



MINISTRY OF
SOCIAL DEVELOPMENT
Te Manatū Whakahiato Ora

**The Campaign for Action on Family Violence.
Effective social marketing: complex issues
and innovative practice**

Prepared by

Fleur McLaren

Prepared for

**Centre for Social Research and Evaluation
Te Pokapū Rangahau Arotake Hapori**

August 2009

Family violence is a significant social problem in New Zealand causing poor economic, social and health outcomes for victims and witnesses of violence. The economic cost for New Zealand is estimated to be at least NZD\$1.2 billion, per annum (Snively, 1994). By 2005, growing concerns were being raised about the level of family violence in New Zealand influencing the Government to establish a multi agency taskforce to advise on how to address the issue. The Taskforce Plan of Action (Ministry of Social Development, 2007) highlighted the Campaign for Action on Family Violence - the It's not OK campaign –as an approach to support attitude and behaviour change in New Zealand. The Campaign was developed as a multi-layered integrated approach to address complex social change. By developing a range of activities to support change at different levels of the system, supported by social marketing good practice, the Campaign has seen success in its visibility, ability to empower and affirm change and support media to report with greater accuracy.

Many risk factors have been identified that increase the likelihood of being a victim or perpetrator of violence within the family. With the number of risk factors identified, there is no one solution for preventing violence within families. Attitudes, values and beliefs that support or excuse family members violence towards other family members are strongly linked with family violence.

Previous research suggests that the attitudes, values and beliefs held by individuals who engage in violence in intimate relationships are significantly different to those held by the general public (Gwartney-Gibbs and Stockard, 1989). Many studies have provided support that those who hold attitudes towards the acceptance of violence are more at risk for engaging in violence (Nabors, Dietz, and Jasinski, 2006; Cercone, Beach and Arias 2005).

It is important to change attitudes at a societal level to support behaviour change at a familial and individual level. The Campaign for Action on Family Violence (the Campaign) was developed with evidence supporting social marketing as a successful tool to shape attitudes towards key social issues such as violence within families.

The Campaign for Action of Family Violence

The Campaign for Action on Family Violence takes on a multi-layered integrated social marketing approach and includes media advertising, community action, community partnership, media advocacy and media training, a help-line, website, and other resources.

The Campaign goals are to reduce society's tolerance of family violence and change people's damaging behaviour within families. The outcomes the Campaign is seeking to achieve are that:

- people will be motivated and supported to seek help and/or change their violent behaviours
- influencers will be motivated and supported to encourage people to change their behaviours
- communities will provide an environment where family violence is not tolerated and where people feel safe in their homes

- society will no longer accept family violence
- in the long term, the incidence of family violence is reduced.

Family violence, prevention and social marketing

Like other social issues, family violence is a complex problem influenced by factors at all levels; individual, relationship, community, and societal (Heise, 1998; Krug et al., 2002; Wray, 2006). To make change, a multi-sectoral approach is needed that targets all levels of interventions (Bowen, Gwiasda & Brown, 2004; Flora, Maibach & Maccoby, 1989; Krug et al., 2002; Martin, Green & Carlson Gielen, 2007).

Interventions at different levels can reinforce each other, leading to a gradual and sustainable process of change (Donovan & Vlasis, 2005; Flora, Maibach & Maccoby, 1989; Wray, 2006). Changes in organisational and societal structures, and the creation of supportive social contexts around individuals, will reinforce behaviour change at the individual level (Flora, Maibach & Maccoby, 1989).

Social marketing campaigns can change attitudes and behaviour related to family violence (Campbell & Manganello, 2006; Gadowski et al., 2001; Ghez, 2001; Usdin et al., 2005; Wray, 2006).

Social marketing can be defined as “the use of marketing principles and techniques to improve the welfare of people and the physical, social and economic environment in which they live. It is a carefully planned, long-term approach to changing human behaviour” (Social Marketing Downunder, 2009).

The key features of social marketing include:

- a “customer” focus gained through understanding the needs of the target group
- behaviour change of the target group (a long-term goal)
- the concept of reciprocity - mutual and beneficial exchange
- segmentation and targeting
- awareness of competition (including behaviours, products, environments, norms and attitudes)
- the use of an integrated approach

(Social Marketing Downunder, 2009).

A number of social issues are being targeted through social marketing including alcohol use, drunk driving, smoking, physical activity.

Media campaigns can increase awareness, affect attitudes, and empower people to act against issues such as family violence, but evidence suggests that to achieve effective long-term change, media advertising needs to be supported with other layers of intervention and activity such as community action, media advocacy and resources. With an integrated social marketing approach a gradual process towards behaviour change can happen starting from a change in knowledge, greater awareness of the behaviour / issue, a shift in attitudes condoning the behaviour, a shift in social norms, self and collective efficacy, help-seeking and help-giving behaviour (Usdin et al., 2005).

