



Gandhi Nivas

Serving our families

Developing culturally specific early intervention through community collaboration for men
bound by Police Safety Orders in Counties Manukau

Study One

The first year at Gandhi Nivas: A Preliminary Statistical Description



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Ever present for us are the families within the communities of Counties Manukau who inspire the vision of living free from violence.

Overview of the Current Study

Gandhi Nivas: The First Year

Gandhi Nivas opened in December 2014 with the purpose of providing emergency accommodation, social work support and quick referrals to early intervention services for men bound by Police Safety Orders (PSO) in Counties Manukau. We initially aimed to provide services specifically for men from South Asian communities but quickly expanded our services to include all men from the community because of the need for early intervention to prevent family violence offending and the need for accommodation when men are unable to return home because of a PSO. We provide a collaborative community response with New Zealand Police and Sahaayta Counselling and Social Support (Sahaayta). We are now working with Massey University researchers to develop a programme of evaluative studies to monitor and enhance the success of our practices.

Our clients and services

Men coming into Gandhi Nivas receive a needs assessment and brief counselling as well as accommodation. They are referred for support counselling to Sahaayta where their families are also provided with support quickly. Depending on their needs, our clients may be referred to other community or Government organisations.

In the first 12 months we were open, 103 men came into Gandhi Nivas. Most of our clients (58%) are brought by Police after they had been issued with a PSO. A smaller number (25.5%) arrived after a Family Violence incident that did not result in a PSO or involve any offences. There were a few men (4%) charged with offences at the time that the Police were called out. Only 3 clients sought our support without Police involvement at the time. Almost everyone (nearly 90%) was effectively referred to intervention services within 24 hours. There were a few men who didn't accept referrals. There were also 7 men who returned to Gandhi Nivas later; most of them voluntarily so that they could take time out and re-engage with services. The majority of our clients are referred because an intimate partner is at risk (62.6%) and a smaller number who are referred because of parent/child relationships (21.8%). A range of other domestic relationships, including other family members, flatmates and friends make up the minority of situations (13.5%) where someone is at risk or protected by a PSO.

The men who come to Gandhi Nivas are primarily aged in their 20s to 40s, although we have clients in their teens, as well as clients in their 50s, 60s and 70s. Our oldest client in our first year was 84. Our clients are also ethnically diverse. The majority are South Asian and Fijian Indian men (51%), the

groups for which we were initially established, with men from Māori and Pasifika communities making up more than a third (33.3%) of our clients. Men from other Asian, Middle Eastern and New Zealand European communities (15.7%) have also been provided with our services.

Diversity is also obvious in our clients' religious affiliations and the languages they speak. More than a quarter of our clients (26.3%) do not affiliate with any religion, and a few (1.9%) chose not to tell us about their religion, yet most have some religious commitments that are meaningful for them and might hold potential for promoting change towards non-violence. Hinduism is most common among our clients (36%) with various denominations of Christianity also fairly common (18.4%) and a smaller number of Sikh and Muslim clients (15.5% combined). Most of our clients speak more than one language (68.9%), and although the vast majority speak English (94.2%), almost 70% of our bilingual and multilingual speakers do not have English as their first language. Translation services are vital for our effective operation for most of our clients.

Employment is a significant issue facing the communities we serve, and almost half our clients in the first year were unemployed. A small number were students (5%) and around 46% were employed or self-employed.

Since we established Gandhi Nivas specifically so that men who are bound by PSOs had somewhere to stay and could be referred for early intervention services quickly, the intake and referrals in our first year of operation show that we are:

- Collaborating effectively with Police, Sahaayta and other community agencies to meet the immediate needs of men in the diverse communities of Counties Manukau who have come to Police attention for Family Violence issues;
- Responding rapidly to referrals from Police and providing quick referrals for clients and their families to appropriate intervention services;
- Providing referrals for early intervention so that Family Violence offences are reduced.

Our research collaborators have concluded that we are already meeting best practice criteria for achieving better outcomes for victims and perpetrators of domestic violence because of our collaborative, co-ordinated and community initiated responses; our quick intake and referral processes; our cultural sensitivity; and the need we are meeting for emergency housing when men are bound by PSOs. While this is good news, we are also interested to know how effective our services are for reducing re-offending in our communities, so we asked the researchers to analyse

NZ Police data on our clients from our first year to see if there were any trends already showing our effectiveness.

Family Violence offending and re-offending

The researchers were able to match 97 of our clients with Police data to see how patterns of Family Violence offences changed when the men engaged with early intervention referrals we provided. The majority of our clients (58.8%) had no recorded history of Family Violence related incidents or offences. These are the clients for whom it is obvious that early intervention is needed and appropriate.

Thirty-four of our clients (35%) had records of Family Violence offences before coming to Gandhi Nivas, and another 4 (4.1%) had records of Family Violence offences only around the time of their intake. These were the clients for whom re-offending could be measured. They were responsible for 162 Family Violence offences over 11 years prior to intake and 8 offences around the time of intake.

Over the years more than 12 months prior to intake, the number of recorded Family Violence offences committed by clients with prior offending records increased. However, because older clients and those who have lived in New Zealand all their lives have a greater chance of having longer Police records, the trend over such a long time might be influenced by the age and migration status of the majority of our clients. For this reason, the researchers compared offending in the 12 months before clients' intake to Gandhi Nivas, with offending after intake. In those 12 months, 16 clients were responsible for 33 Family Violence offences and after their intake 7 clients were responsible for 14 offences. Therefore, there is a decrease of 43.75% in the number of offenders involved in Family Violence offending after intake at Gandhi Nivas, and a decrease of 57.6% in the frequency of offending. This comparison shows the beginning of a trend supporting the effectiveness of Gandhi Nivas' early interventions services at reducing Family Violence offending.

The researchers also conducted some analyses based on recommended measures of re-offending that included all Family Violence Offences before and after intake at Gandhi Nivas. Since these measures are based on annual averages, they are less influenced by age and migration status. These measures also show reductions in all categories after intake.

The proportion of clients offending after intake is around 13% of those with records of prior offence, and 17.5% of all offenders. Post-intake offenders comprise only 7.2% of all Gandhi Nivas clients, as shown below.

Overall, 40 clients had records of offending, and 7 had records of offending after intake: a decrease of 32%. Researchers were also able to show that compared to all previous Family Violence offending, after intake there were 11.1% fewer offences committed on 13.6% fewer occurrences, and each occurrence involved 6% fewer offences. So, on every measure of repeat re-offending there is evidence of a decrease once clients came to Gandhi Nivas. In total, 93% of clients have no record of offending after intake at Gandhi Nivas.

Although the statistics couldn't tell the researchers anything about the 7 clients who did re-offend after their intake, they sought information from Sahaayta and reported that all of these clients had refused referrals to early intervention services that were offered to them when they first came to Gandhi Nivas. The only client who had been involved in two family violence occurrences after intake had later returned to Gandhi Nivas, accepted referrals and is currently engaging with appropriate intervention services. Another client who re-offended has since sought support from an alternative agency providing intervention services. We are investigating new ways of engaging with clients who initially refuse referrals, since it is clear that in our first year of operation the only re-offenders were those who did not engage with the early intervention services offered to them.

In summary, the analysis of Family Violence re-offending shows that:

- Early intervention is needed and provided appropriately, since most of our clients have no prior record of Family Violence offences;
- All measures of re-offending show trends that suggest that our early intervention services are effective with the majority of clients who do have police records of Family Violence offences;
- The very few clients (7.2%) who have offended after coming to Gandhi Nivas all refused referrals to early intervention services initially, but two have since begun working with appropriate services in the community.

The trends shown by the re-offending analysis in the statistical description of our first year of operation are promising. At the end of 2016, the researchers plan to collect more comprehensive data so that we have a robust baseline for continuing to monitor the effectiveness of our services using NZ Police records. This year they will also conduct a formative and process evaluation that aims to help us identify the ways in which our collaborative approach strengthens our communities to reduce family violence, any ongoing issues that affect the best practice of our collaboration and the specific criteria we would like to use for further qualitative evaluations of our effectiveness. They

will also begin the process of designing a qualitative study that will seek the perspectives of our clients and their families on the ways in which Gandhi Nivas supports them becoming safe in their homes.

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Introduction

The Report in Context

In New Zealand, family violence is a major social problem with intimate partners committing the majority of offences within families (Ministry of Justice, 2015¹). In the most recent New Zealand Crime and Safety Survey, 26.1% of women participants reported incidents of intimate partner violence in a current or previous relationship and women of Asian, Pasifika and Māori ethnicities are reported to be particularly vulnerable to coercive and controlling behaviours from a current partner (Ministry of Justice, 2015).

This research concerns the development of a community led project in Ōtāhuhu, Auckland that provides early intervention services to men who have been bound by Police Safety Orders (PSO) in Counties Manukau. PSOs are issued as an interim safety measure when police have reasonable grounds to believe that there is a risk of family violence, or that an incident of family violence has occurred. Persons who are bound by PSOs are not permitted to return to the home they share with protected persons (including children) or assault, threaten, intimidate or harass the protected person, or retain possession of firearms or any firearm license for the period of the order, which is up to 5 days and usually between 2 and 3 days. A recent evaluation of PSOs (Mossman, Kingi & Wehipeihana, 2014)² identified the need for improvements in the provision of emergency housing for bound persons and quick referrals to community agencies for both the bound person and the person at risk. Gandhi Nivas was established in December 2014 to provide such emergency housing and rapid referrals.

Gandhi Nivas provides men who are bound by PSO or otherwise involved in Police matters related to family violence with emergency accommodation and the support of a Social Worker at the time of their intake. They receive a needs assessment and brief counselling at Gandhi Nivas immediately. They are also referred for early intervention counselling to Sahaayta Counselling and Social Support who aim to engage the men and their families with support quickly. Intervention courses are also delivered through Sahaayta. Other referrals to organisations and support services in the community

¹ Ministry of Justice (2015). *New Zealand crime and safety survey: Main findings*. Wellington, New Zealand: Ministry of Justice.

² Mossman, E., Kingi, V., & Wehipeihana, N. (2014). *An outcome evaluation of Police Safety Orders*. Wellington, New Zealand: New Zealand Police

are provided as indicated by the needs assessment, such as Work and Income New Zealand and medical appointments, budgeting services, and access to legal services.

As a community led, culturally sensitive, collaborative partner in coordinated early responses to family violence within their community, Gandhi Nivas and Sahaayta already meet criteria for best practice in achieving better outcomes for victims and perpetrators. There are formal agreements in place between Sahaayta and New Zealand Police, and strong community leadership from Gandhi Nivas Board of Trustees, as recommended for effective coordinated community responses (Murphy & Fanslow, 2013)³. A programme of research in partnership with Massey University School of Psychology researchers is another dimension of the commitment of key stakeholders at Gandhi Nivas to achieve effective interventions in their community.

The Current Study

The current study is the first research step in preparation for a collaborative formative and process evaluation of the services provided by Gandhi Nivas, Sahaayta and other organisations to which it refers clients. Research provides the opportunity for assessing best practice and ongoing learning for effective interventions that change family violence outcomes in communities.

This study provides a preliminary statistical description of the demographic characteristics and patterns of family violence and associated occurrences and offences recorded by NZ Police for clients referred for intake to Gandhi Nivas between December 2014 and December 2015.

Aims

The aims of this project are to:

- Provide preliminary data for assessing the effectiveness of interventions provided by Gandhi Nivas in subsequent years;
- Examine the history of client involvement in family violence related occurrences⁴ recorded by New Zealand Police (NZ Police), matters that result in a referral to Gandhi Nivas, and

³ Murphy, C., & Fanslow, J. (2012). *Building collaborations to eliminate family violence: Facilitators, barriers and good practice*. Auckland, New Zealand: New Zealand Family Violence Clearinghouse, The University of Auckland.

