as potential witnesses with the capacity to effectively stop IPV and SV (See section 2.8.5) (Banyard et al., 2007).

The congruence of the results of the present study with the needs and issues of students and universities related to IPV and SV prevention indentified in the international literature indicates that there may be potential for the learning and adaptation of educational approaches that have been conducted internationally, particularly in the U.S.A. To do so successfully, however, more research should be conducted to confirm this statement, particularly given the complex nature of IPV and SV, and the broad range of settings, structures, norms, and students among universities. According to Langford (2012), there is no all-encompassing educational approach to IPV or SV. Therefore, it is considered important that authorities at each institution design a programme that is specific to the characteristics and needs of their university population.

With regards to educational approaches at UoA, the need for a more unified response to IPV and SV at universities is a salient point in the literature. For example, in a review of university IPV prevention programmes in the U.S.A, Langford (2012) highlights the need for broader, coordinated university community responses to IPV and SV, involving the establishment of connections between different areas and offices of campuses that are likely to be key respondents in this area. In the context of this study, this could include the establishment of more unified, policy-supported responses from the student union (WROs), Security Services, and Heads of Halls. Two key respondent areas that were specifically mentioned as disconnected were the Halls of Residence and Security Services due to student resistance to previous attempts to connect the two facets of the university (See Section 5.3.5). It should be noted that this also may indicate that in a Hall of Residence, people with a security role may not be the most suitable to deliver an educational response. This is congruent with literature which suggests that students are more responsive to education or information that comes from peers (Banyard et al., 2009).

In addition, a characteristic that distinguishes UOA from most other universities in NZ is its urban setting. The implications of this setting are discussed in the next section with reference to current security approaches and their limitations as identified by key respondents.

6.4 Security Prevention Duties – Questions of jurisdiction and feasibility

Respondents noted that another preventative approach that is used at the University of Auckland is the provision of security services for students transitioning between events on campus. This did not specifically target IPV or SV; however, such an approach may serve to prevent such incidents of stranger rape, and was stated by the Manager of Security Services to be part of the University's duty of care towards students.

Despite the preventative approach mentioned above, one issue identified by the Heads of Halls was the low level of security between campuses on regular university days and nights. Consequently, a suggestion made by key informants to address this issue was to increase in the amounts of security patrols between Auckland campuses. Although a potential solution to some of the dangers inherent in moving between campuses, the logistics of this suggestion are questionable. UoA is situated in the middle of a large urban centre, and therefore there

may be areas that students need to cross that are out of university jurisdiction, making the feasibility of a security presence between campuses difficult to coordinate and maintain.

Furthermore, the discussions conducted as part of this study were aimed at IPV and SV; which are not the only issues Security Services are responsible for. In addition, although SV perpetrated by strangers does occur, the literature indicates that the overwhelming majority of SV in university populations is perpetrated by acquaintances; despite 'stranger in the bushes' type rape myths, studies show that 80%-90% of all rape victims and perpetrators know each other (Karjane et al., 2005). It is important to note that this does not mean that this suggestion is unsuitable. However, if resources are limited, there may be more effective preventative methods of reducing the incidence of IPV and SV in NZ university populations, especially given the contribution of such factors as alcohol, which is discussed in the next section.

6.5 Alcohol Use

According to respondents, the consumption of alcohol is a common contributor to instances of IPV and SV among university students. This is consistent with the literature, with some American studies reporting that 50% of all SV perpetrated at tertiary institutions is associated with the use of alcohol (Abbey, 2002; Koelsch et al., 2012).