Social marketing as an approach values the importance of combining interventions at different levels. As Andreasen (2002, p. 7) puts it: *“it is when campaigns move beyond mere advertising that the power of the approach is manifested”*.

Social Marketing best practice

Media advertising has the advantage of reaching out to a large number of individuals, influencing their norms and attitudes, and changing communication patterns between them (Campbell & Mangello, 2006; Flora, Maibach & Maccoby, 1989; Krug et al., 2002; Wray, 2006).

Community action holds the potential of reaching out to those individuals who are not being reached by media, and to target specific groups (Donovan & Vlasis, 2005; Flora, Maibach & Maccoby, 1989). To base interventions at the community level means that these interventions can be tailored to be culturally and locally relevant (Bowen, Gwiasda & Brown, 2004; Donovan & Vlasis, 2005; Flora, Maibach & Brown, 1989). Community relevance is significant since insight into cultural context is essential to understand the reasons behind the problem and the ways it can be influenced.

Community action is also important as individuals, as well as communities, will simultaneously be at different stages in the process of change (Coffman, 2002; Kelly et al., 2003). To effectively reach out to and support individuals, interventions need to accommodate their needs. Also, the use of a combination of formal and informal channels may make the individuals feel more secure and less threatened, making it easier to communicate the message.

Another important aspect of a social marketing campaign is to support services to have the capacity and capability to meet any increase demand (DeJong & Wallack, 1999; Donovan & Vlasis, 2005; Gadomski et al., 2001; Wray, 2006). Funding community initiatives is both a way of supporting such services and of making sure there are people in the communities able to estimate changes in demand. To support people in need, a helpline provides a link to available care, informing individuals on where to turn for help (Doyle et al., 2006; Wray, 2006).

However, the community is not only a place for prevention, but also a force for prevention (Mancini et al., 2006). Research indicates that collective efficacy and informal social control may prevent violence at neighbourhood level (Sampson & Raudenbush, 1997). Moreover, individuals in need more often turn to someone they know than to a formal network (Gadomski et al., 2001; Mancini et al., 2006), and we are more easily influenced by people close to us (Flora, Maibach & Maccoby, 1989). Localised settings may therefore provide learning environments and support for individuals, and a good venue for social norms marketing (Donovan & Vlasis, 2005). By empowering informal social networks, change can emerge from within the community.

Moreover, action at a community level is a way of influencing individuals' perceptions of society's response to the issue (Donovan & Vlasis, 2005); further enforcing the view that family violence is unacceptable.

While media can function as a positive force in family violence prevention, its reporting can also be counterproductive. Using media advocacy and media training are ways of influencing good reporting. By strategically using media, free media coverage can be obtained and unhelpful representations contradicted (Andreasen, 1995; Donovan & Vlasis, 2005; Krug et al., 2002; Martin, Green & Carlson Gielen, 2007; Wray, 2006).

New Zealand social marketing campaigns

The following New Zealand example of social marketing campaigns demonstrate that social marketing techniques have become a standard part of the tool-box in dealing with difficult social problems and that such techniques have been found to be effective in producing positive results on public attitudes, when compared with other types of approaches.

The "Like Minds Like Mine" campaign has been active for over 10 years while the John Kirwan campaign has been running since 2006. The Campaign has achieved a higher reach and retention than other national social marketing campaigns within a shorter campaign life-span.

New Zealand Police Family Violence Campaign (1993-95). The campaign was targeted at women and children experiencing violence, the men that were being violent and the NZ Police. The goal of the campaign was to increase reporting and help-seeking behaviour, to create safety for women and accountability to male offenders, and to the Police to increase the understanding of the severity of violence within families. Mass media activities included TV and print ads, documentaries, posters, music videos, bus advertisements and media advocacy. This campaign also included partnerships within the family violence sector including Police training. A helpline was also created. Evaluation of this campaign showed a significant increase in women seeking help, increase in the number of Police prosecutions, increase in self-referrals from men, decrease in the number of women murdered by an intimate partner.

Smoking Not Our Future Campaign (2007. Health Sponsorship Council Report, 2008): the campaign targets young people 12-24 years old to denormalise the use of tobacco. The campaign included TV ads featuring New Zealand celebrities. The ads were shown on a range of media channels, including TV, radio, magazines, and adshelters at bus shelters.

Evaluation measured the reach and retention of the ads. Overall there was high recall of the ads by young people. Young people described the message as clear, relevant, credible and likable. A high proportion of respondents who recalled seeing the TV ads agreed that 'the ads give some good reasons not to smoke' (83% agreement), 'the ads make smoking seem less cool' (74% agreement) and that 'the ads have put me off smoking' (59% agreement).