⁴ Police records include coded incidents attended by Police and offences. An occurrence may refer to either recorded incidents or offences. Multiple offences or incidents may be associated with a particular occurrence. Occurrences are recorded with unique identifying numbers. Incidents and offences are coded into classifications of types. For example, all codes in the 1000 series reference violence offences.

Police records of occurrences related to family violence and subsequent to intake at Gandhi Nivas.

- Provide suggestions on further data collection that would enhance and extend the findings of this preliminary report to assist ongoing evaluation of Gandhi Nivas interventions.

Data

Gandhi Nivas provided data on 113 cases from December 2014 until December 2015 for the purposes of matching to NZ Police data which covered all NZ Police records until 6th January, 2016. Gandhi Nivas cases involved 103 unique individuals. Six men had been provided services by Gandhi Nivas on two occasions each, and one man had been provided services on three occasions. Data from six men was not included in the analysis of NZ Police recorded occurrences (Parts III & IV) because it could not be matched to Police data for persons of those names. Thus for the demographic description of those receiving services from Gandhi Nivas (Part I) there are 103 unique individuals included, and for the analysis of NZ Police recorded occurrences there are 97 cases included.

Part I: Demographic Analysis

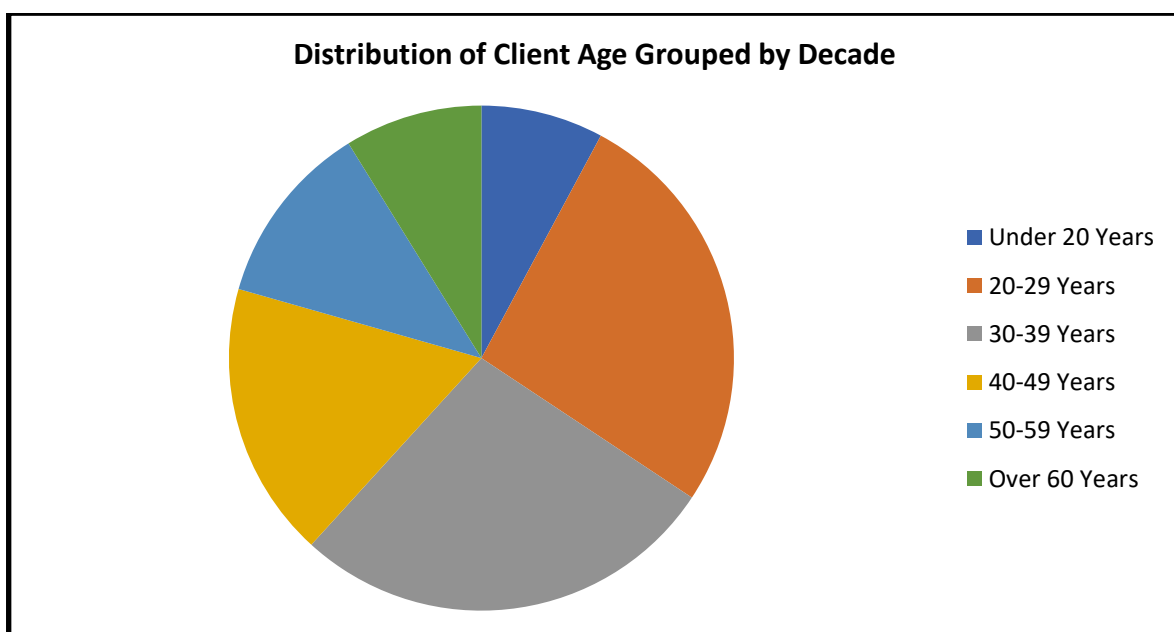
Age

Age of clients was calculated at December 31st 2015 from birthdate. Where there is a discrepancy between Gandhi Nivas and NZ Police data, Gandhi Nivas data is used, with two exceptions where the current year was entered as birth date in error. In one of these cases, NZ Police data was not available. Thus 102 unique individuals were included in the demographic data on age. The oldest client is 84 years of age and the youngest is 15. The mean age of clients is 37.5 years. The median age is 37 and the mode is 38. The distribution of client ages, grouped by decades, is provided in Table 1 and illustrated in Figure 1, below.

Table 1: Distribution of Client Age Grouped by Decade

Age Grouping	Number of Clients	Percentage of Clients
Under 20 Years	8	7.80%
20-29 Years	27	26.50%
30-39 Years	28	27.50%
40-49 Years	18	17.60%
50-59 Years	12	11.80%
Over 60 Years	9	8.80%

Figure 1:



While the range of client ages extends from mid-teens to mid-80s, the distribution shows that the majority of clients referred for services (54%) are between 20 and 40 years old. Additionally, more men in their middle age are using services than either younger or older men. It is evident that Gandhi Nivas provides accommodation for men of all ages, and that close networking with and referrals to Sahaayta's culturally specific counselling services that provide for individuals, couples, youth, families and the elderly is necessary to meet the needs of men at very different stages in their lives.

Ethnicity

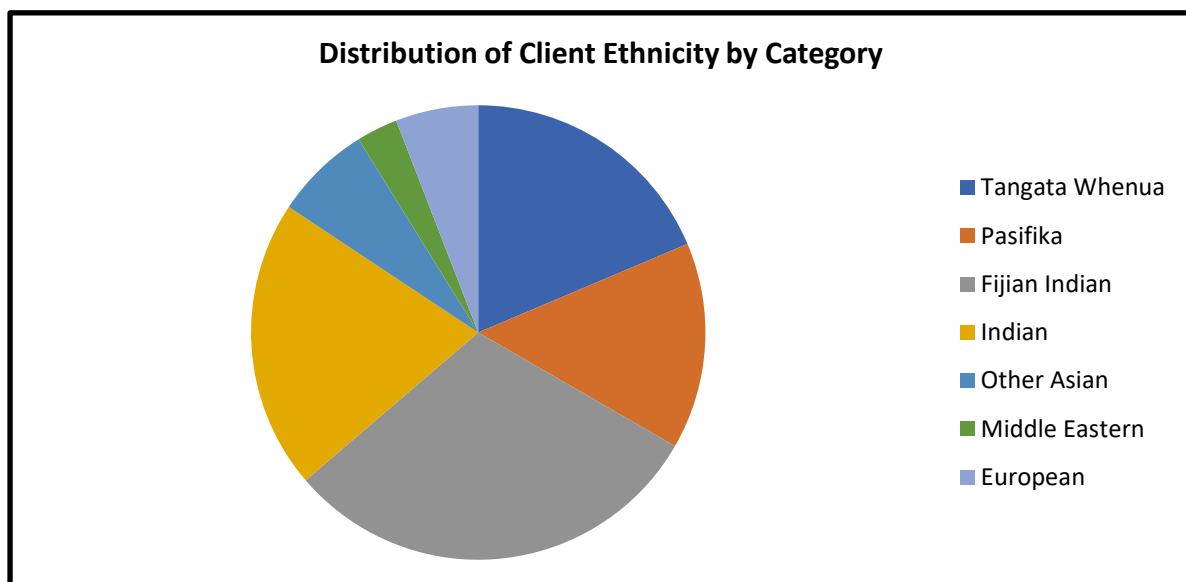
Ethnicity data was provided for 102 of 103 clients. Ethnicity categorisation is complex. Ten of the ethnicity categories provided in the data are identical with nationality. Several other categories are identical with regions. There were 6 cases with multiple specifications of ethnicity (e.g. one person listed as Pākehā-Māori-Samoan). While another 21 persons were categorised broadly (e.g. European, Indian), 64 others were categorised more specifically (e.g. Indian/Mangalorian).

For the purposes of analysis we have used the broadest categorisations available to provide consistency and protect client confidentiality. The broadest categorisations vary from Tangata Whenua (Māori) to nationality (e.g. Indian) to global region (Middle Eastern). Where multiple identifications have been provided, we have used the most specific (i.e. any person identified as Māori has been included as Tangata Whenua). We have retained the category of Fijian Indian, since this categorisation includes sufficient persons for confidentiality to be protected, and is less amenable to broad categorisation by nationality or global region. We have included Pākehā in the category European because we did not have sufficient information to distinguish New Zealand born and immigrant European categorisations of ethnicity. The distribution of client recorded ethnicity, grouped by categories, is provided in Table 2 and illustrated in Figure 2, below.

Table 2: Distribution of Client Ethnicity by Category

Ethnicity Category	Number of Clients	Percentage of Clients
Tangata Whenua	19	18.6%
Pasifika	15	14.7%
Fijian Indian	31	30.4%
Indian	21	20.6%
Other Asian	7	6.9%
Middle Eastern	3	2.9%
European	6	5.9%

Figure 2:



While Gandhi Nivas is providing early intervention services for clients from diverse ethnic groups within the community, it is evident that the groups for which the services were initially established, South Asian and Fijian Indian men, account for the majority of clients (51%). The provision of culturally specific services for *all* men in the community fits closely with best practice for community based intervention services, and the extent of networks accessible for referral including and beyond Sahaayta will be investigated further in subsequent research projects.

Religion

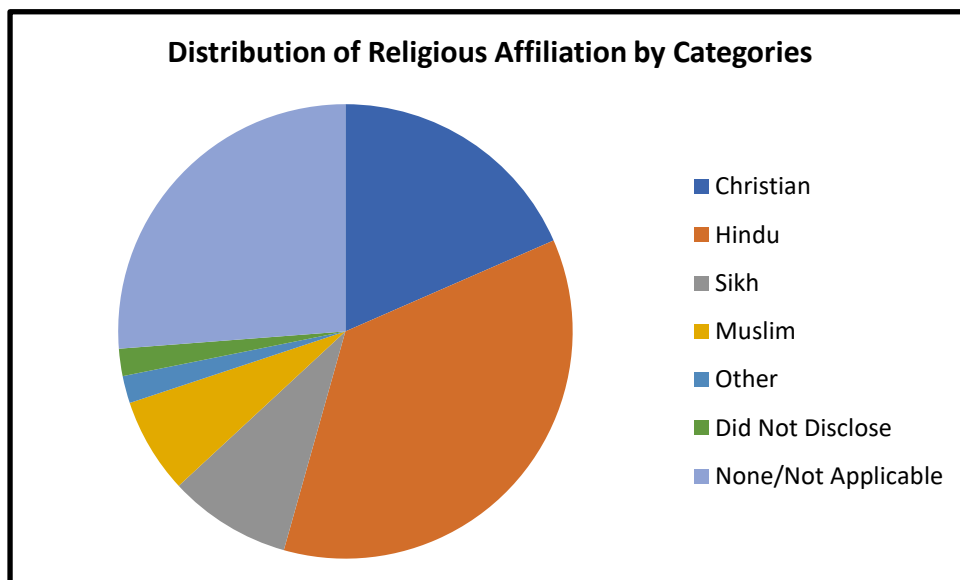
Data on client religious affiliation was provided for all 103 clients yet more than a quarter (26.3%) indicated that the client had no religious affiliation or that religious affiliation was 'not applicable'.

Two clients did not disclose their religion. In some cases, specific denominations of Christian Churches were specified (e.g. Catholic, Methodist), but in others the broader term ‘Christian’ was used. We have included all Christian denominations within the broader category to ensure client confidentiality is protected in cases where denominations are unusual or unique. We have also combined two unique religious affiliations into the category ‘other’, also to protect client confidentiality. The distribution of client recorded religious affiliation, broadly categorised, is provided in Table 3 and illustrated in Figure 3, below.