The congruence between statements made by key respondents (Section 5.3.6.1), and the literature (Section 2.7) indicate that the consumption of alcohol and its connection with university IPV and SV should be investigated further in the context of NZ universities. One area that may distinguish NZ universities from many of those mentioned in the literature is the setting of alcohol consumption. In universities in the U.S.A, a large proportion of alcohol consumption is reported to be on-campus, particularly in 'Greek' institutions that make use of a system of fraternities and sororities (Abbey, 2002; Moynihan, Banyard, Arnold, Eckstein, & Stapleton, 2011). Subsequently, a significant proportion of research and practice has focussed on risk factors for IPV and SV in these contexts (Abbey, 2002; Banyard et al., 2009; Hove et al., 2010; Moynihan et al., 2011). In comparison, due to the urban setting of the University of Auckland, much of the alcohol consumption of students can be assumed to occur off-campus, which brings into question the jurisdiction of the university over its students, and which may limit the types of interventions that could be implemented. This

highlights a need for further research of NZ student drinking patterns and cultures on and off university campuses, and an assessment of their contributions of such alcohol consumption to IPV and SV so that more definitive ideas of appropriate strategies can be developed for universities in NZ. Another unique factor that is potentially contributory to IPV and SV among university students is a lack of templates for healthy relationships.

6.6 Templates for Healthy Relationships

Another factor common to the university population was that many university aged individuals are entering their first 'serious' relationships, and are thus in the process of learning to create and maintain healthy relationships. According to Towns (2009), this is an important stage to identify and mitigate early behaviours that can lead to more severe IPV and SV later in life. Therefore, it could be beneficial to investigate the possibility of using educational campaigns to alter student stereotypes surrounding IPV, SV and elements of healthy relationships that can help prevent them. This is consistent with suggestions made by respondents in the study, who expressed the need for further educational approaches surrounding healthy relationships, and the occurrence of IPV and SV in student populations (See section 5.3.7.1).

6.7 Factors affecting processes of help seeking

In addition to the contribution of alcohol and inexperience in relationships to the perpetration of IPV and SV in the university student body, also identified were beliefs or behaviours that aligned with the 'Theoretical Framework for Understanding Help-Seeking Processes among Survivors of Intimate Partner Violence', as proposed by Liang and Colleagues (2005) (See Figure 4). As is shown in section 5.4, discussions with key respondents revealed a number of factors that were assigned to the two categories of 'problem recognition and definition'; and 'decision to seek help'. Unfortunately no statements were assigned to the third category of 'choosing a support'. Possible reasons for this have been discussed.

6.7.1 Recognition

Participants in the study identified the main issue affecting student recognition and definition of IPV and SV to be perceptions and beliefs common in the student community (See section 5.4.1.1), such as the belief that IPV is only possible in 'older' relationships where victims and perpetrators are either married, or co-habiting. The exact extent to which this belief is prevalent in the student body is unknown. However, participants identified that it is likely encouraged by current national social marketing campaigns aimed at reducing IPV in the general population, such as the 'It's Not OK' campaign. Specifically, the WROs identified that national campaigns targeting IPV largely portray married, older couples, which may inadvertently reinforce the belief that IPV can only occur in these demographics (See section 5.4.1.1).

According to the literature, this situation could be problematic for the recognition of violence in a relationship between university students. For example, Walsh and colleagues (2010) note that victims of IPV and SV are more likely to recognise and disclose when their own experiences align with common portrayals of violence. This suggests that future campaigns to promote awareness of violence would also benefit from extensions in their reach to younger, university populations. However, further investigation of this disconnect would be required in order to justify the potential development of new national, and university level campaigns.

6.7.1.1 Prior experiences with violence. Prior experiences of historical or familial violence were also identified in this study as affecting student's abilities to recognise IPV and SV in their relationships, with those having experienced violence in the past being more likely to dismiss, or accept violence as 'normal' (See section 5.4.1.2). This finding is consistent with research in this area, which indicates that prior experience from previous intimate, or familial relationships can alter victim perceptions around what constitutes 'violence' (Edwards et al., 2012; Liang et al., 2005). This reinforces the importance of maintaining prevention strategies in the general population, as well as developing university-specific programmes.

6.7.2 Disclosure

As discussed in the introduction, there are a number of barriers to disclosure of IPV and SV. Such barriers were also reported in the present study, with respondents describing student reluctance to report experiences of IPV or SV due to a fear of bringing shame on themselves, their family, or the institution; or fear of being blamed for causing the violence (See section 5.4.2.1). There are also barriers to disclosure such as the fear/concern of being forced to stop studying in NZ (See section 5.4.2.2).