Push Play Campaign (Hillary Commission (now SPARC, Sport and Recreation New Zealand – Evaluation 2003): this campaign targeted New Zealanders to increase physical activity. The campaign was community-wide campaign through media.

Evaluation of the campaign from 1999 to 2002 showed an increase in awareness of the Push Play message and of the logo. Adults reported a significant increase in the intention to do more physical activity although no change was found in reported physical activity levels. The evaluation shows that the campaign led to an increase in recall of the campaign message with the evaluators concluding "if sustained, efforts like this may have a long-term impact on adult activity patterns, leading to improved health outcomes and reduced health costs" (Bauman, McLean, Hurdle, Walker, Boyd, van Aalst and Carr, 2003).

International evidence on the effectiveness of social marketing

Internationally, social marketing and mass media are used to address attitude and behaviour change towards the complex social issue of violence.

Freedom from fear (1998-2003; Western Australia): Targeted men 20-40 years old who were violent towards women or at risk of being so. TV and radio ads and media advocacy were used to encourage men to call the helpline to get help and stop their violent behaviour. Findings showed a large number of men called the helpline and there was an increase men's awareness of where to go to for help to stop their violent behaviour.

Expect respect (2001-2003; Northern Rivers, NSW): Targeted young people aged 14-24 years to talk to about any unhealthy aspects of their personal relationships, including calling a helpline. A range of social marketing strategies were used including TV ads, posters, media advocacy, high school competition to design the TV ad and music festivals etc. Evaluation findings (White, Newell and Graham, 2006) showed that campaign reached the target audience and that campaign awareness was significantly higher during and post the campaign. Increased awareness included knowing the signs of an unhealthy relationship and the need to seek help. The evaluation did show that actual help seeking behaviours did not change as women's confidence in their ability to seek help was not supported through the campaign.

Choose respect (current; 10 major United States Cities): Targeted young people aged 11-14 years. This campaign was designed to provide different strategies for young people to use to reduce dating violence and increase relationships based on respect. The campaign used a range of social marketing tools including comics, posters, TV ads and media such as 'rap sessions' and at Women's National Basketball games. Evaluation findings (CDC, Unpublished Report, 2008) showed that those young people that participated in campaign activities reported an increased understanding of what a healthy dating relationship looked like, to identify warning signs of abuse and the campaign increased young people's beliefs that abuse in relationships is not acceptable.

Campaign approach

The campaign takes a positive approach to social change, aiming to inspire opportunities and possibilities for change, it is not about blaming, shaming or demonising. The Campaign has four core components - mass media, community action, communications and resources, and research and evaluation.

Mass media

The mass media makes the issue of family violence visible and relevant for New Zealanders, and has had a significant influence in motivating discussion and change. The mass media works alongside community action, which provides resources and services specific to communities, to achieve change – in individuals, families and society.

Community action

The community action fund is a mechanism for supporting communities to create change with the acknowledging that communities know what works for them and how to utilize the assets and strengths in their community to best create change. The fund also

enables the Campaign to become embedded within the community by local people making the message locally relevant.

Communications

The Campaign communications includes “Many Voices” and media advocacy. Many voices represents the development of relationships and partnerships that the Campaign has fostered with local business, sports and other non-traditional family violence sectors. Media advocacy provides workshops with journalists and journalism schools on family violence, and media training with spokespeople to enable them to get their messages into local media that are accurate and do not perpetuate myth surround violence within families.

Resources

The Campaign has a number of resources available for the public and for communities and organisations. The resources include the campaign website (www.areyouok.org.nz) which provides easy access to a range of resources, information and contacts; the Family Violence Information Line 0800 456 450 which provides help and information and connects callers to services in their own area (when appropriate); and free print resources and an e-newsletter.

Research and evaluation

The campaign is guided by ongoing research and evaluation at every stage. The research and evaluation strategy to support the Campaign includes a national survey measuring attitudes values and beliefs about violence within families, a community study evaluating the early stage of the Campaign, reach and retention surveys measuring the impact of the television advertisements, a formative evaluation of the Community Action Fund, and media advocacy evaluation.

Attitudes survey

The attitudes survey measured the attitudes, values and beliefs held by New Zealanders with regards to family violence. Data collection took place between May 2008 and August 2008. Over two and a half thousand (2,523) respondents from the New Zealand adult population aged 18 years and above were interviewed in their homes.

Community study

The community study examined the impact of the Campaign in four communities in Aotearoa / New Zealand (Christchurch, Porirua, Te Tairāwhiti, and Waitakere). A key goal of the research was to look for stories of significant change in each of the communities.

