



Gandhi Nivas

Serving our families

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

Study Two

Establishing Gandhi Nivas: A process narrative of stakeholders' experiences



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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

Family Violence in Aotearoa New Zealand

This report concerns the establishment of Gandhi Nivas, a community collaboration with New Zealand Police to develop early intervention services for men bound by Police Safety Orders (PSOs), and women and children in their community who are experiencing violence. Gandhi Nivas has been established in a context where family violence perpetrated by men against women and children is recognised as a serious social problem. Aotearoa New Zealand has high rates of violence in our homes that affects the wellbeing of all our communities.

Men are referred to Gandhi Nivas by police attending family violence occurrences. The collaboration provides a home for men who are unable to return to their own homes because they are subject to Police Orders designed to protect their families from harm. If the men decide to stay with Gandhi Nivas, social work and counselling early intervention services are available for them. Their families are also contacted and offered support.

A previous statistical study of reoffending among Gandhi Nivas clients in the first year of operation (Morgan & Coombes, 2016) showed positive trends for decreasing family violence offending through early intervention services. Our inquiry into the process of establishing Gandhi Nivas aims to better understand the strengths, challenges and needs of Gandhi Nivas as a collaborative community initiative for family violence intervention focusing on immigrant, especially Southeast Asian communities in Counties Manukau.

The Establishment Study

The current study was a qualitative inquiry in which the lead author spoke with stakeholders involved in establishing the collaboration in one-to-one interviews. Taking an ethnographic approach to understanding Gandhi Nivas, Leigh moved in and through the landscape of Ōtāhuhu, spending time in the homes and communities of Gandhi Nivas, and in the workplaces of stakeholders who participated in interviews. Interviews were transcribed and thematically analysed to provide a narrative account of the Gandhi Nivas establishment process.

Our analysis identified themes of *Harm, Diversity and Dis/Trust* that concerned the actions of bound men and their engagement with Gandhi Nivas. These themes accounted for complex social conditions, diverse cultural identities, and relationships of distrust and trust with Police and early intervention services. They provide a background of understanding what stakeholders bring to the work of early intervention for family violence. *Points of Difference* and *Operational Matters* thematically focused more on how Gandhi Nivas operates than the clients' or communities they service. These themes concerned the ways in which Gandhi Nivas differs from other providers and the operations of the organisation that are specific to their points of difference. From the thematic analysis we created a story of Gandhi Nivas' process of establishment, from the inspiration for the idea, to the first twelve months of operation.

Establishing Gandhi Nivas

New Zealand Police initiatives in data gathering on Protection Orders and establishing the South Asian Advisory Board (SAAB) to strengthen community relationships with police preceded the conversations that led to Gandhi Nivas. The police initiatives provided the conditions that enabled conversations among stakeholders concerned for the wellbeing of their communities and police concerned to reduce family violence occurrences. With the Police Commissioner listening and those who understood the dynamics of mistrust between police and South Asian ethnic communities consulted, relationships were strengthened and the beginning of collaboration to reduce family harm was inspired.

Cultural expertise became crucial to understanding the conditions in stakeholders' communities, including their knowledge of the precarity of many people's lives. Immigrants may be unfamiliar with Aotearoa New Zealand family violence law, and community education is needed. The overrepresentation of Southeast Asian men among sexual violence and harassment offenders troubled stakeholders and prompted conversations about interventions that might be helpful as early as possible when men come to police attention.

Engaging men with appropriate services when they were issued with a PSO became a priority. Repeatedly, the need for accommodation for men who cannot return home was raised in discussions about possible collaborations with police. A residence was proposed,

with the idea that it would also be a site for offering and engaging men in services to reduce violence and improve safety in their homes.

From its conception, Gandhi Nivas was different from other services, as a New Zealand Police and community partnership to provide culturally appropriate services for the whole family, while a man bound by a PSO is staying at a safe residence. The residence is crucial, yet the key component of the early intervention is the connection between police referrals and counselling services. Social services and counselling extend the work of early intervention beyond the PSO itself. Providing these services was critical to the development of the partnership between community and Police.

Discussions among community networks about possible providers for Gandhi Nivas services, found most community organisations without the resources to contribute to the initiative. Sahaayta Counselling and Social Support (Sahaayta) entered the collaboration as an opportunity to enhance services within their communities.