The concept of 'shame' as a barrier to disclosure is commonly noted in the literature, with studies indicating that between 25% and 75% of victims are met with shock, disbelief, disdain, or blame from family members and acquaintances upon disclosing, in a phenomenon often referred to as 'the second rape' (Abbey, 2002; Orchowski & Gidycz, 2012). These responses are often informed by cultural beliefs and myths around violence which contribute to victim blame. For example, the belief that women who drink alcohol are sexually promiscuous and therefore inciting sexual coercion or rape (Abbey, 2002). The present study did not ask about student perceptions directly. Further work is required to investigate whether this is true in the UoA population, and what drives this belief. In the context of this study, it is unclear what myths or beliefs could contribute to a student victim's aversion to disclosure. The results of the study indicate that unwillingness to disclose about IPV and SV was most commonly presented in Asian, Maori, and Pacific students. Therefore, more research should be conducted in the context of university populations of NZ to investigate potentially unique factors existent in NZ's multicultural society that can be targeted in order to create more permissive environments for help seeking.

6.7.2.1 Counsellor screening as a facilitator to disclosure. One area noted to be a facilitator to disclosure at the organisational response level was case identification and screening by counsellors. This was reported to involve the use of an online questionnaire with clients; however, it should be noted that not all counsellors were consistent in their practices, with some stating that they did not screen for IPV and SV. This indicates the potential need for clearer policies and practice at the university level when addressing IPV and SV in students. In addition, this facilitator was only relevant if participants choose to seek help from counsellors instead of friends or acquaintances. This could be problematic, given that the

literature indicates that of the 28% of SV victims who choose to disclose, 75% choose to disclose to a friend or acquaintance rather than a professional service (Sable et al., 2006). A possible implication for future research and practice is the development of a more comprehensive system for IPV and SV case identification in the general population. However, in order to be justified, a more comprehensive assessment of needs at the student level would need to be conducted.

6.7.3 Choosing a support

No information was obtained from the present study on factors that influenced 'choosing a support' This is likely to be due to the design of the study. As stated in the methodology chapter, participants were chosen as key informants based on their knowledge of the issues of IPV and SV as key responders in the university community (See section 3.4). Although carrying out their respective roles of being WROs, counsellors, Manager of Security Services, and Heads of Halls has likely given them an enhanced view of the issues of IPV and SV in the university student body, as well as existent responses to these issues, their perspectives are limited to those of their roles. In their positions, these informants act as nodes of information regarding IPV and SV. However, the majority of their information would presumably be based on disclosures from students who had already selected these key informants as part of their support network. This indicates another area for potential research, where the perspectives of NZ students and their reasons for choosing certain sources of support are investigated.

6.8 Immediate responses

Immediate response approaches to IPV and SV are designed with the intent of intervening during, or immediately after exposure to an event (R. H. Potter et al., 2000). In terms of immediate responses at UoA, respondents in this study identified Hall of Residence support networks (5.5.1); case identification and screening by counsellors (5.5.2); and a 'risk intervention team' as current resources to address IPV and SV within the student body.

The Hall of Residence support networks included both friends and RAs who live in the Halls acting as general supports, aiding disclosure by encouraging the victim to seek help from counselling services. Participants noted that a strength of the response system was the high degree of cross-referral between Halls and counsellors (See section 5.5.4.1).

The university also provides a 'risk intervention team' containing security personnel, counsellors, and some faculty members, the role of which is to identify students who are risk of harming themselves or others, and to provide students with the appropriate support to address issues they may have (See section 5.5.4.1). Although not exclusively designed to address IPV and SV, this approach could potentially serve as the foundation for more integrated and specialised approaches to IPV and SV within the university student body.