Reach and retention survey

The tracking surveys measured the reach and retention of the Campaign TV advertisements. Three surveys were completed in December 2007 and April 2008 and September 2008

Media advocacy evaluation

A media audit was commissioned to measure change in the way family violence is reported by the news media since the media advocacy project began in 2006. This improvement is measured by the number of stories, size and placement, headline size and content.

Quality of evidence

Social marketing initiatives, such as the Campaign for Action on Family Violence, are not generally amenable to the higher-level evaluation methods set out in the Scientific Maryland Scale such as randomised controlled trials or comparison group designs, since such initiatives are usually implemented on a society-wide basis. Thus evidence for effectiveness of such initiatives is generally available only at level two.

This is the case for evidence on the impact of the Campaign. Nevertheless, the evidence from the reach and retention studies, the community study and other evaluation does appear to suggest that the Campaign is having an impact on attitudes to family violence and on some aspects of behaviour, including seeking of help and support.

Effectiveness: does the Campaign 'work', and for whom

The aforementioned research and evaluation provides evidence of the effectiveness of the Campaign and highlights future direction for the Campaign to continue its work. Below outlines the evidence to date that supports the Campaign as an effective example using social marketing to address a complex issue.

The Campaign is affirming change and help-seeking

The community study shows that the Campaign is contributing towards increased reporting of family violence and more people are seeking help. Service providers attribute an increase in help-seeking to the television advertising, supported by community-level activity.

The National Collective of Independent Women's Refuges report more women are seeking help after experiencing violence for many years, and more women are seeking help earlier. Men, in particular, are seeking help for their use of violence – as well as using services, they are using the 0800 information line and other helplines, the campaign website, and engaging with national and local campaign champions (such as Vic Tamati, the Super Maori Fullas).

The Campaign is very visible and successful in highlighting the issues of family violence and to motivate discussion and change

The reach and retention surveys show that people are seeing the Campaign (95% recall of one of the TV ads), the Campaign has extended the definition of family violence, people are discussing the Campaign (68%) and their experiences of violence, people are seeing the personal relevance that family violence has to them (37% reported that ads impacted them) and that the ads have reinforced or changed their attitudes to family violence (one in five people are taking action because of the TV ads).

*People are **seeing** the Campaign*

Reach and retention survey three showed recall of at least one of the TV ads was at 95%. This was an increase from 87% recall in survey one and 89% in survey two. The Attitudes survey showed that unprompted recall of a family violence campaign was 85% with 38% specifically mentioning the *'it's not ok'* campaign. Phoenix Research asked respondents of a survey for recall of family violence ads. Fifty-six percent of respondents recalled an ad in enough detail to confirm it was an *'it's not ok'* ad.

*The Campaign has **extended** the definition of family violence*

The concept testing of the phase one ads, respondents felt the ads aired many aspects of family violence and the different types of behaviours that were violent. Overall 68% of those that recalled at least one of the ads agreed that the ads helped them to understand that they should not tolerate violence within families, 88% agreed that changing to a life without violence is possible, and 57% agreed that the ads made them feel that they could help to influence someone to change their violent behaviour.

The concept testing reports that the ads are showing that violence is much larger than some think - People begin to realise the (huge) significance of the emotional and control issues, beyond the physical issues:

*People are **discussing** the Campaign and their experiences of violence*

Reach and retention survey three showed that of those who saw the TV ads 68% had discussed the ads. This rose from 56% in survey two. The concept testing showed the power of the ads in generating discussion about family violence including individuals own experiences of violence

*People are seeing the **personal relevance** that family violence has to them*

The Campaign has increased understanding about and relevance of family violence. Two-thirds of the respondents acknowledged that they have thought more about family violence and feel the advertisements have helped them to understand more about behaviours we should not tolerate

The concept testing demonstrated or reinforced that violence does not exist at just the extremes e.g. 'Once Were Warriors' but that violence:

- can happen in any household
- happens to so-called successful, moneyed people
- is as much about issues of control as physical violence

*The ads have **reinforced or changed** their attitudes to family violence*

The attitudes survey showed that of those who mentioned a family violence campaign 37% reported being impacted by what they had seen or heard with a further 23% reporting that the campaign reinforced what they already believed.

The television ads are sending the message out that they are intended to

The reach and retention survey showed that most people had seen the TV ads and this was considerably higher for Māori and Pacific than 'other' ethnic group. The Attitudes survey showed that 38% of respondents who had seen a family violence campaign specifically mentioned "it's not ok" campaign (unprompted) with Māori and NZ European, females, 18-54 years of age more likely to report seeing the ads. The concept testing showed that the ads made people realise or confirm that what they had experienced was wrong - That their feelings of not liking what was happening were actually genuine - even if the behaviour was 'the norm' or an accepted thing at the time.