Table 3: Distribution of Religious Affiliation by Categories

Religious Affiliation	Number of Clients	Percentage of Clients
Christian	19	18.40%
Hindu	37	36%
Sikh	9	8.70%
Muslim	7	6.80%
Other	2	1.90%
Did Not Disclose	2	1.90%
None/Not Applicable	27	26.30%

Figure 3:



As with ethnic diversity among clients religious affiliations are diverse, though concentrated in Hinduism and Christianity. Over one third of clients identify their religious affiliation as Hindu (36%), with Christianity comprising second largest religious category (18.6%). Religious belief, values and

spiritual practices have not been extensively studied in relation to family violence, but a recent publication on religion and male violence towards women suggests a complex relationship that requires careful cultural sensitivity and understanding of clients' religious affiliations to effectively deliver interventions and services to them (Johnson, 2015)⁵. Religious and spiritual life have significance in relation to the meaningfulness of clients' lives and thus potential for enhancing the wellbeing of both clients and their families in promoting change towards non-violence. How the culturally specific services offered by Gandhi Nivas and Sahaayta engage and enhance the contribution of religious affiliation and spiritual life towards wellbeing and non-violence will be investigated in subsequent research projects.

Languages

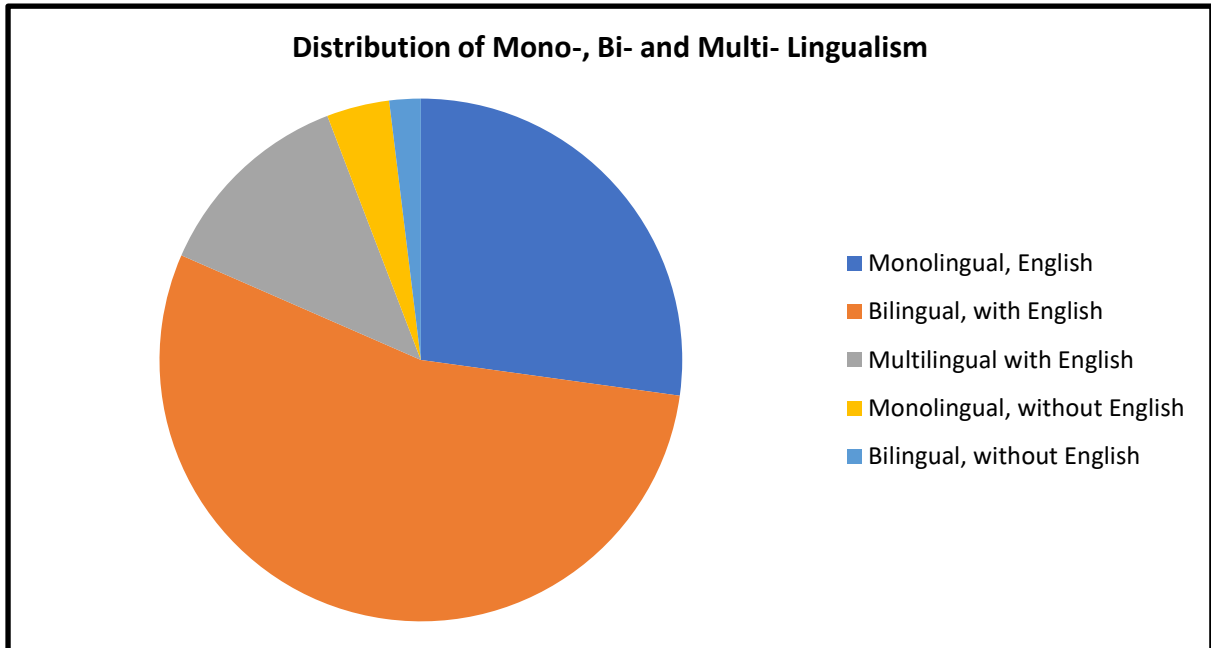
Language data was provided for all 103 clients. The majority of clients (68.9%) spoke more than one language and fewer than one third (27.2%) spoke only English. Nearly 15% spoke more than two languages. The distribution of mono-, bi- and multi-lingualism is provided in Table 4 and illustrated in Figure 4, below.

Table 4: Distribution of Mono-, Bi- and Multi- Lingualism

Mono-, Bi, and Multi-Lingualism	Number of Clients	Percentage of Clients
Monolingual, English	28	27.20%
Bilingual, with English	56	54.40%
Multilingual with English	13	12.60%
Monolingual, not English	4	3.90%
Bilingual, without English	2	1.90%

⁵ Johnson, A.J. (Ed.). (2015). *Religion and men's violence against women*. Springer: New York.

Figure 4:



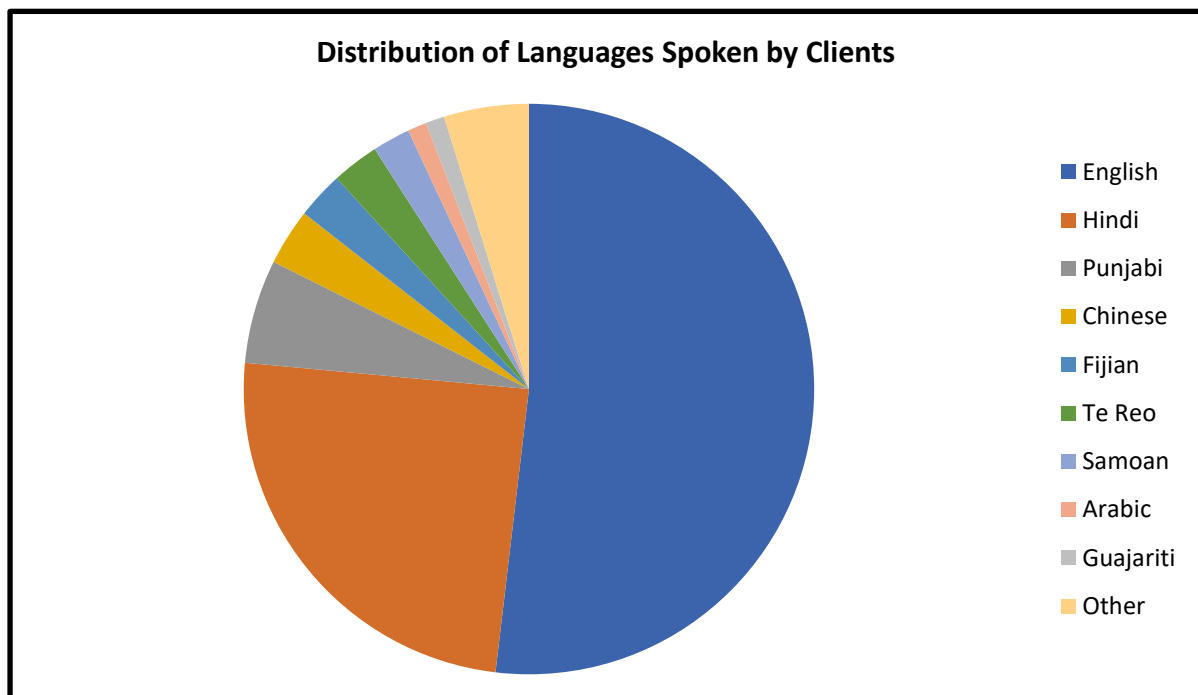
Eighteen languages were spoken among the 103 clients. Of these, English is the most commonly spoken language (94.2%), with Hindi the second most common (44.7%). Punjabi, Chinese, Fijian, Te Reo Māori, Samoan, Arabic and Gujarati are spoken by more than one client. Nine unique languages are spoken by individual clients. These languages are not named in the analysis to protect the confidentiality of clients. The distribution of languages spoken by clients is provided in Table 5 and illustrated in Figure 5, below.

Table 5: Distribution of Languages Spoken by Clients*

Language	Number of Clients	Percentage of Clients
English	97	94.2%
Hindi	46	44.7%
Punjabi	11	10.7%
Chinese	6	5.8%
Fijian	5	4.8%
Te Reo Māori	5	4.8%
Samoan	4	3.9%
Arabic	2	1.9%
Guajarati	2	1.9%
Other	9	8.7%

* The total percentage exceeds 100% because 68.9% of clients speak more than one language

Figure 5:



The language data provides clear evidence of the competence of many clients in multiple languages, with 94.2% of clients listing English as one of the languages they speak. However, this overwhelming majority should not imply that translation services are unimportant. Among the clients, 5.8% do not speak English. Of the bilingual and multilingual speakers who include English in the languages they

speak, almost 70% did not list English as their first language and fluency in English cannot be assessed from the data available to us. Information provided by key informants from Gandhi Nivas suggests that translation services are needed for the services delivered to clients and for their engagement with the legal system when required.

Employment Status

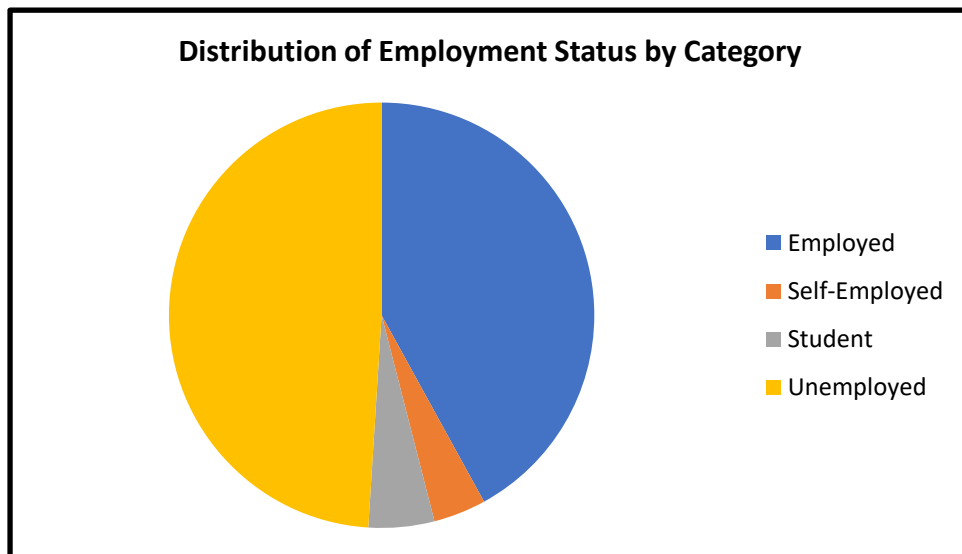
Information on clients' employment status was provided for 100 unique individuals. In some cases where clients were employed, employment information was very specific and included both the client's employment role and their employer. In other cases only the client's role was included and more rarely the information was simply 'employed'. The term 'self-employed' was used for 4 cases, and we have included it as a separate category of employment. However, in a number of cases where only the client's role was provided (e.g. trades) individuals may also have been self-employed. In total, 46% of clients with employment status information were in paid work. Another 5% were students. Forty-nine percent of clients were unemployed.

The distribution of employment status within the four categories – employed; self-employed; student and; unemployed – is provided in Table 6 and illustrated in Figure 6, below.

Table 6: Distribution of Employment Status

Employment Status Category	Number of Clients	Percentage of Clients
Employed	42	42%
Self-Employed	4	4%
Student	5	5%
Unemployed	49	49%

Figure 6:



Key informants from Gandhi Nivas affirm that lack of employment is a significant issue facing their clients and the community more broadly. Unfortunately, we did not have any information on how many clients were beneficiaries and how many were financially dependent on another household member's income. While the present data provides a broad baseline on client employment, we will be seeking sources of further information on income brackets, beneficiary status, dependents and other household members' income and employment status, as this information would allow us to distinguish whether there are systematic differences affecting outcomes among those who are beneficiaries and those who are depending on other household members' income and employment status.