Stakeholders contributing to the story of Gandhi Nivas are multi-disciplinary in their professional expertise. They bring various experiences of immigrant communities among whom they live and work. They are multi-lingual and ethnically diverse. Among them, they share an understanding of the social determinants of health (Friel & Marmot, 2011): the conditions of people's lives that enable wellbeing, security and safety. Stakeholders appreciate how material circumstances (housing, access to food and work), psychosocial circumstances (stressors, social support), behavioural factors (drinking, smoking, physical activity) are implicated in the conditions of their clients' lives. Domestic violence is interpreted in many forms: physical, emotional, sexual, spiritual, financial and coercively controlling. For their communities, stakeholders also appreciated the challenges of migration since the differences between countries of origin and destination are significant for new settlers. Underemployment and unemployment disproportionately affect stakeholders' communities. Migration becomes more financially and socially complex among those for whom remittances to families at home are expected, and often needed. Language barriers and mistrust of police, social stigma and family shame create even more difficulties in contexts where police are investigating family harm. Police intervention may be misunderstood, and shame inhibits reporting. Stakeholders also appreciated how social

norms often involve heavily prescribed gender roles and norms of masculinity may leave men without emotional skills and using violence to control family members. Counselling and programmes are needed to support men with change towards healthy and safe relationships. Having a residence where men can go when police intervene means that women and children can safely remain at home and have counselling and social support services available to them too.

Social support offered through Gandhi Nivas was inspired to provide practical help with finding employment or appropriate legal or health services. Education about the law is important, as are meals and clothing and blankets. Relationships among services within the community are vital. Alcohol and drug services are particularly important, and addressing mental health issues is critical for some men and their families. Stakeholder participants understood that social inequalities exacerbate health problems, mental health concerns *and* violence in families. Their perspectives and their cultural expertise inspired the concept of Gandhi Nivas as a residence with access to services for men and a site for connecting with women and children in the community to offer support for them becoming safer as they stay in their homes.

A Home Secured

Initially there were no resources to establish the residence or offer the services. Negotiations among community members lead to fundraisers and donations, including volunteer service provision to enable the idea to materialise. It was an important time for working together, and once the home was secured, the set up still took the time and energy of many stakeholders and volunteers to reach the stage where referrals from Police were accepted. Gandhi Nivas had been operating for a year when the interviews were conducted, and the early struggles to create the home had been overcome, the necessary resources found through community sharing and care.

Key to the work of the home was the partnership between the Police and Sahaayta, who were providing social and counselling services to men in the home and to their families. Early work of the collaboration included education for police officers to orient them to the new initiative and referrals increased as the relationship developed.

As well as offering accommodation to men bound by PSOs, Gandhi Nivas made beds available for men on bail who could not return home, and for men who self-referred to seek help from harming family at home. From stakeholders' perspectives, self-referrals indicate the community need for the support being offered by Gandhi Nivas.

Since those who are working with Gandhi Nivas also understand that most family violence is not reported to the police, they are aware of the significance for the family when police are involved. There are personal and social consequences for men, women and children in the family once police attend their home and issue an order to protect the women and children. When men are referred to Gandhi Nivas, there is an opportunity for support to be provided to reduce harms.

Coming to Gandhi Nivas

After police remove men from their homes and bring them to Gandhi Nivas, the men are welcomed by a social worker and given an opportunity to sit down and talk. Often men don't understand why they've been referred to Gandhi Nivas and they are relieved to find it is not like a prison, where they must remain. They can leave if they choose to. The provisions of their orders are explained to them, and since they can't go home, Gandhi Nivas provides them a safe place to stay.

Early Intervention Praxis

The social worker who greets men in the home serves a crucial role in early intervention to educate men who don't understand that family harm violates Aotearoa New Zealand law. Helping the men to realise they cannot return home when they are bound by a PSO begins a process of providing professional services for men who chose to stay and take opportunities for change. Men often feel vulnerable when they first arrive, and having the choice to stay reassures them they are safe. The social worker assesses the men's needs and asks about the history of family harm. Usually, it is necessary to explain that threatening behaviour is also against the law. Assessments of the men's safety are followed with family safety assessments to take account of the victims' perspectives too. Safety planning is a priority with families and needs for counselling and social support are evaluated during home visits by Sahaayta staff.