6.8.1 Congruence with the literature

Immediate responses to IPV and SV at the University of Auckland align with those implemented in international universities. For example, 70.2% of all universities in the U.S.A were reported in a national sample to provide counselling services for students (Karjane et al., 2005). In addition, based on the results of this preliminary study, currently implemented responses at UoA could potentially be enhanced or altered to provide a more comprehensive approach to IPV and SV in the student population. For example, Hall of Residence support networks between peers could be formalised or enhanced through the use of bystander intervention training (See section 2.8.5), empowering students to be able to help their peers in situations involving IPV or SV by safely intervening, or providing adequate support after the incident has occurred (Banyard et al., 2007). The development of this approach could also be useful for executive members of the student union such as the WROs, who felt that they would benefit from further training in how to respond to students disclosing IPV or SV (See section 5.5.5.1).

A further example of the possible expansion of current services at the university is through the potential development of another branch of the 'risk intervention team'. In their national review of responses to SV at U.S.A universities, Karjane and colleagues (2002) identified a 'promising' approach to be the creation of a full-time office or officer dedicated solely to the coordination of the university response to SV in students, providing a first point of contact, and acting as a guide through the process of help seeking for the victim (See section 2.8.3). If

implemented, this approach could have the additional benefit of managing tensions between different facets at the university, particularly with regards to Halls of Residence and Security Services (See section 5.5.5.3). In order for this to be implemented effectively, support from the university may be required in the form of institutional policies that provide clear operational definitions of what constitutes IPV, SV and consent that can be easily viewed by students at multiple points, including handbooks, websites, and posters. In addition, guidelines and instructions on how to report an assault, and where to access available support services would be beneficial in order to facilitate the victim in seeking help (Karjane et al., 2002). After seeking help with immediate response services, students are often referred to external services. This is discussed in the next section.

6.9 Maintenance and Referral Responses

The present study found that the main practice at Maintenance and Referral level of response to IPV and SV in students was the referral of students to external organisations such as the NZ police, women's centres, and organisations that provide specialised violence crisis support and mental health services (See section 5.6). This was found to be consistent with practice in international universities. For example, a national review in the U.S.A reported that 33.4% of universities utilised off-campus referral to external resources (Karjane et al., 2002). Of these, the most commonly used services were congruent with those mentioned in the present study, with 26.1% using mental health services, 26.3% using women's centres, 65.8% using police agencies, and 70.2% referring students on to rape crisis centres (Karjane et al., 2002).

With regards to the suitability of this type of response, only the WROs saw the referral of students on to external services as an issue, reporting that students were often disheartened at needing to be referred further, for fear of having to 'relive' their experiences (See section 5.6.2). Whilst this may be a valid concern, it could be argued that the most prominent role the university has in addressing IPV and SV in students is through prevention and immediate response services. Whilst a more comprehensive maintenance service could be desirable at the university, resources dictate that the provision of continuing care may not be feasible. Furthermore, it is unlikely that the university in its current state has the same level of expertise as external services, meaning that a more effective and efficient option is to

maintain focus on preventative and immediate response services. This has also been discussed as a future suggestion in section 6.11. However, the strengths and limitations of the present study are first discussed.

6.10 Strengths and Limitations

The present study was exploratory in nature, aiming to conduct a preliminary assessment of prevention, response, and referral pathways for cases of IPV and SV at a NZ university. Various studies have investigated this subject area in international university populations, particularly in the U.S.A (Casey & Lindhorst, 2009; Karjane et al., 2002, 2005; Langford, 2012; O'Donohue et al., 2003). However, the area remains under researched in NZ. This study adds data to the scant pool of NZ literature in the area, and provides a number of avenues for future research.

The chosen methodology also adds strengths to the study. The first of these is related to the selection of participants, with the Key Informant Approach as proposed by Tremblay (1957) being used (See section 3.4). Due to the time constraints of the study, the feasibility of recruiting students to conduct an adequate assessment of needs regarding prevention, response and referral pathways for cases of IPV and SV at the university was limited, especially given the assumedly varying degrees of knowledge held by students in the general population.

As defined by Marshall (1996a), a key informant is an expert source of information that is able to provide detailed information and a deeper insight into what occurs in their community due to their personal skills and societal position (See section 3.4). In the present study, these key informants consisted of WROs, university counsellors, the Manager of Security Services, and Heads of Halls. Aside from the WROs, none of these key informants are students at UoA. However, all of these informants act as key respondents to the issues of IPV and SV in the UoA student body, and act as ‘nodes’ where the concerns and issues of students coalesce. Given the exploratory scope and time available to conduct the present study, this method allowed for the collection of substantial data regarding the topic of interest from a relatively small group of people.