Part II: Information on Intake at Gandhi Nivas

Police Matters Leading to Intake

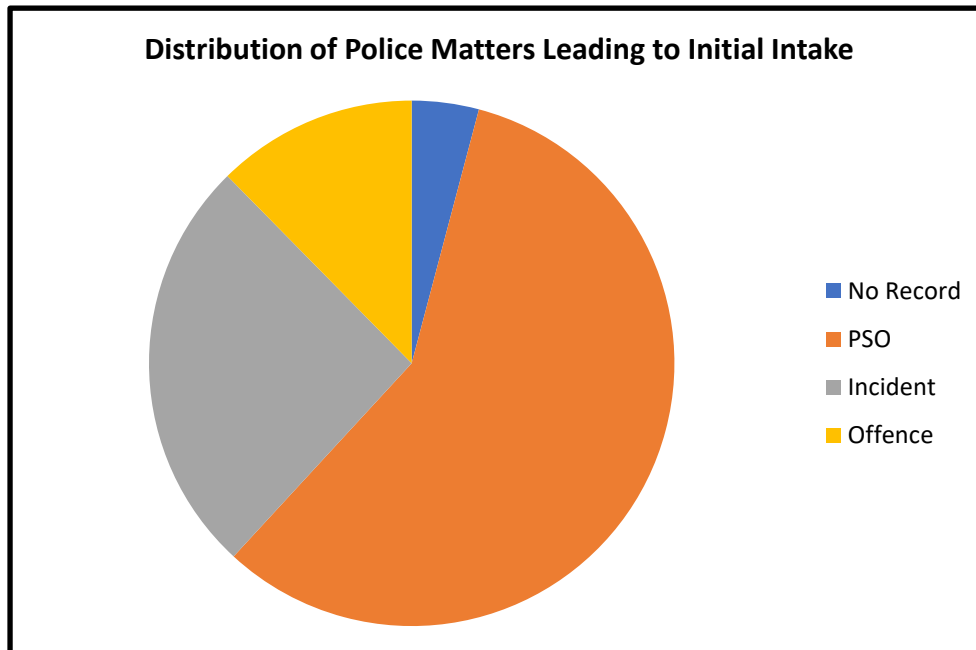
In most cases, clients are first involved with the services offered by Gandhi Nivas through referrals generated as a result of Police matters. Of the 97 individual clients matched to NZ Police data, only 4 had no recorded involvement with Police matters that led to their intake at Gandhi Nivas. For 57 clients, an incident resulting in the issue of a Police Safety Order led to their referral to Gandhi Nivas. For the other 37 clients, either a Police recorded offence or incident that did not result in a PSO was the initial matter leading to a referral. We note⁶ that for one of the clients who could not be matched to NZ Police data, information regarding a verbal warning by Police had been recorded in the Gandhi Nivas data provided, but without a date for the matter. The distribution of Police matters leading to intake is provided in Table 7 and illustrated in Figure 7, below.

Table 7: Distribution of Police Matters Leading to Initial Intake

Police Matter	Number of Clients	Percentage of Clients
No Record	4	4.10%
PSO	56	57.70%
Incident	25	25.80%
Offence	12	12.40%

⁶ We will seek supplementary information from Sahaayta to account for those clients who had no records of Police matters on the NZ Police database to enhance this analysis in the next phase of this study.

Figure 7:



In the majority of cases clients were either persons bound by a PSO or offenders. There are occasions when the data indicates that offences were committed and the client is both an offender and a victim. There are 3 such cases. If the client is an offender, then they are included in our analysis as offenders. However, in one case the only NZ Police matter leading to intake recorded the client as the person 'at risk' on a PSO. In another isolated matter, the client was the victim of an offence. Both these clients have been included in the analysis of re-offending (below) analysis because they have previously been charged with relevant offences.

It is evident from the data on Police matters leading to intake, that Gandhi Nivas is receiving referrals and accepting clients for the purposes for which it was established.

Domestic Relationships Involved in First Intake Police Matter

Data on the domestic relationships involved in the Police matters which brought clients to Gandhi Nivas was provided in the NZ Police database. Fifteen different categories of relationships were used in the data, as follows:

Married; Married/De facto; Partner; Partner -not living together; Partner -living together; Partner/Ex-partner; Married/Ex-partner; Boyfriend/Girlfriend; Parent/Child; Sibling; Other Relative; Landlord/Associate; Flatmate/Boarder; Known to Each Other.

For the purposes of our analysis we reduced these 15 categories to 9 by combining all married; married/defacto; partner; partner –living together cases into the category ‘partner’; combining all categories that include the term ex-partner; and combining landlord/associate with ‘known to each other’.

We used first intake data in cases where clients had more than one intake date. There were 7 clients with two intake dates and 1 client with three intake dates. In some of these cases it is likely that the same domestic relationship was involved in both matters that lead to intake dates, but in others they were different relationships. For example, in one case where the client had a second intake date, the first occurrence resulted in an incident with parent/child as the relationship categorised. A PSO was issued on the later date and the relationship was classified as Flatmate/Boarder. No children were protected by a PSO on either date. In another case, the second intake date occurred within 7 days of the first date and a second PSO was issued with the client as the bound person. In the case of both PSOs the categorised relationship was a Parent/Child relationship, but no children were protected by the Orders. In a third case of two intake dates, the client was the subject of a Police incident on the second date, and both occurrences record a marriage relationship.

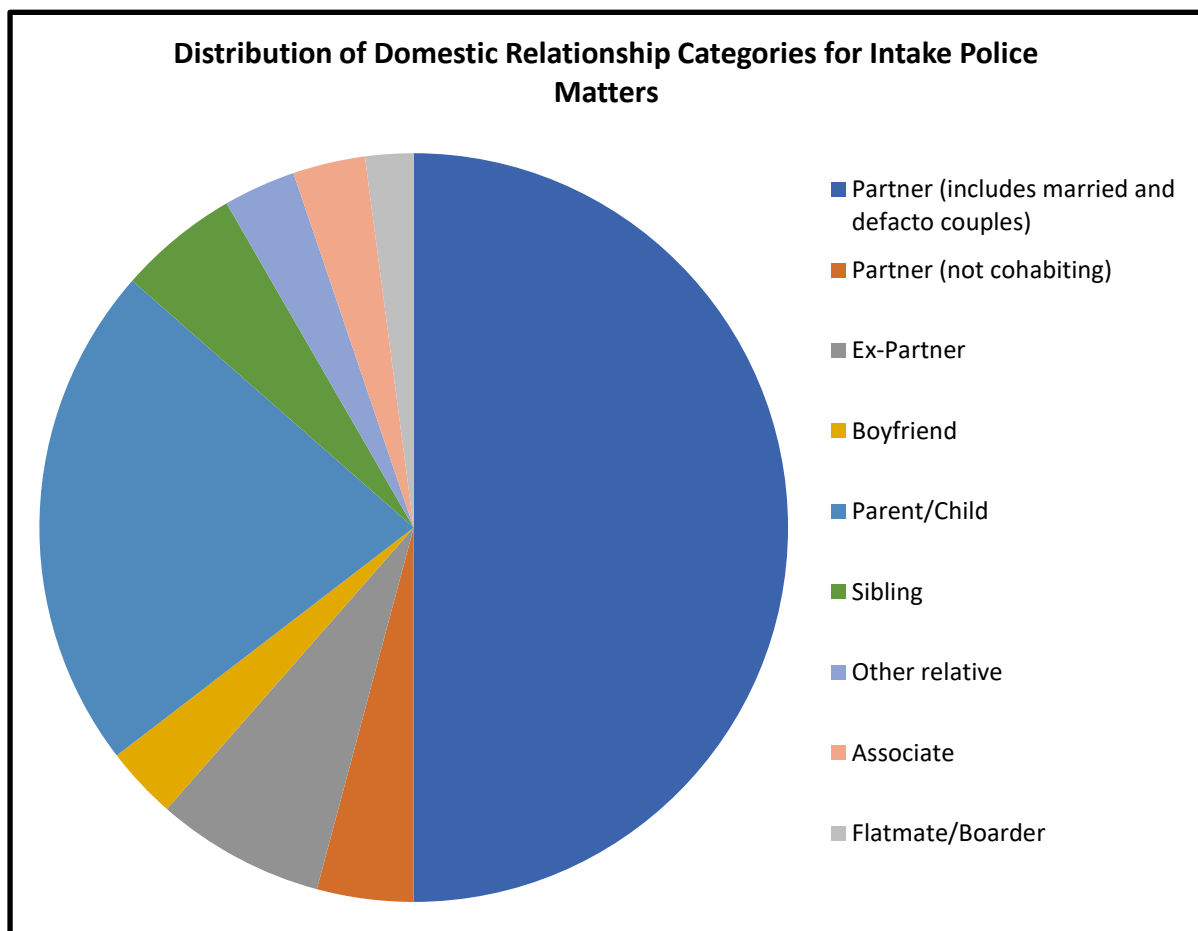
The complexity of relationship data is highlighted by 3 cases where multiple relationships were recorded for unique Police matters. In two cases the relationships were categories as ‘partner’ and ‘sibling’ and in the third case as ‘parent/child’ and sibling.

Of the 97 records matched with NZ Police data, 4 were missing data on the category of relationship involved in the recorded Police matters. For the purposes of our analysis we included all categories of relationships, including the three cases where ‘sibling’ relationships were recorded alongside other domestic relationships. Thus there are 96 relationships included in the analysis. The distribution of relationship status for first intake Police matters is provided in Table 8 and illustrated in Figure 8, below.

Table 8: Distribution of Domestic Relationship Categories for Intake Police Matters

Category of Relationship	Number of Relationships	Percentage of Relationships
Partner	48	50%
Partner (not cohabiting)	4	4.2%
Ex-Partner	7	7.3%
Boyfriend	3	3.1%
Parent/Child	21	21.8%
Sibling	5	5.2%
Other relative	3	3.1%
Associate	3	3.1%
Flatmate/Boarder	2	2.1%

Figure 8:



There are four categories of relationships that fall into the broad category of Intimate Partner Violence: Partner; Partner (not cohabiting); Ex-Partner; and Boyfriend (Girlfriend). Together, these categories constitute 65% of the recorded relationships associated with first intake Police matters. Parent/Child constitutes the next most frequently recorded category at 21.8%. Given the way in which categories were recorded, it was not possible to determine whether clients in these relationships were parents or children. For the purposes of extending and enhancing our analysis in the next phase of this study we will seek access to more detailed information on client relationships held by Gandhi Nivas and Sahaayta.

While the majority of the relationships involved in first intake matters were familial relationships, the 5.2% that were domestic, non-familial relationships draw attention to the importance of the term 'domestic violence' which is inclusive of non-familial close relationships.

Response Times for Intake at Gandhi Nivas Following a Police Matter

Seven clients had more than one date of occurrence associated with their intake to Gandhi Nivas. Four of these clients were involved in incidents on different dates from that involving them being bound persons of a PSO. One client was the person 'at risk' for the issue of a PSO on a date subsequent to the issue of the PSO for which they were the bound person. Four clients were offenders involved in separate occurrences. One client was issued with a second PSO for which they were the bound person. These cases indicate some of the complexities involved with domestic/family violence, where the client might be at risk of either offending or victimisation at different times.