Staff expertise in their communities enables them to adapt programmes or tailor interventions for specific families, facilitating understandings of the cultural and social norms in which their clients are embedded and the home countries from which they have migrated. Often the chance to stay at Gandhi Nivas provides time for reflection and learning about legal requirements for family safety in Aotearoa New Zealand. Men often open up to social workers and appreciate the shelter and support they're provided.

Gandhi Nivas takes a pro-active approach to change and engaging with the whole family can prove helpful, allowing follow up social support or family counselling when men do return home. The support offered is professional, and counselling is multi-faith and multi-lingual. Staff also work towards resourcing change through community connections, alongside providing practical help with employment applications or housing needs. Referrals to other organisations or services are offered, which acknowledges needs for specialist services beyond Sahaayta's expertise. Sahaayta follow up with referrals to ensure they are meeting clients' needs.

Initially designed for South Asian men in particular, Gandhi Nivas quickly opened their doors to all men. Staff will seek the right match for services and men in their communities as needed. Community relationships and connections support the social service work of Sahaayta, and after referrals there is follow up with the men and their families to make sure they are well supported.

Sahaayta creates a caring environment in which to work with men and their families. Respect and dignity for clients are vital to the open, flexible, 24/7 care for those for whom family violence intervention is an urgent need.

Nonetheless, beyond the establishment phase, the early intervention praxis of Gandhi Nivas is challenged by funding and recruiting volunteers and staff. Stable funding often depends on Government contracts. Often contracts do not include the range or scope of work that Sahaayta undertakes with Gandhi Nivas clients, whether in the home or the community. To avoid shortfalls in practice, volunteers are needed to undertake follow up work and support ongoing safety.

Inter-agency responses need careful negotiation to manage the different purposes and protocols of different organisations. Sahaayta listens to clients' feedback on referrals through follow up interactions. Their ethical approach puts clients' needs first, and prioritises a dignified, respectful response. At times, finding the best support for clients from specific ethnic communities is challenging, and may not be available locally.

Social workers and counsellors with Sahaayta need to work flexibility with clients from different communities. At the home, there are fluctuations in the intake of men that means the social worker needs to be flexible in their availability. In the community, responses to women and children need to be flexible too. Safety planning with families often involves Protection Orders and education on their use, with Sahaayta supporting women who decide to report breaches. Women have different needs and aspirations and Sahaayta support them however they decide to improve their safety at home.

The praxis established in the first year of Gandhi Nivas crucially depends on collaboration with police who refer men, and bring them, to the home. Early intervention involves police responsiveness to protecting families from harm. Respectfully working together, the Police and Sahaayta engage the work of early intervention collaboratively.

Early intervention success?

The home and praxis established by Gandhi Nivas during their first year of operation has launched a unique early intervention grounded in local expertise. From different perspectives, the stakeholders would assess the success of their work in different ways. Although a statistically small sample of men were clients during the first year, Gandhi Nivas has already influenced the lives of 100 families. Success for the stakeholders depends on the experiences of their clients in becoming safer and living more securely. Clients' volunteering to stay at the house and/or taking up opportunities for programmes or counselling are most important as an indication of success for the stakeholders. Client engagement is crucial.

The emergence of a praxis of peace and care predominates the story of how Gandhi Nivas was established. Now a flourishing network of collaborations working together, the partnerships create an innovative, early intervention praxis that focuses on meeting needs

in the context of specific communities where the social determinants of health inequalities are interwoven with inequalities in patterns of family harm.

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Family Violence in Aotearoa New Zealand

While the past century has seen a transformation of women's rights and legal entitlements, gender-based family violence continues to be widely recognised as a significant global social problem that affects people from all demographic, racial, ethnic, and sexual orientation groups. This is of particular relevance in Aotearoa New Zealand, where patterns of historic colonial settlement and contemporary immigration produce a specific form of ethnic 'superdiversity' in Tāmaki Makaurau, the populous city of Auckland (Spoonley, 2015). Despite the work of communities and successive governments over the past four decades, Aotearoa New Zealand has an excessively high rate of family violence against women among OECD countries (UN Women, 2011) that has shown no decline in prevalence evidence this century.