The campaign is encouraging people to take action

The reach and retention surveys have consistently shown that one in five people aged 18 to 49 years have taken specific action in response to the TV ads. This finding indicates people's willingness to act, most especially Māori and Pacific peoples. The community study showed that people are asking for support for family violence issues, wanting to address it in the early stages much more than before, this is partly attributed

to the Campaign raising awareness. The campaign is contributing to people asking for support for family violence issues, and wanting to address problems earlier.

Supporting Change in Communities

The community study showed that the campaign has given strength to local initiatives, including the confidence to use social marketing strategies. Service providers and community organisations report increased morale and a better understanding of their work. Providers report that the campaign gives their own local efforts “a boost” by giving momentum to local activities. Police, health and social agencies say family violence issues are easier to raise issues with clients.

The community study also showed that the Campaign has encouraged communities to work differently. Collaboration and partnerships between local government, communities, providers and businesses has increased, and more community leaders and “celebrities” want to champion the issue and be involved. The Campaign has supported community groups to provide services and resources specific to their own communities’ needs.

The news media is reporting family violence with greater accuracy and portraying family violence as a serious social problem in New Zealand

The media audit showed that by 2008 news stories were more likely to contain a message about family violence (90%), less likely to contain a myth (20%) more likely to be on the front page or lead a broadcast bulletin (8.8%) and more likely to contain a call to action (25%). Audit results showed that family violence is being named not disguised by reporters and they are using language which describes and condemns violence in the home.

The CAF fund allows communities to provide services and resources specific to their community’s needs

The CAF evaluation showed that the CAF funded projects have made significant progress and providers believe that the projects have had positive and valuable impacts. Organisational gains had been made in terms of capacity and capability, improved project management skills and experience, enhanced thinking about best ways to prevent family violence, improved relationships with local media, and improved interagency collaborations. Agency profiles had been raised, resulting in greater community awareness of help services for family violence, and increased numbers of organisations had been engaged in family violence prevention activity.

In addition, the funded projects reported a range of positive community impacts, including increased attention to family violence, greater community awareness of family violence issues, increased involvement by a greater diversity of local organisations in family violence prevention, and changes in family violence reporting attitudes and behaviour, resulting in earlier intervention.

Cost effectiveness (return on investment per \$ spent)

There is not direct cost benefit analysis of the Campaign, however in New Zealand, Snively (1994) reported the cost of domestic violence at least NZD\$1.2 billion, NZD\$140.7 million per annum under vote Health and a further NZD\$16.5 million per annum in costs directly incurred by victims. The economic cost per victim in the New Zealand population in 1994 equaled an estimated NZD\$33,241.03.

Internationally, the Centers for Disease Control and Prevention (2003) estimated that the cost of intimate partner violence against women in the United States exceeded \$5.8 billion dollars in 2003. This estimated cost of violence against women includes direct costs of medical and mental health care (\$4.1 billion) and indirect costs including lost of productivity (nearly \$1.8 billion). Physical assault is the most common form of IPV and is the largest contributor to this estimated cost accounting for almost \$4.1 billion in health care costs.

Walby (2004) estimated the cost of violence on services and the national economy in England and Wales. He estimated the cost of £5.7 billion per annum, broken down as follows: £1 billion for criminal justice system costs, £1.2 billion for health care costs, £0.7 billion for costs of other Government services and £2.7 billion for lost economic output. In addition, Walby estimated that the human and emotional costs, in pain and suffering experienced by victims, as amounting to an additional \$17 million.

Discussion

Violence within families is a significant problem that can occur across cultures, ethnic groups and socioeconomic status (Morrison et al, 2006). Such violence causes many negative outcomes for victims and witnesses include severe injury or death, lack of employment, limited resources (e.g. money, access to family and friends) and high levels of fear caused by the trauma of violence (Fanslow, 2005).

Violence is supported at different levels, by individuals, family's, communities and society meaning that preventing violence within families must happen within an ecological framework where attitude and behaviour change is supported at the individual, family, community and societal level (Centres for Disease Control and Prevention, 2008).

A social marketing approach can be a successful tool in shaping attitudes towards key social issues. For this reason the Campaign was launched throughout New Zealand. The Campaign was designed to support attitude and behaviour change through a multilayered integrated approach, supporting change towards family violence at all levels of the ecological model.

Research and evaluation supports the Campaign approach and has shown that the Campaign is working to achieve Campaign goals. Evidence of the success of the Campaign to date includes:

- motivating people to change their behaviour, or to intervene if they see family violence
- reinforcing or changing knowledge, attitudes and beliefs about family violence
- supporting communities to mobilise around family violence.