In one case, a client's intake date for Gandhi Nivas was earlier than the issue date of a PSO by 10 months, although we had some concerns about the accuracy of the data because it seemed possible that the day and month were inverted in one of the entries. In 21 cases, dates for intake or Police recorded occurrence were missing. In 5 of these cases, both dates were missing. In 8 cases, the occurrence date was missing and in 8 cases the intake date was missing. Six of these cases were those for which no Police record could be matched to Gandhi Nivas data. In two cases, the date of the occurrence and intake were inverted, so for the purposes analysing the time lapse between occurrence and intake, these dates were assumed to be identical⁷.

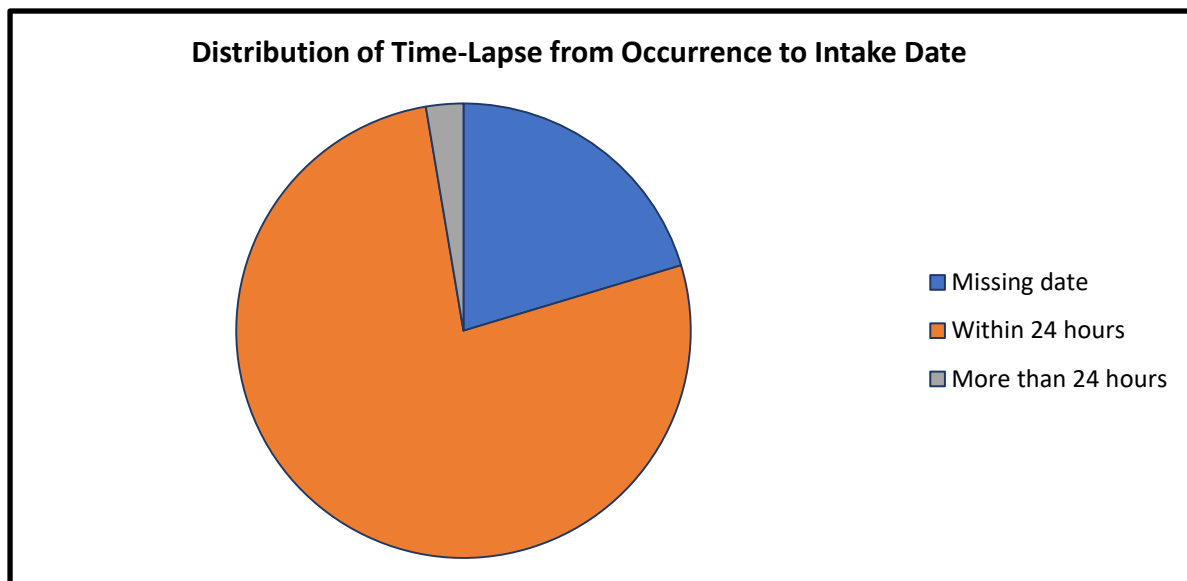
⁷ In relation response times for intake, too, we will seek supplementary data from Gandhi Nivas and Sahaayta to enhance and extend our analysis in the next phase of this study.

Overall, intake date and date of the occurrence through which the client became involved at Gandhi Nivas were identical for 90 of the 113 records of client intake. In the 10 cases where intake date was not recorded, occurrence date was used to calculate time lapse for pre- and post- offending analysis in the following sections. In only 3 cases was the date of intake more than 24 hours after the occurrence date and in each of these cases and offence had been committed at the time Police attended the occurrence. Intake dates were 11, 16 and 21 days after occurrence date for these three cases. The distribution of time lapse from occurrence date to intake date is provided in Table 9 and illustrated in Figure 9, below.

Table 9: Distribution of Time-Lapse from Occurrence to Intake Date

Time-Lapse Description	Number of Cases	Percentage of Cases
Missing date	21	19%
Within 24 hours	89	79%
More than 24 hours	3	2%

Figure 9:



The analysis of time-lapse from Police recorded occurrence to intake that Gandhi Nivas provide a rapid response to family violence occurrences involving NZ Police in their community. Key informants have explained that the very few clients whose intake dates are not identical with the date of the intake occurrence have not engaged with Gandhi Nivas at the first opportunity provided to them, but have returned later, usually within a matter of days.

Part III: NZ Police Recorded Occurrences Associated with Family Violence

Police Data: Inclusions and Exclusions in Occurrences Analysis

NZ Police provided detailed data on clients for whom they held records. Information included Police ID, occurrences involving Police and the offences and incidents associated with those occurrences. Ontario Domestic Assault Risk Assessment (ODARA) risk scores, where they were available, are included. Occurrences sometimes resulted in multiple offences or incidents recorded, so we have focused our analysis on both offences and incidents. We were also provided with NZ Police records of family violence indications for all the offences and incidents recorded. It was evident from the data that not all offending in the clients' histories was related to family violence. However, because of information provided to us by key informants at Gandhi Nivas and difficulties interpreting how family violence indications have been used, we aimed for inclusiveness in our analysis of overall offences and incidents to ensure that events which indicated risk of, or association with, family violence were included.

We have excluded traffic, dishonesty and drug offences that are not indicated as related to family violence with one exception: traffic offences related to alcohol consumption have been included because of the strong association between alcohol consumption issues and family violence within this community. All other alcohol related offences are also included. Key informants from Gandhi Nivas have testified to a strong relationship between alcohol misuse and family violence in their community. This relationship is also clear in the domestic violence literature (Wilson, Graham & Taft, 2014)⁸.

Only one traffic offence that did not involve alcohol was indicated as family violence and has been included. It is possible that other traffic offences, such as reckless driving or driving at a dangerous speed are also family violence related but without indicators these types of offences were not included. In total, 124 offences were excluded: 73 traffic offences, not related to alcohol use; 12 other drug offences, all related to cannabis; 38 charges related to dishonesty, including shoplifting, burglaries and car conversions; and two robbery charges.

Assaults and sexual offences are included, even if not FV indicated, since they demonstrate capability of violence. Disorder offences are included since they are often related to alcohol misuse

⁸ Wilson, I. M., Graham, K., & Taft, A. (2014). Alcohol interventions, alcohol policy and intimate partner violence: A systematic review. *BMC Public Health, 14*(1), 881.

and were indicated as family violence for 8 of the 30 offences within the code type. One vagrancy offence has been included because it co-occurred with a number of alcohol and violence offences, though it was not family violence indicated. Trespass is included because these offences indicate a willingness to breach other persons' property boundaries and are indicated as family violence for 6 of 20 trespass offences. Justice administration offences that do not have family violence indicators and are not related to Protection Orders or PSOs are included because of their relevance to noncompliance with Justice Procedures and risk of other breaches in context of family violence orders. Within these codes, 7 of the 29 offences were indicated as family violence.

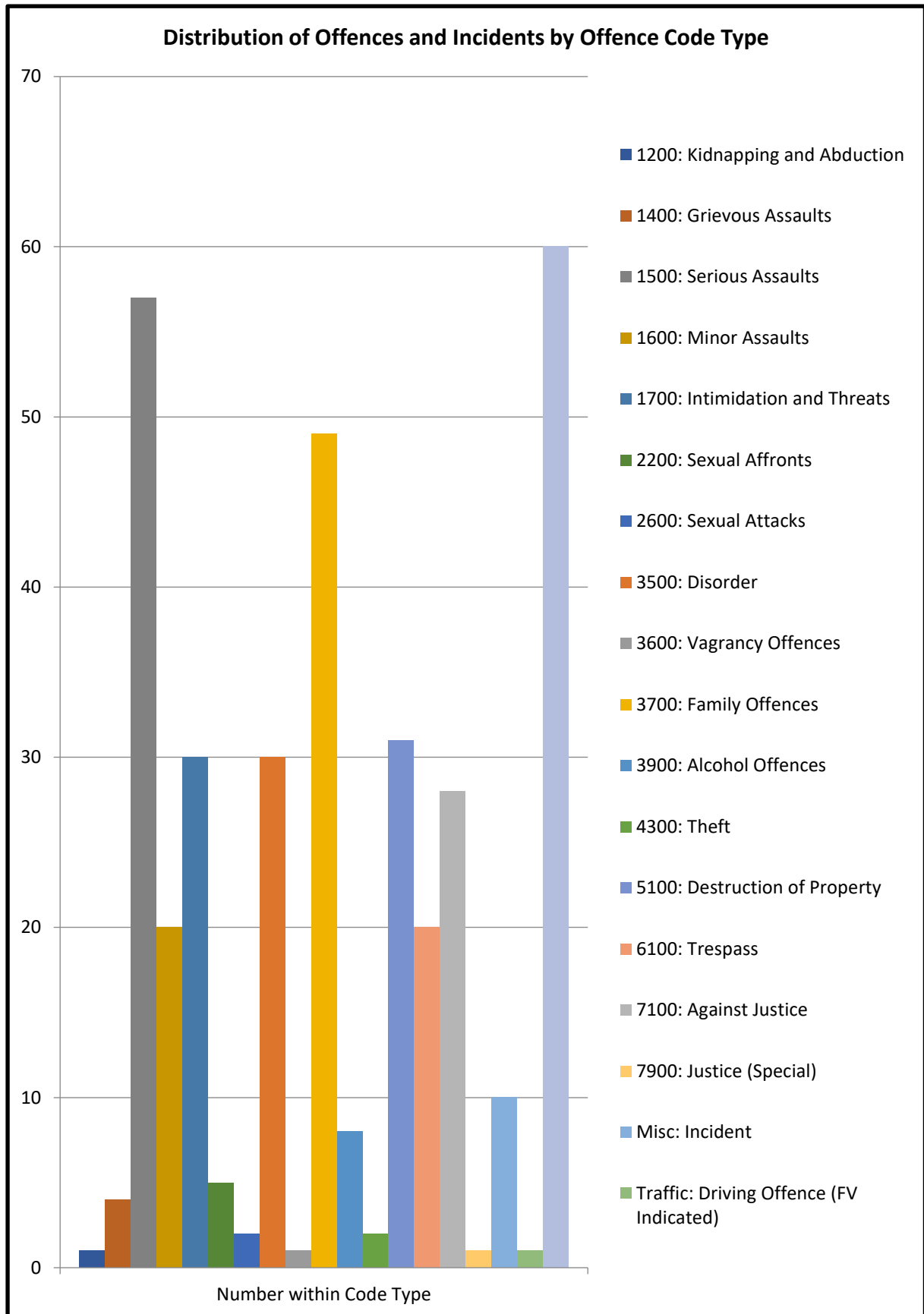
Recorded Occurrences, Offences and Incidents Associated with Family Violence

In total, 244 occurrences were included, involving 350 offences and 10 incidents. Recorded incidents involved attempted suicide, breaches of bail, failing to appear in court, breaches of the peace and drunk in custody. Offences included alcohol related traffic offences and code categories for violence and sexual offences (1000 and 2000), antisocial offences in the drugs and antisocial code category (3000), offences against property (5000 and 6000) and justice administration offences (7000). The distribution of offences and incidents by offence code type is provided in Table 10 and illustrated in Figure 10, below.

Table 10: Distribution of Offences and Incidents by Offence Code Type

Code Type	Description of Code Type	Number within Code Type
1200	Kidnapping and Abduction	1
1400	Grievous Assaults	4
1500	Serious Assaults	57
1600	Minor Assaults	20
1700	Intimidation and Threats	30
2200	Sexual Affronts	5
2600	Sexual Attacks	2
3500	Disorder	30
3600	Vagrancy Offences	1
3700	Family Offences	49
3900	Alcohol Offences	8
4300	Theft	2
5100	Destruction of Property	31
6100	Trespass	20
7100	Against Justice	28
7900	Justice (Special)	1
Misc. Incident	Other Incident	10
Traffic	Driving Offence (FV Indicated)	1
A Series	Alcohol Related Traffic Offence	60

Figure 10:



Within codes, alcohol related traffic offences comprised the largest percentage of all offences and incidents, 16.6%, with all alcohol related offences comprising 18.8%. Serious assaults comprised 15.8% of all offences and incidents, and family offences comprised 13.6%. All family offences were either breaches of a Protection Order that did not involve a firearm, or failure to comply with a PSO. Within code categories, violence and sexual offences comprised 32.9% of all offences and incidents. Antisocial offences that did not involve alcohol or drugs comprised 21.9%.