The use of the Key Informant Approach also allowed for the discussion of the topic of interest from a range of perspectives (Tremblay, 1957). This aligns with the critical realist ontology of the researcher (See section 3.2), and has been conducted in order to obtain the most accurate overall view of the reality surrounding IPV and SV at UoA, the pathways to address it, and their strengths and limitations (Guba & Lincoln, 1994). The collection and comparison of qualitative data from multiple perspectives also facilitated triangulation across data sources (See section 2.9.1.1) which aided in ensuring trustworthiness of the data (See section 2.8) (Guba, 1981; Krefting, 1991; Lincoln & Guba, 1986). Trustworthiness was also reinforced through the use of reflective practice in the form of a field journal (See section 3.8.3), and through coding consistency checks conducted by another researcher (See section 3.8.2).

With regards to limitations, a main issue could be the small scope and size of the present study. Although data was collected from a total of 12 persons over the course of four semi-structured interviews and one focus group, the scope and applicability of the study is limited as it focuses solely on the prevention, response, and referral pathways for cases of IPV and SV at only one NZ university. In order to address this, efforts were made to provide a comprehensive description of the setting and population of research, so that future readers may decide whether the results of the present study are applicable in other contexts.

Another limitation of the present study relates to the recruitment of Residential Assistants (RAs) from the Halls of Residence. The initial plan involved the recruitment of RAs, who are older students partly responsible for the care of first year students living in the Halls of Residence. The recruitment of these key respondents may have been useful in providing dual student and staff perspectives on the prevention, response, and referral pathways for cases of IPV and SV at UoA. Unfortunately, no RAs volunteered to participate. A possible explanation for this could be that the use of strong terms such as ‘Intimate Partner Violence’, and ‘Sexual Violence’ during recruitment may have deterred the RAs from volunteering. However, it could be argued that non-participation of RAs is a result in itself, possibly reflecting that many students do not recognise the issue of IPV and SV in the student population given such influencing factors as beliefs that IPV and SV can only occur in older populations (See section 5.4.1). However, this is based on speculation; future research in this area should work to recruit this facet of the IPV and SV prevention pathway at UoA.

Another potential limitation relating to terminology in the present study is that participants in interviews and focus groups were often left to self-define IPV and SV, only being provided with a definition if they asked. This could be seen as a potential cause for inconsistency in the data collected from key respondents. However, it should be noted that the nature of this study was exploratory. Allowing respondents to self-define IPV and SV may have allowed for the exploration of a broader range of factors than what may have been allowed if prescriptive definitions of IPV and SV were given. Furthermore, respondents were prompted to discuss various aspects of IPV and SV if they did not naturally occur in conversation (See Appendix A for interview /focus group schedule).

A final limitation of the present study is that aside from the WROs, no students were spoken to about their opinions or experiences regarding services aimed at addressing IPV and SV at the university. In future, a more direct assessment of student needs regarding prevention, response, and referral services for cases of IPV and SV at a NZ university could be beneficial. This is also discussed as a recommendation in the next section.

6.11 Summary and Recommendations

6.11.1 Prevalence

The present study found that the number of cases presented to current UoA key respondents to IPV and SV at the prevention, response, and referral levels was small. However, their impact was noted to be significant in terms of time and resources. In addition, the literature indicates that cases of IPV and SV at universities are likely to be underreported (Liang et al., 2005; Sable et al., 2006). This was also congruent with the views of key respondents, who believed that the cases they encountered were likely a small proportion of what exists in actuality.

In order to gain a true scope of the issues of IPV and SV within the UOA student body, future research should consider conducting a quantitative study of their prevalence within the student body so that these issues may be better understood and addressed.