While general comparisons between the Campaign and other campaigns cannot be made here, the reach and retention survey findings for the Campaign compare very favourably with the "Like Minds Like Mine" campaign. For the Campaign, total recall of viewing any of the advertisements from phase one and/or phase two rose significantly from 89% to 95% after only nine months of airtime. Awareness of the "Like Minds Like Mine" campaign reached 67% prompted recall when the campaign began, and has risen as high as 88%. Similarly, the National Depression Initiative advertisements featuring John Kirwan reached 90% prompted recall. The "Like Minds Like Mine" campaign has been active for over 10 years while the John Kirwan campaign has been running since 2006. The Campaign has achieved a higher reach and retention than other national social marketing campaigns within a shorter campaign life-span.

It is likely that the success of the Campaign to-date is a result of adopting best practice principles in social marketing embedded in rigorous research and evaluation that still allows for the social complexity of the issue to be address in an adaptive, responsive and innovative way.

References

Andreasen, A.R. (2002). Marketing social marketing in the social change marketplace. *Journal of public policy & marketing*, 21(1), 3-13.

Andreasen, A.R. (1995). *Marketing social change*. Washington, DC: Jessey-Bass.

Boehm, A. & Itzhaky, H. (2004). The social marketing approach: a way to increase reporting and treatment of sexual assault. *Child abuse & neglect*, 28, 253-265.

Bauman, A., McLean, G., Hurdle, D., Walker, S., Boyd, J., van Aalst, I, and Carr, H. (2003). Evaluation of the national "Push Play" campaign in New Zealand – creating population awareness of physical activity. *The New Zealand Medical Journal*, 116(1179).

Bowen, L.K., Gwiasda V. & Brown M.M. (2004). Engaging community residents to prevent violence. *Journal of interpersonal violence*, 19(3), 356-367.

Campbell, J.C., & Manganello, J. (2006). Changing public attitudes as a prevention strategy to reduce intimate partner violence. *Journal of aggression, maltreatment & trauma*, 13(3/4), 13-39.

Centers for Disease Control and Prevention, (2008). *Choose Respect: 2007-2008 Final Report. Unpublished report*. In the Institute on Domestic Violence and Sexual Assault Centre for Social Work Research (2008). An Evaluation of the Texas Team's Teen Dating Violence Awareness and Prevention Toolkit.

Centers for Disease Control and Prevention (2003) *Costs of Intimate Partner Violence against Women in the United States*. Department of Health and Human Services Centers for Disease Control and Prevention National Center for Injury Prevention and Control

Coffman, J. (2002). *Public communication campaign evaluation: an environmental scan of challenges, criticisms, practice, and opportunities*. Cambridge, MA: Harvard Graduate School of Education, Harvard Family Research Project.

DeJong, W. & Wallack, L. (1999). A critical perspective on the Drug Czar's antidrug media campaign. *Journal of health communications*, 4, 155-160.

Donovan, R.J., & Vlasis, R. (2005). *VicHealth review of communication components of social marketing/public education campaigns focusing on violence against women*. Melbourne: Victorian Health Promotion Foundation.

Doyle, P.A., Bird, B.C., Appel, S., Parisi, D., Rogers, P., Glaros, R., Brandt, N., Barber, N., Salmon, C.A., & Birkhead, G. (2006). Developing an effective communications campaign to reach pregnant women at high risk of late or no prenatal care. *SMQ*, 12(4), 35-50.

Fanslow, J. (2005). *Beyond Zero Tolerance: Key issues and future directions for family violence work in New Zealand*. The report for the Families Commission, Wellington.

Flora, J.A., Maibach, E.W., & Maccoby, N. (1989). The role of mass media across four levels of health promotion intervention. *Annual review of public health*, 10, 181-201.

Gadomski, A.M., Tripp, M., Wolff, D.A., Lewis, C., & Jenkins, P. (2001). Impact of a rural domestic violence prevention campaign. *The journal of rural health, 17*(3), 266-277.

Ghez, M. (2001). Getting the message out: Using media to change social norms on abuse. In C.M., Renzetti, J.L., Edleson, & R.K., Bergen (Eds.), *Sourcebook on violence against women*. Thousand Oaks, CA: Sage Publications.

Gwartney-Gibbs and Stockhard (1989). Courtship aggression and mixed-sex peer groups In M.A. Pirog-Good & J.E. Stets (Eds.), *Violence in dating relationships: Emerging social issues* (pp. 185-204). New York, NY: Praeger.

Health Sponsorship Council (2008). *Measuring the impact of the 'Smoking Not Our Future' Campaign*. <http://www.hsc.org.nz/publications/SNOF-evaluation-phone-survey-fnl-081218.pdf>

Heise, L.L. (1998). Violence against women: an integrated ecological framework. *Violence against women, 4*(3), 262-290.