However, recognition of the extent of family violence as a social problem is both complex and controversial. For example, the concept of family is multifaceted. In many traditional Eastern and Pacific cultures, families are conceptualised as super-organic structures that extend across generations in both the past and the future, whereas Western cultures often refer to the archetypal family in terms of a heterosexual two-parent nuclear household (for further discussion, see Anyan & Pryor, 2002; Cowley, Paterson & Williams, 2004; McCarthy & Edwards, 2010; Yamashiro & Matsuoka, 1997). Similarly, there is a complexity of terms used to describe or define family violence. These are often used inconsistently and analysed data is not always comparable. Population level studies are rare, and data is often collected from operational databases that change as operational policies and procedures change and are not designed for research (for further discussion, see Gulliver & Fanslow, 2012).

Nevertheless, such sources remain the best available indicators of the scope of the problem. Data released by New Zealand Family Violence Clearinghouse (NZFVC) in 2017 show that there were 118,910 family violence investigations undertaken by New Zealand Police in 2016. This is an increase in the number of investigations undertaken by Police of nearly 8% over the previous year. In over 60% of investigations in 2014 at least one child under the age of 16 years was linked to the investigation (NZFVC, 2017). Police data also show that physical assaults on women where the offender is identified are overwhelmingly committed

by family members (77% in the 12 months to end March, 2017). Only 8% of assaults were committed by strangers (NZFVC, 2017).

These data provide compelling evidence of high levels of domestic violence in a population of around 4.5 million people, however Police estimate that barely 20% of family violence incidents are reported to them (Family Violence Death Review Committee, 2014), and this highlights a dark side to family life in Aotearoa New Zealand. Every minute of every hour, every day of the year, an incident of violence takes place in our homes.

Although family violence respects no demographic boundaries, and despite the compelling evidence in Police data, little research has been done in relation to family violence in migrant communities in Aotearoa New Zealand (Mayeda & Vijaykumar, 2015). Moreover, there is evidence to suggest that women are more vulnerable to family violence following their migration to Aotearoa New Zealand than local women in their countries of origin (Somasekhar, 2016).

The Establishment Study

The Report in Context

This research is part of a programme of studies concerning the development of a community-led project in Ōtāhuhu, Tāmaki Makaurau, that provides early intervention services for men who have been bound by Police Safety Orders (PSOs) and their families. Police Safety Orders 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 to assault, threaten, intimidate or harass the protected person, or retain possession of firearms or any firearm license for the period of the order – usually between one and three days, but up to five¹. An evaluation of PSOs (Mossman, Kingi & Wehipeihana, 2014) 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 or persons at risk. Gandhi Nivas was established in December 2014 to meet these needs.

Gandhi Nivas provides men who are bound by PSO or otherwise involved in Police matters related to family violence with temporary accommodation in a home for men, with support of a Social Worker at the time of their intake. They receive a meal and a needs assessment, with brief counselling at the Gandhi Nivas home immediately. They are also referred for early intervention counselling to Sahaayta Counselling and Social Support (Sahaayta) who provide community and psycho-social support for clients. Sahaayta aims to quickly engage with the men and their families and provide timely content-appropriate interventions. Other referrals to organisations and support services in the community are provided as indicated by the needs assessment, including Work and Income New Zealand (WINZ) and medical appointments, budgeting services, and access to legal services.

As a community-led culturally sensitive collaborative partnership in coordinated early responses to family violence, Gandhi Nivas and Sahaayta already meet criteria for best practice in achieving better outcomes for victims and perpetrators. Formal agreements in

¹ Since this research was first presented to Gandhi Nivas in 2017, the duration of a PSO extended to 10 days after the passage of the Family Violence Act (2018).

place between Sahaayta and New Zealand Police, and strong community leadership from Gandhi Nivas Board of Trustees, are consistent with recommended practices for effective coordinated community responses (Murphy & Fanslow, 2013). A programme of research in partnership with Massey University School of Psychology researchers provides another dimension in the commitment of key stakeholders at Gandhi Nivas to achieve effective interventions in their community.

The first study – Study One – provided a preliminary statistical description of the demographic characteristics and pre- and post- intervention patterns of family violence occurrences and offences recorded by New Zealand Police for clients of Gandhi Nivas between December 2014 and December 2015. The study provided an opportunity to observe trends in the patterns of clients’ police records and to pilot measures of repeated family violence occurrences and offences. Adapting measures of actual re-offending for use with police records rather than court data, we examined clients’ histories of coming to police attention for family violence related events before and after intake (Morgan & Coombes, 2016).