Of the 360 offences and incidents, 174 (48.3%) were indicated as family violence. One of three 'Assaults Child' offences and 5 of 36 'Male Assaults Female' (MAF) offences were not indicated as family violence. It may be the case that some MAF charges do not involve men and women who are in a domestic relationship, and some assaults against children are not committed by relatives of the child. However, these offences were included in the analysis given their indication of violence against women and children, and also in view of offences related to contravening Protection Orders and failing to comply with PSOs were not indicated as family violence. Twenty-eight offences related to contravening a Protection Order and 20 offences related to failing to comply with a PSO. While 27 of the 28 Protection Order breaches were indicated as family violence, only 9 of the 20 offences for failing to comply with a PSO were family violence indicated. It is possible that attending police do not interpret breaches of Protection Orders or failing to comply with a PSO as family violence matter if an incident of physical violence or evident threat does not occur at the same time. It is also possible that some confusion around the different meanings of 'family' and 'domestic' violence is related to different uses of family violence indicators. For instance, a distinction between the terms 'family' and 'domestic' may mean that 'family violence' indicators are sometimes not used for domestic relationships between unrelated persons.

Client Involvement in Offending and Incidents Associated with Family Violence

While we were able to match data from NZ Police records and Gandhi Nivas records for 97 of the 103 individual clients who had been provided with early intervention services, there were another 43 clients for whom there were no recorded occurrences involving Police other than the matter that led to their intake at Gandhi Nivas. Unfortunately, we are unable to conclude whether the absence of other records is due to their being no prior occurrences or whether it can be explained by underreporting or recent migration. Of these 43 clients, 3 had recorded offences at the time of their intake, all of which were minor assaults. Another 4 clients had recorded offences at the time of their intake but also had records for other occurrences. None of the remaining 5 offences and 25 incidents leading to intake at Gandhi Nivas was recorded in the detailed NZ Police data on client

offending. Thus, within the detailed NZ Police dataset, records of offences and incidents not related to intake were available for 54 clients.

Considering that many occurrences involved multiple offences and/or incidents, we analysed client offending at times other than intake to examine the distribution of offences and incidents among clients with detailed Police records. For the 54 client records, 237 occurrences were recorded, involving 353 offences or incidents. For 20 clients (37%), there were records of only one occurrence other than the intake matter. The maximum number of occurrences for one client was 26, and the mean was 3.8. Almost 60% of clients had records of 3 or fewer occurrences and only 11.3% had records of 10 or more occurrences. Thus, fewer clients accounted for the majority of the occurrences recorded. The frequency of occurrences for clients is provided in Table 11 below.

Table 11: Frequency of Occurrences for Clients

Occurrences per Client	Frequency	Percentage of Clients
1	20	37.0%
2	6	11.0%
3	6	11.0%
4	5	9.3%
5	2	3.7%
6	2	3.7%
7	3	5.6%
8	2	3.7%
9	2	3.7%
10	1	1.9%
11	1	1.9%
13	2	3.7%
17	1	1.9%
26	1	1.9%

Fewer offences and incidents were also involved in the majority of occurrences. In 175 of 237 occurrences (73.8%), only one offence or incident was recorded. In only 13 occurrences (5.5%) were more than three incidents or offences recorded. The maximum number of offences and incidents recorded at one occurrence was 9 and the mean was 1.48. The frequency of offences and incidents for occurrences is provided in Table 12, below.

Table 12: Frequency of Offences or Incidents per Occurrence

Offences or Incidents per Occurrence	Frequency	Percentage of Occurrences
1	175	73.8%
2	36	15.2%
3	13	5.5%
4	6	2.6%
5	4	1.7%
6	1	0.4%
8	1	0.4%
9	1	0.4%

The frequency analysis for client involvement in occurrences and associated offences and incidents suggests that even among those clients for whom there was detailed Police data on matters not related to intake, Gandhi Nivas is primarily providing services for clients who do not come to NZ Police attention frequently. For early intervention services, this is an appropriate client base. However, there were some clients with long records of matters involving Police and related to family violence. While they are fewer in number, there were 15 clients with more than 5 occurrences recorded and clients with such records may require specific intervention services.

We also analysed NZ Police family violence risk scores for clients where they were available. NZ Police introduced the ODARA tool for use in cases of domestic assault in 2012. Higher ODARA scores indicate greater risk of repeated domestic abuse, more severe violence and shorter time frames until subsequent assaults. Scores range from 0-13 and are organised into seven categories from lowest to highest risk (Hilton & Ham, 2014)⁹.

ODARA risk scores were only available for 14 of the 97 clients matched with NZ Police data. Of these, 3 were victim risk scores, and all of them were bound by the PSOs associated with their intake at Gandhi Nivas. Four clients had both offender and victim risk scores recorded. Of these, only one had been recorded as a victim at the time of the occurrence that lead to his intake at Gandhi Nivas, and he has simultaneously been bound by a PSO and charged with an offence. Two clients with both offender and victim scores were bound by PSOs, and one had also been charged with an offence at the time of their intake to Gandhi Nivas. The fourth client was the subject of a recorded police

⁹ Hilton, N.Z., & Ham, E. (2014). Cost-effectiveness of electronic training in the Domestic Violence Risk Assessment: ODARA 101. *Journal of Interpersonal Violence*, DOI: 10.1177/0886260514539762.

incident. The remaining 7 clients had offender risk scores only. For these 7 clients the scores ranged from 0 to 5, and fall within the lowest 3 categories of risk. For the 11 clients for whom offender risk scores were recorded, the scores ranged from 2 to 10, with the majority falling within the mid-range risk scores. No clients had scores in the lowest or highest risk categories. The frequency of offender scores is provided in Table 13, below.

Table 13: Frequency of Offender Scores on the Ontario Domestic Assault Risk Assessment

ODARA Score Category	Frequency	Percentage of Clients in Score Category
0 to 1	0	0
2 to 3	4	36.4%
4 to 5	3	27.3%
6 to 7	2	18.2%
8 to 9	1	9.1%
10 to 11	1	9.1%
12 to 13	0	0

ODARA score analysis is limited by the few cases for which scores are available, however the mid-range scores for these clients support the conclusion that some clients, and their families, may require specific intervention services that take account of their higher risk or histories of more frequent offending. Given that many risk scores were not available, and many occurrences of family violence go underreported, case by case assessment of client and family needs for services should not be based on assessment tools or historic occurrences alone. The current practice of individual case assessments conducted at the time of intake provides the best opportunity to appropriately refer clients and their families for intervention services. In the next phase of this study, we will aim to include risk assessment information held by Gandhi Nivas and Sahaayta.

Part IV: Re-offending Analysis with NZ Police Recorded Family Violence Offences

Police Data: Inclusions in Re-offending Analysis and Measures of Reported Re-offending.

For examining patterns of re-offending after intake at Gandhi Nivas, we have identified all family violence indicated offences before and after intake. Since there are also recorded Breaches of Protection Orders and Failure to Comply with Safety Order offences that are not indicated as family

violence, but are specific to situations in which there is a risk of family violence we have also included offences in these categories.

Analysis of re-offending or recidivism is often intended to provide answers to questions about the effectiveness of interventions to prevent crime or rehabilitate offenders by identifying how frequently offenders commit offences after the intervention in comparison to their pre-intervention offending. However, measures of actual re-offending are problematic because it is widely recognised not all re-offending is detected by police or sanctioned by courts and measures using police or court records will underestimate the extent of re-offending in general (Ministry of Justice, U.K., 2012)¹⁰. In relation to domestic violence it is well documented that the majority of incidents are not reported to police (Denne, Coombes & Morgan, 2013; Fanslow & Robinson, 2004)¹¹. The most recent New Zealand Crime and Safety Survey (Ministry of Justice, 2015)¹² found that 24% of Intimate Partner Violence incidents and 24% of Family Violence incidents not involving partners were reported to police. For all kinds of Family Violence, 76% of incidents were not reported to police. Thus police records of Family Violence offending will underestimate incidents of actual offending.

For all re-offending, the New Zealand Justice sector is proposing to follow international precedents for measuring proven, rather than actual re-offending (Sullivan & Povey, 2015)¹³. In our analysis of family violence re-offending we have modified this approach, accepting that police records of family violence incidents do underestimate actual incidents but none-the-less provide useful preliminary information on the effectiveness of early intervention services provided to through Gandhi Nivas. In the final section of our analysis we have adapted measures of proven re-offending recommended by the Ministry of Justice, U.K., for the purpose of comparing recorded offending before and after intake at Gandhi Nivas.

¹⁰ Ministry of Justice, U.K. (2012). *Proven re-offending statistics: Definitions and measurement*. Ministry of Justice: United Kingdom.

¹¹ Denne, S., Coombes, L., & Morgan, M. (2013). *Evaluating the effectiveness of programmes and services provided by Te Manawa Services: A community intervention into family violence*. Palmerston North, Aotearoa/NZ: Massey University.
Fanslow, J. L., & Robinson, E. M. (2004). Violence against women in New Zealand: Prevalence and health consequences. *New Zealand Medical Journal*, 117(1206).

¹² Ministry of Justice. (2015). *2014 Crime and safety survey. Te rangahau o Aotearoa mō te taihara me te haumarutanga 2014. Main findings*. Ministry of Justice: Wellington, Aotearoa/New Zealand.

¹³ Sullivan, C., & Povey, L. (2015). *Measuring re-offending with court data: Proposed Tier 1 specification. Justice Sector Working Paper*. Retrieved from: <http://www.justice.govt.nz/publications/global-publications/m/measuring-re-offending-with-court-data/>

Client Involvement in Family Violence Offences

Of the 97 clients with matched NZ Police Records, 57 clients (58.80%) had no record of Family Violence offences before, at or after intake at Gandhi Nivas. Thirty-four had records of Family Violence offences prior to intake and 4 had records of Family Violence offences only around the time of their intake. Thus, for the purposes of a cohort of prior offenders for comparison with re-offending, we have included those 38 (39.2%) clients with records of offences at or before intake.