Kelly, K.J., Edwards, R.W., Comello, M.L.G., Plested, B.A., Jumper-Thurman, P, & Slater, M.D. (2003). The community readiness model; a complementary approach to social marketing. *Marketing theory, 3*(4), 411-425.

Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B., & Lozano, R. (2002). *World report on violence and health*. Geneva: WHO.

Mancini, J.A., Nelson, J.P., Bowen, G.L., & Martin, J.A. (2006). Preventing intimate partner violence: a community capacity approach. *Journal of aggression, maltreatment & trauma, 13*(3/4): 203-227.

Martin, J.B., Green, L.W., & A. Carlson Gielen (2007). Potential lessons from public health and health promotion for the prevention of child abuse. *Journal of prevention & intervention in the community, 34*(1/2), 205-222.

Ministry of Social Development (2007). Taskforce for action on violence within families: the ongoing programme of action. Wellington.

Morrison, K.E., Luchok, K.J., Richter, D.L. & Parra-Medine, D. (2006). Factors Influencing Help-Seeking from Informal Networks Among African American Victims of Intimate Partner Violence. *Journal of Interpersonal Violence, 21*: 1493-1511.

Nabors, E.L.; Dietz, T.L.; Jasinski, J.L. (2006). Domestic Violence Beliefs and Perceptions Among College Students. *Violence and Victims, 21*(6): 779-795.

Sampson, R.J., & Raudenbush, S.W. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science, 277*(5328), 918-924.

Snively, S. L. (1994). *The New Zealand economic cost of family violence*. Family Violence Unit, Dept. of Social Welfare.

Social Marketing Downunder (2009). <http://www.socialmarketing.co.nz/whatis.html>. accessed 8 October 2009.

Usdin, S., Scheepers, E., Goldstein, S., & Japhet, G. (2005). Achieving social change on gender-based violence: A report on the impact evaluation of Soul City's fourth series. *Social Science & Medicine*, 61, 2434-2445.

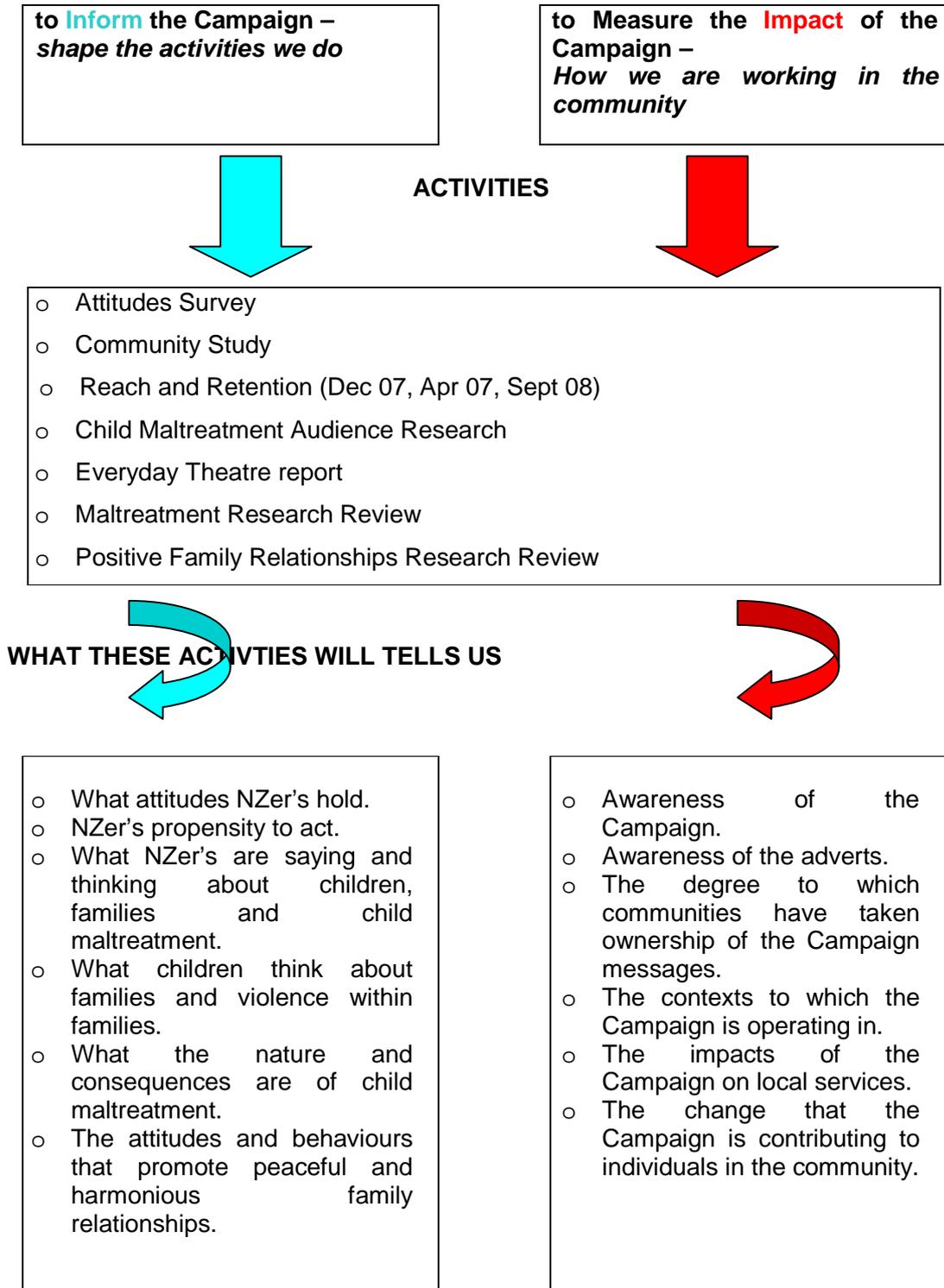
Walby 2004. The Cost of Domestic Violence. <http://www.equalities.gov.uk/pdf/cost%20of%20domestic%20violence%20summ%20Sep%202004.pdf> . Accessed June 2009.