6.11.2 Preventative responses

Educational preventative responses to IPV and SV currently consist of a small number of ad hoc educational activities from WROs, Security Services and Heads of Halls, with a focus on the prevention of SV from strangers and acquaintances. The delivery of these programmes is limited to a small proportion of the student population, with only those with personal interest, international students, or students in Halls of Residence having access to these services, respectively. In addition, the sustainability of current educational programmes at the student level is questionable, given the annual turnover of WROs. From the results of the study, a small number of considerations for future research and practice have been made. These have been grouped into the three categories of 'focus and purpose'; 'reach'; and 'content'.

6.11.2.1 Purpose and focus. In order for there to be a more unified approach to the prevention of IPV and SV within the UOA student body, there must be a stronger level of recognition of these issues from the university itself. This could partly be facilitated in the future by a quantitative study on the prevalence of these issues in the university population. In addition, for the university to create an adequately focussed approach, more research should be conducted on what is specifically needed in the context of a NZ university population. Although not necessarily directly transferrable, one way of achieving this could be further examination of international responses to IPV and SV in university populations, building on what has been addressed in the literature review segment of the present study (See Chapter 2).

6.11.2.2 Reach. Currently, the reach of preventative educational programmes for IPV and SV within the UOA student body is small, only being accessed by international students, those in the Halls of Residence, and some students with personal interest in the area. This is contrary to evidence drawn from the literature which suggests that IPV and SV are also significant issues in general university populations (Amar & Gennaro, 2005; Fanslow & Robinson, 2004; Gavey, 1991; Nabors, 2010; Nabors & Jasinski, 2009; Policastro & Payne, 2013; Próspero & Vohra-Gupta, 2007). In order to be truly preventative, future research and practice should focus on investigating the most effective ways to deliver educational services to more of the student body.

6.11.2.3 Content. The present study found that the current content of educational preventative approaches at UOA is primarily focussed on informing potential victims about SV. Although current practice should indeed focus on what is presented to university services, results of this study suggest that IPV is also an issue in the UOA student body. This is congruent with the literature on IPV in university populations (Amar & Gennaro, 2005; Nabors, 2010; Nabors & Jasinski, 2009; Próspero & Vohra-Gupta, 2007). This indicates that the content of educational preventative approaches should be broader, focussing on IPV as well as SV. The focus of educational content should also shift from a sole focus on victims to a more balanced approach which also addresses IPV and SV at the level of perpetrators and bystanders. This shift in focus has been identified as promising in the literature (Banyard et al., 2007; Karjane et al., 2005; Langford, 2012). Finally, the present study identified a possible avenue for education around the subject of healthy relationships; however, considering the underdevelopment of this concept in the literature, this avenue would require considerable effort at this stage.

6.11.3 Immediate responses

Results of the present study indicate that immediate responses to IPV and SV in students at UoA consist of Hall of Residence support networks; case identification and screening by counsellors; and a 'risk intervention team'. When cases of IPV or SV are presented, results of the study indicate that an adequate response is provided. However, an apparent flaw in these approaches is that there does not appear to be a systematic process for identifying and reaching students who are experiencing IPV and SV in the general population. As suggested in the literature, as well as by key respondents to the present study, the level of help seeking by student victims of IPV or SV to immediate response services at UoA is likely to be low (Edwards et al., 2012; Orchowski & Gidycz, 2012; Walsh et al., 2010).

In order to address this issue, more consistent screening practice and policy could be developed for counsellors, as well as the additional development of a facet of the risk intervention team which focuses mainly on IPV and SV. Moreover, further processes could be developed to facilitate disclosure among peers, as well as helping students develop bystander skills to enable to them to effectively cope with a disclosure from a friend or acquaintance. This would be particularly useful for student leaders who may act as sources of support and advocacy for students, such as the WROs. In order to confirm these possibilities

as both suitable and viable, more comprehensive assessment of the needs of students would be required.

6.11.4 Referral and maintenance services

At the level of referral and maintenance services for victims of IPV and SV in the UoA student body, the most common practice appeared to be the referral of students to external support services. From the view of key respondents, this was largely deemed appropriate and effective. This was only contrasted by the view of WROs, who questioned the effectiveness of this approach. However, the responsibility of the university in providing sustained, long term care and services is questionable. Moreover, it could be argued that more specialised, specific support is best.