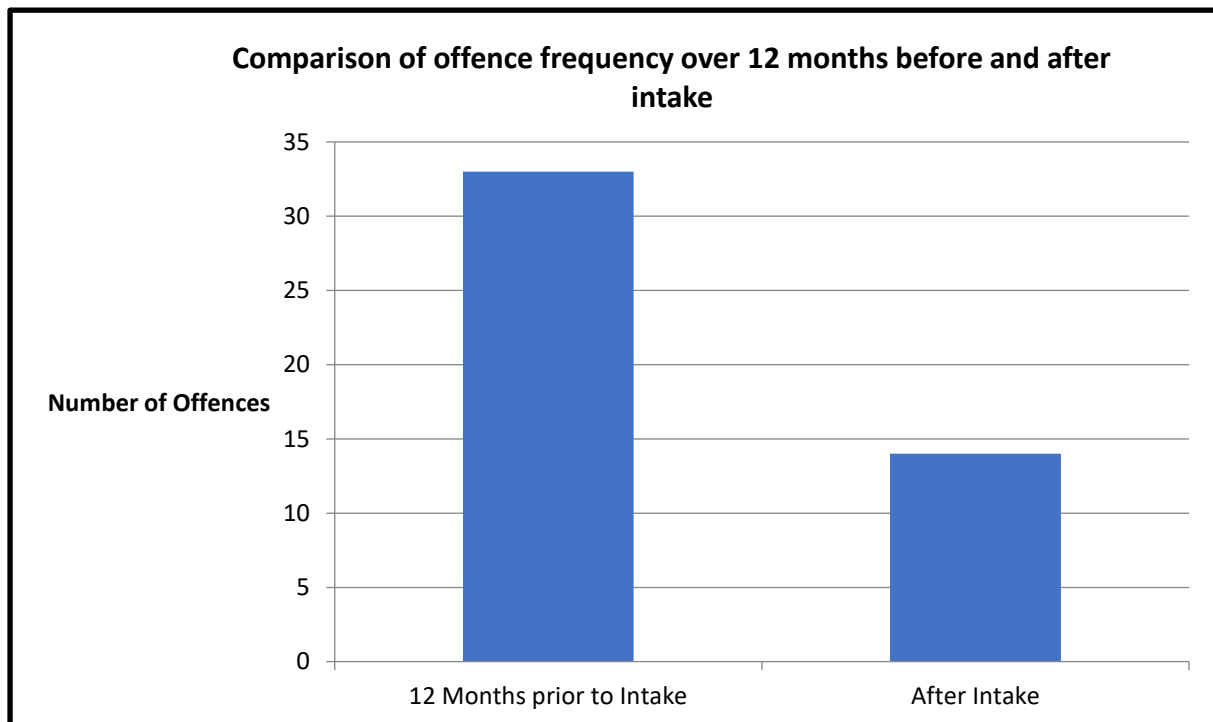
The prior offending cohort was responsible for a total of 162 Family Violence offences over 11 years prior to intake and 8 offences around the time of intake. The inclusiveness of all prior and intake offending recorded in Police data provides a comprehensive background of prior offending for the purposes of comparison. However, such comprehensiveness also risks confusing offending trends with other characteristics of change over time: for instance, both older and New Zealand born men in the cohort may have longer histories of reported Family Violence offending than those who are younger or recent immigrants. While the data shows that over the years more than 12 months prior to intake the number of recorded offences committed by this cohort increased, as illustrated in Figure 11, below, both age and migrant status could be affecting this finding.

Figure 11:



In the 12 months prior to intake including around the time of intake, 16 clients were responsible for 33 Family Violence offences. This data is less influenced by confounds of age or migration amongst clients, and serves as a raw data comparison with post-intake offending. After intake, 7 clients offended with 14 FV offences recorded. Therefore, the number of offenders involved in offending after intake is 43.75% fewer than in the twelve months prior to intake. Figure 12 compares the frequency of offending in the 12 months prior to intake, and after intake.

Figure 12:



There is a decrease in the frequency of offending after intake by 57.6%, which shows the beginning of a trend supporting the effectiveness of Gandhi Nivas’ early interventions services at reducing Family Violence offending. Recommended measures of re-offending, modified for recorded rather than proven offending, are provided in the next section to enhance the information provided by comparing the number of offenders and frequency of offences before and after intake.

Measures of Recorded Family Violence Re-offending

Client involvement in Family Violence re-offending

Three proportional measures of client involvement with offences prior to and after intake were undertaken with the current data set: the proportion of prior offenders who are recorded re-offenders after intake; the proportion of all offending clients who are post-intake offenders; and the proportion of all clients who are post-intake offenders.

Of the 38 clients in the cohort of those with prior offences, 5 (13.16%) were involved with post-intake offending. Two clients who had no previous records of Family Violence offences were responsible for 7 of the post-intake offences. So the overall cohort of offenders included 40 clients

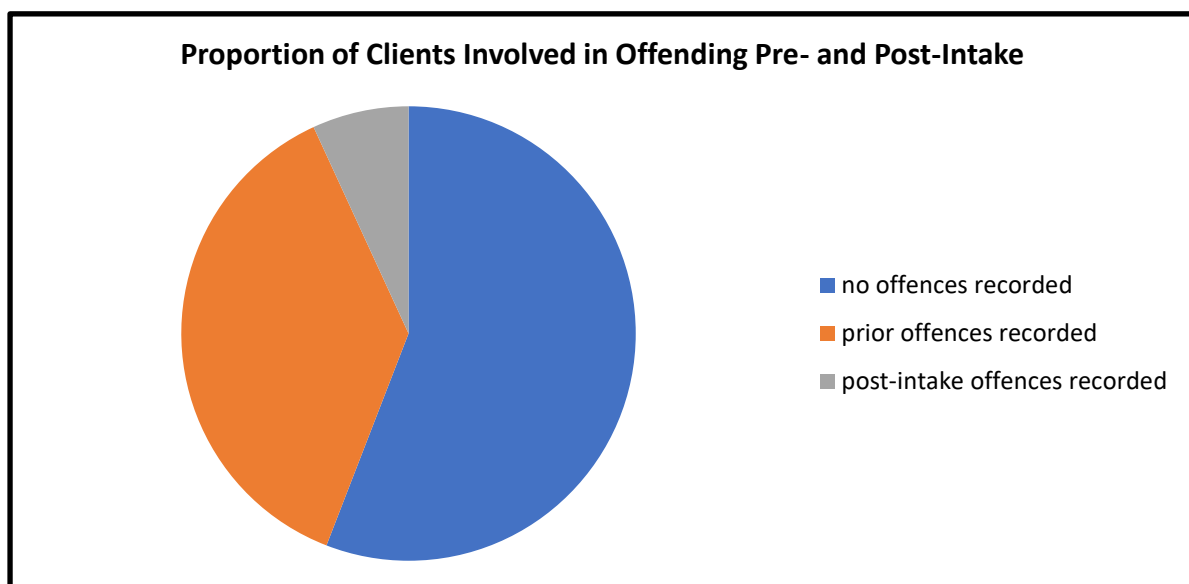
and 7 (17.5%) of these clients had records of offending after intake. The total number of offenders after intake as a proportion of all clients is 7.2%. These proportions are shown in Table 14 below:

Table 14: Client involvement with Family Violence offences: Proportional measures of re-offending

Proportion of prior offenders who are post intake re-offenders	13.16%
Proportion of offending clients who are post intake offenders	17.50%
Proportion of all clients who are post intake offenders	7.20%

The proportion of clients offending after intake is less than 15% of those in the cohort of prior offenders, and less than 20% of all offenders. As a proportion of all clients involved in the first 12 months of Gandhi Nivas’ provision of services, post-intake offenders comprise only 7.2%. Figure 13, below illustrates the proportions of all clients involved in offending pre- and post- intake.

Figure 13:



On each of these measures there is a decrease in the involvement of clients in Family Violence offending after intake. Overall, 40 clients had records of offending prior to or after intake, and 7 had records of offending after intake: a decrease of 32%.

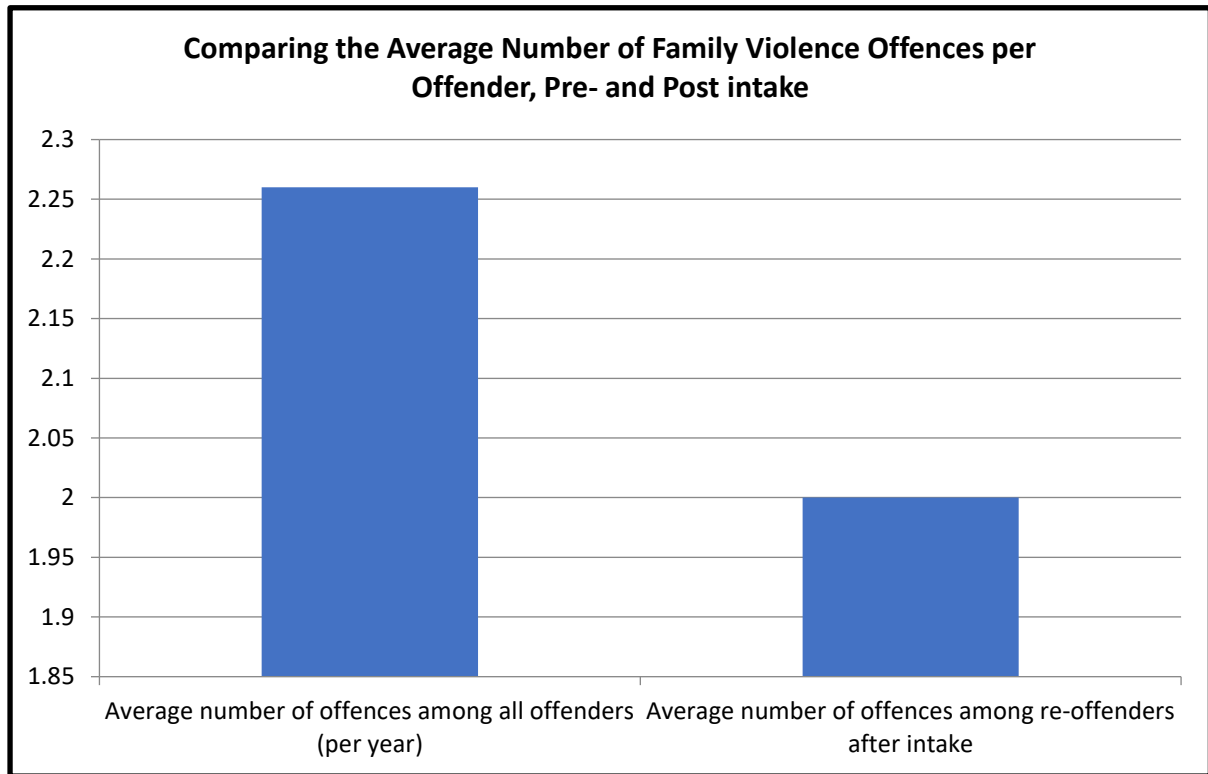
Pre- and post-intake Family Violence occurrences and offences

Three proportional measures of pre- and post- intake offending were also undertaken with the current data set: the average number of offences, annually, among prior offenders and post-intake offenders; the average number of occurrences, annually, among prior offenders and among post-

intake offenders; and the average number of offences per occurrence, annually, among prior offenders and post-intake offenders.

Across all years prior to intake, the average number of offences annually per offender was 2.26. Post-intake, the average number of offences was 2. Figure 14 illustrates this comparison:

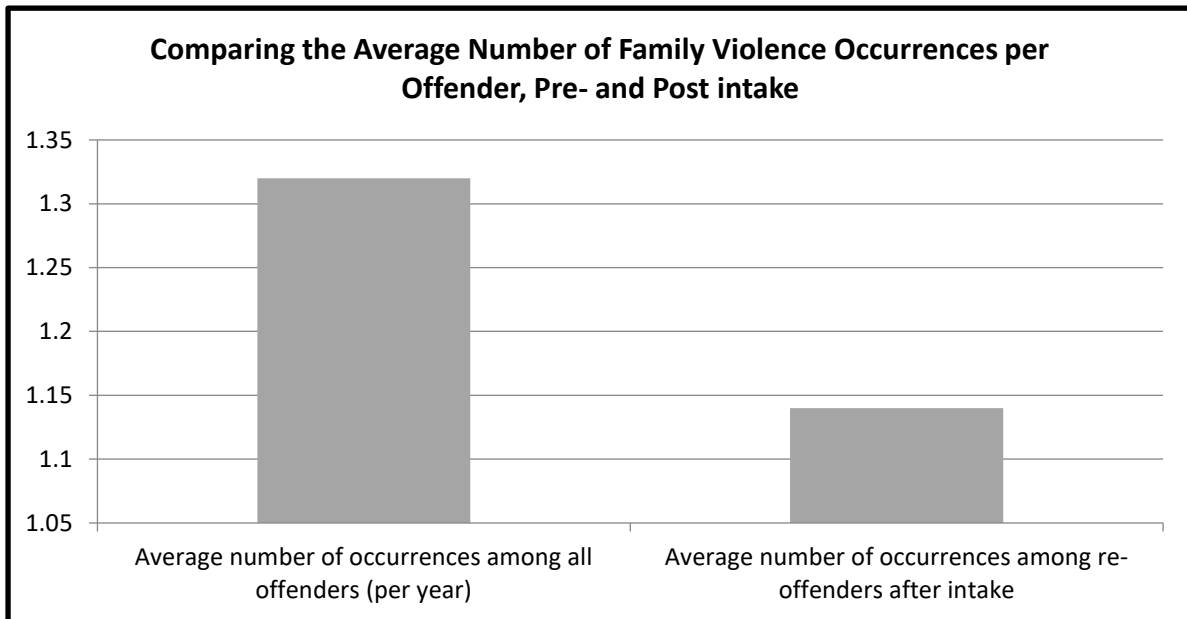
Figure 14:



The comparison of average recorded offences prior to and after intake shows an 11.1% decrease in the number of recorded offences.