Wallack, L., & DeJong, W. (1995). Mass media and public health: Moving the focus of change from the individual to the environment. In S.E. Martin (ed), *The effects of the mass media on the use and abuse of alcohol*. Rockville, MD: U.S. Department of Health and Human Services, National Institute on Alcohol Abuse and Alcoholism.

Wallack, L., & Dorfman, L. (1996). Media advocacy: a strategy for advancing policy and promoting health. *Health education quarterly*, 23(3), 293-317.

Wray, R.J. (2006). Public health communication theory and strategies for interpersonal violence prevention. *Journal of aggression, maltreatment & trauma*, 13(3/4), 41-60.

Diagram One - Campaign Research and Evaluation Overarching Approach to R&E:



Website

Many
Voices

TV Ads

CAF Fund

Media
Advocacy

0800 Info
Line

Resources

THE CAMPAIGN – AN INTEGRATED SOCIAL MARKETING APPROACH TO PREVENTING FAMILY VIOLENCE

THE CAMPAIGN IS SUCCESSFUL BECAUSE:

1. The Campaign is very visible and successful in highlighting the issues of family violence and to motivate discussion and change
 - People are **seeing** the Campaign
 - The Campaign has **extended** the definition of family violence
 - People are **discussing** the Campaign
 - People are seeing the **personal relevance** that family violence has to them
 - The Campaign has **reinforced or changed** their attitudes to family violence
2. The television ads are sending the message out that they are **intended** to
3. The message is there for everyone including the use of the **'it's not ok'** slogan!
4. The ads are encouraging people to **take action**
5. The Campaign is making people feel **empowered** to intervene if they see family violence
6. The Campaign is making service providers feel **empowered** in their work
7. The Campaign is **affirming** change in perpetrators and victims
8. The Campaign is encouraging communities to work differently
9. The Campaign is providing a **common language** to talk about the issue
10. the Campaign is **motivating** people towards change and **believing** that change is possible
11. The **media** is reporting family violence with greater accuracy and not perpetuating myths of family violence
12. The **CAF** fund allows communities to provide services and resources specific to their community's needs

OPPORTUNITIES AND NEXT STEPS FOR THE CAMPAIGN

1. Communities want to see the ads and Campaign to **keep going**.
2. People want to see the **ads include**:
 - Women's voices, children's voices, youth's voices
 - The words to use to take action – how you would actually intervene
 - More about mates and their influence (to victims too)
3. People **want** to act but:
 - Are limited in the way to do so
 - Need ways that keep them safe
 - Need to break the belief that family violence is a private family issue
4. People agree that family violence **is not ok** but excuse the use of violence in response to other people / children's violence
5. Consider how Pacific, Asian and migrant **communities** may be best engaged
6. There were a few areas where the Campaign had **less of an impact**
7. People are seeking help but the increase in **service demand** is not always being met with the current resources

RESEARCH AND EVALUATION ACTIVITIES TO SUPPORT THE CAMPAIGN

CAF
Evaluation

Media
Audits

Attitudes
Survey

Community
Study

Reach and
Retention
Surveys

Concept
Testing

Reducing
FV – mass
media

Community
atts and
beliefs

Healthy
Family's

Child
Maltreatment

Child Neglect

Children's
Voices