The results of the present study suggest that at the level of referral and maintenance, few developments are required unless additional need is demonstrated by future research. Meanwhile, the allocation of university resources may be better utilised by further developing prevention and immediate response pathways which address IPV and SV in the UoA student body.

6.12 Concluding Statement

The present study achieved its aim of conducting a preliminary assessment of prevention, response, and referral pathways for cases of IPV and SV at a NZ university. The nature of the study was preliminary. Therefore future research should focus on engaging directly with students in order to ascertain whether their level of need regarding responses to IPV and SV is congruent with the wider body of violence literature.

Results of the study demonstrated that there is considerable scope for development in the 'prevention' sphere of the university, which would be consistent with international shifts from a sole focus on potential victims, to a broader level of education, with the inclusion of potential perpetrators, as well as the training of peers as pro-social bystanders (Banyard, 2013). In terms of immediate responses to IPV and SV at the University of Auckland, these services are more developed. However, they may need to be broadened further to include a

more specialised service that focuses on IPV, SV, and their identification in the general university population.

It is hoped that the research conducted over the course of this study will make a small contribution to the body of research and practice literature aimed at reducing the debilitating effects that IPV and SV can have on various populations. In international university populations, more proactive approaches to addressing IPV and SV have begun to take precedence in light of such high profile cases as the rape and murder of university student Jeanne Clery in the U.S.A (Giovannelli & Jackson, 2013; Karjane et al., 2005). It is important that NZ universities take this proactive step before their actions need to be influenced by the occurrence of a similar tragedy. If this can be achieved, it could provide a significant avenue for the early identification and mitigation of violent behaviours and their risk factors in many relationships and communities, not only benefiting university populations, but potentially that of broader society.

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Appendices

Appendix A: Reflexive Field Journal Excerpt

Friday 26 July 2013 - Conversation with WROs

The conversation between the two individuals flowed extremely well, as both officers knew each other extremely well. Fortunately, minimal prompting was needed on my part, and I was pleasantly surprised with the depth of information they provided on the topic. I felt quite at ease once the discussion begun, as I am generally more comfortable around females than males on first meeting. As a result of my potential bias towards females, I possibly was more receptive towards certain aspects of the discussion, particularly around the New Zealand 'bloke' culture and how it could potentially have an effect on violence in the country. I made an effort not to bias the discussion with any prompting in that regard, however I cannot guarantee that my unconscious body language or facial expressions did not guide them. I will have to be weary of this during the analysis of the data, and I will make sure a neutral peer also codes the data to ensure I am not steering the project awry with my bias. Apart from this, I feel that the process with the WROs has run smoothly.

Appendix B: Focus Group and Interview Schedule

1. **How much of a problem do you think IPV/SV is among the Students you serve?**

2. **How much of a problem is it relative to other problems students come to the counselling service/Heads of Halls/Security/AUSA Women's Rights officers to address?**

3. **What kinds of things do you hear about in terms of IPV and SV?**
   - Physical violence?
   - Emotional violence?
   - Drugging? (roofies etc.)
   - Groping?
   - Coercion?
   - Controlling or manipulative relationships?
   - Are certain groups more at risk than others?

4. **What is the University (Halls) doing now to prevent or respond to IPV/SV? Is there training or plans/programmes in place to address IPV and Sexual Violence?**
   - Preventative?
   - Immediate Response?
   - After Care?
   - Are these adequate?

5. **When people do come to you, do you feel you are adequately equipped to respond?**
   - Do you feel you need more training, resources or support?
   - Does anything get in the way of your response?
   - Is there anything you would like to change?

6. **Who are the other key people in the university responsible for addressing the problem?**
   - What kinds of things do you think (these) people should do?
   - Are they doing enough at the moment?

7. **What do you think contributes to, or increases risk of IPV and SV?**
   - Student life?
   - University Culture?
   - Alcohol?
   - Attitudes in wider society?

8. **What are some protective factors against IPV/SV that you can identify?**
    - Within the university community?

9. **What, if anything, should be done to address the problem?**
    - Who should do this?