Across all years prior to intake, the average number of recorded Family Violence occurrences per offender was 1.32. The average number of recorded Family Violence occurrences per offender post-intake was 1.14. Figure 15 illustrates this comparison:

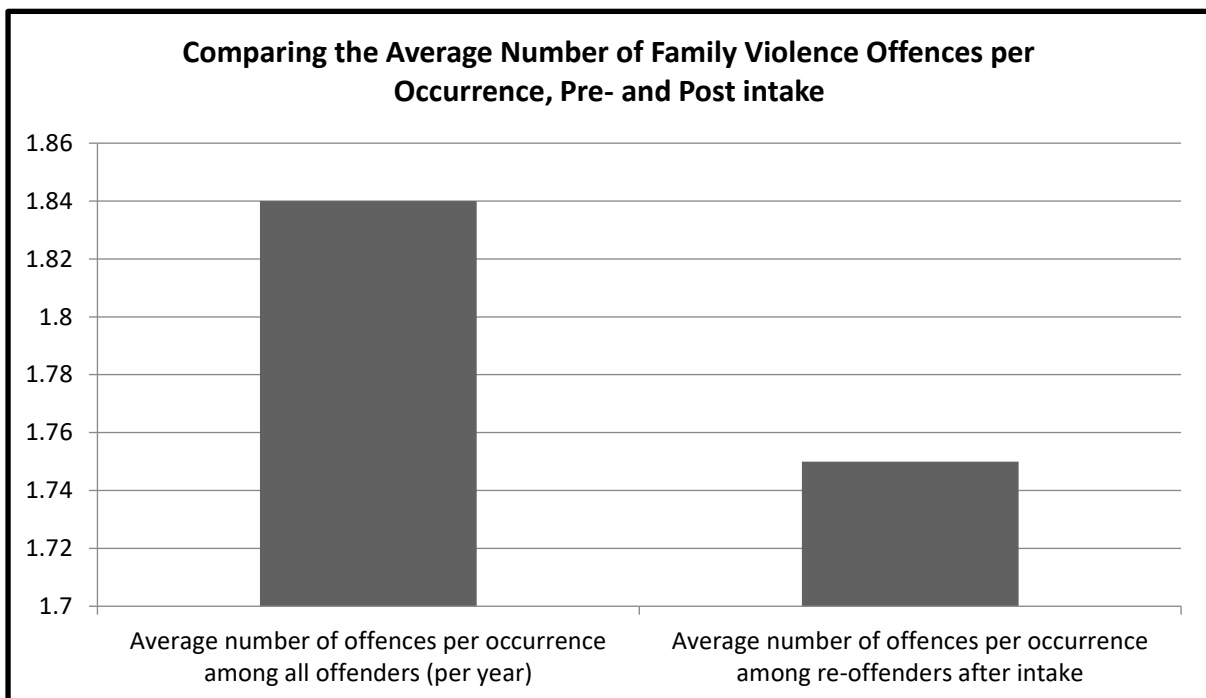
Figure 15:



The average number of occurrences involving offenders decreased after intake by 13.6%.

Across all years prior to intake, the average number of recorded Family Violence offences per occurrence was 1.84. The average number of recorded Family Violence offences per occurrences post-intake was 1.75. Figure 16 illustrates this comparison:

Figure 16:



In the case of the number of offences associated with each Family Violence occurrence, the decline after intake is 6%. For each of the measures of recorded offending there is a clear decline between averages pre- and post- intake.

Conclusions

We have not conducted statistical tests of significance between the pre- and post- intake measures of recorded offending because we have insufficient data in relation to the whole client cohort for 12 months after intake. Recommended measures of repeat offending should be undertaken with records over a one year follow-up period (Ministry of Justice, U.K., 2012). Only two of the cohort of prior offending clients had intake dates that were a full year before the date at which NZ Police records were collected for analysis. The majority of this cohort (61.8%) was within five months of their intake date at the time the data was collected. Therefore, there is insufficient data for a robust analysis of the statistical significance of trends that are showing promising indications of reduced Family Violence offending after intake at Gandhi Nivas. We propose developing a full baseline for measuring reported re-offending by undertaking a follow up study later in 2016 when a dataset for more than 100 Gandhi Nivas clients who are 12 months or more from their first intake date could be provided.

Nonetheless there are clear trends towards decreased frequency in offending after intake at Gandhi Nivas. The number of offenders involved in post-intake offending was 43.75% lower than the number involved in offending for the previous twelve months, and there was 57.6% fewer offences after intake. Compared to all offending over the previous eleven years, on average after intake 11.1% fewer offences were recorded on 13.6% fewer occurrences, and each occurrence involved 6% fewer offences.

Where to Now?

Summary of Findings

It is already clear that Gandhi Nivas and Sahaayta meet best practice criteria for family violence interventions in operating as community based, culturally sensitive, collaborative partners in coordinated early responses to family violence within their community. Our statistical analysis shows that Gandhi Nivas has rapid response times to referrals from NZ Police, and only those who do not engage when referred have intake dates later than the same date as the referred Police matter. Services and referrals are appropriate to meet the immediate needs of men who have been bound by PSOs or otherwise come to Police attention for family violence matters. Gandhi Nivas is also referring men to services appropriate for different life stages, domestic relationships and from the ethnic groups for which they were initially established.

In the first year of operation 58.8% of Gandhi Nivas clients matched to NZ Police records had no Family Violence occurrences or offences recorded with 39.2% having records for these offences prior to and at intake. After their intake date, only 7 clients (7.2%) had records of Family Violence occurrences. We have noted a trend in the reduction of the number of offenders involved in Family Violence offending (57.6%), as well as reductions in the number of occurrences involving police, and the number offences associated with those occurrences. While we do not have sufficient data to examine pre- and post-offending trends for statistical significance, the data from the first year of Gandhi Nivas' operations show positive trends towards reducing family violence offences among this cohort.

Although problems of underreporting generally, and a small number of cases (5.8%) that could not be matched with detailed NZ Police data in our study, caution against drawing conclusions about client offending patterns at this early stage in the development of the services provided by Gandhi Nivas, it is evident that many clients have come to the attention of the Police for the first time in the occurrence that led to their intake at Gandhi Nivas. There are also a smaller number of clients with longer records of Police matters associated with family violence, as well as family violence offences. The current practice of individual intake needs assessment for clients provides the best opportunity for appropriate referrals and interventions for all clients.

Our statistical description of the first demographic characteristics and patterns of occurrences recorded by NZ Police for clients referred for intake to Gandhi Nivas in its first year of operation provides limited evidence for future evaluative comparisons, and we have some suggestions with

regard to further data collection that would enable us to extend and enhance our analysis in a second phase of this study. In particular we will seek further information from records held by Gandhi Nivas and Sahaayta on:

- Client relationships with victims and persons at risk including gender of siblings, children and parents at risk of client offending;
- Migration dates for immigrant clients;
- Intake dates missing from the current data set;
- Risk assessment information;
- Information on client engagement with referrals and intervention services.

We will also explore data sources for further information on clients' income brackets, beneficiary status, dependents and other household members' income and employment status would assist with ongoing monitoring of service effectiveness by allowing us to distinguish whether there are systematic differences affecting outcomes among those who are beneficiaries and those who are depending on other household members' income and employment status.

To establish a robust baseline for future monitoring of reductions in Family Violence offending we will also seek further data from NZ Police. In particular, we will request access to information on:

- reported occurrences that do not result in records of offending ensure that all occurrences involving reported family violence incidents are included in our analysis;
- client offending towards the end of 2016 when it will be possible to gather data for a cohort of more than 100 clients whose intake dates are more than 12 months from the time of data collection.

Limitations of Study One

The ongoing assessment of the impact of Gandhi Nivas and the services available to clients and their families will be more robust when it is founded on extended the data collection in the next phase of statistical analysis. Nonetheless, quantitative data is limited for evaluation purposes in relation to family violence interventions. There are difficulties with statistical measurement and typical measurement scales have been criticised because they do not take account of different people's understandings of domestic and family violence. Standardised measures and the categories used in operational databases like the NZ Police database cannot account for the way in which stereotypes or stigma may affect people's different responses to the questions they are asked (see for example,

critiques of the use of the Conflict Tactics Scale for measuring intimate partner violence: Stark, 2010¹⁴).

One of the most significant shortfalls of the statistical evidence available to us is that it cannot provide insights into the relationship between reported repeat occurrences and the safety of family and community members. While very few clients (7.2%) had recorded NZ Police family violence offences after intake at Gandhi Nivas, the offending records were unable to provide any insights into the specific circumstances of these clients. When we sought further information from key informants in relation to these clients and it became apparent these 7 men had refused referrals to early intervention services that were offered to them at the time of their first intake. The only client with a record of more than one family violence occurrence after intake had subsequently returned to Gandhi Nivas, accepted referrals and is currently engaging with appropriate intervention services. Another client had subsequently engaged with an alternative agency providing intervention services. Gandhi Nivas stakeholders are investigating new ways of engage with clients who initially refuse referrals.

Key stakeholders qualitative accounts of re-offending clients' willingness to engage the services to which they are referred are crucial for enhancing our understanding of the effectiveness of those services. Further qualitative data is needed to evaluate whether the intervention services provided by Gandhi Nivas and referrals to Sahaayta for culturally specific intervention work are preventing further offending or influencing re-offending from the perspectives of those who experience violence within their families and households.

Study 2: Formative and Process Evaluation

For the purposes of formative and process evaluation related to the establishment phase of Gandhi Nivas our second study will use qualitative methods to address the following research questions:

1. How did the collaboration to establish Gandhi Nivas come about?
2. How do those involved in the collaboration understand the service mission and its function in early intervention to prevent violence in families?
3. How does the collaboration recognise and resolve issues involved in establishing and maintaining the service?

¹⁴ Stark, E. (2010). Do violent acts equal abuse? Resolving the gender parity/asymmetry dilemma. *Sex Roles*, 62, 201-211.

4. How is the collaboration dealing with ongoing issues that affect service delivery?

The second study also aims to produce criteria for further evaluation that is based on the experience and expertise of those key stakeholders and front line workers involved with Gandhi Nivas and Sahaayta. Data collection and analysis for this study is underway.

In the longer term we will work with key stakeholders at Gandhi Nivas, Sahaayta and their community network to undertake research with clients and their families so that we are able to integrate the voices of those most seriously affected by the issues Gandhi Nivas has been established to address.