While the sample was too small and the follow-up period too short to draw confident conclusions, the pilot showed promising trends. For the 97 clients whose police records were available to Gandhi Nivas, police reports of repeated family violence show the number of offenders decreased in the year following intake at Gandhi Nivas by 44%. The frequency of offending decreased by 57.6% over the same time period. Most clients (59%) had no police records other than the binding PSO that was their reason for coming to Gandhi Nivas² (Morgan & Coombes, 2016).

Forming Gandhi Nivas

The current study is the second research step towards an evidence-based understanding of the Gandhi Nivas collaboration. In this study we undertake an analysis of the formative process of the early-intervention services provided by Gandhi Nivas in collaboration with New Zealand Police and Sahaayta. Qualitatively studying the establishment process of

² New Zealand Police refer around 10% of men bound by PSOs to Gandhi Nivas in the Counties Manukau police area. The men are not compelled to accept the referral or to accept accommodation and services at Gandhi Nivas. At the time of the first study, men were also sometimes bailed to the Gandhi Nivas home, or self-referred after a previous intake.

Gandhi Nivas enables us opportunities to better understand the strengths, challenges and needs of community initiatives in interventions that have positive outcomes for changing the harmful patterns of family violence affecting our communities.

This phase of the research aims to gather key stakeholders' stories of their involvement in the processes of establishing Gandhi Nivas, to provide multiple perspectives on

- how the housing and services were established;
- the issues facing the community-led initiative;
- the strengths that are brought to the collaborations and formal partnerships;
- challenges and needs for the future.

A further goal of the research is to identify possible consensus on stakeholder priorities for ongoing research to understand and enhance the successes of the initiative: to best understand what 'success' looks like from different perspectives amongst the collaborators.

Gathering Stories

Our approach to researching the experiences and perspectives of stakeholders at Gandhi Nivas is premised on valuing participants' expertise and knowledge of their work together. The principles we draw on are informed by interpretive and narrative research, which regards people as agentic and able to reflect on their own experiences. Engaging with people's stories of their experience is a means of reflection and co-creation of knowledge (Fine, 2017).

Prioritising the interpretive perspectives of participants involves becoming familiar with the everyday contexts in which participants are making sense of their experiences. Late in 2015, the research team was introduced to key stakeholders – members of the Governance Board, staff from Sahaayta, and Police who worked closely with governance and with the operation of the home. We were introduced to residents and their intake process, the facilitates in the home, and services available for clients and their families. We visited Sahaayta's off-site offices and counselling rooms, which are their base for providing services throughout their communities and we gathered in various stakeholder offices and local community sites. Through the process of meeting key stakeholders and engaging with them to develop research proposals, the research team began to appreciate the context in which Gandhi

Nivas was established, as well the scale and scope of community alliances formed through the establishment process. While they were conducting the pilot statistical analysis, Leigh and Mandy negotiated the current study with the Governance Board. We invited stakeholders we had come to know through our involvement with Gandhi Nivas since their first year of operation to participate in semi-structured interviews with Leigh reflecting on the establishment process to address the research aims.

For the current study, the first author, Leigh, travelled to Tāmaki Makaurau in November 2016, to immerse herself in the daily life of the Ōtāhuhu home and conduct interviews with seven stakeholders who agreed to participate. She also spent time in the ebb and flow of street life in the home's location. She stayed locally, ate locally, walked the streets in the mornings and evenings, noticing places and times where she was the only woman on the street, or where men gathered outside stores, in hotels, or wandered in groups through the urban landscape. She noticed where and when women shopped, where doctors, pharmacies or social services were located. Comings and goings around school times, when work ended, when people went home for the night, all provided background, often colourful, messy and loud, sometimes conflictual, mostly flowing peacefully; all part of the complex context within which Gandhi Nivas stakeholders worked to build early intervention services for violence prevention. Staying in a local hotel gave Leigh opportunities to witness groups of men, gathering to drink and gamble and sleep away from their homes (and sometimes stay away from Gandhi Nivas). Visiting local temples deepened understanding of the spiritual strengths of different communities, as well as socio-economic and cultural differences influencing conditions for and responses to family violence³. Through engaging within the community, as well as within the home or stakeholders' offices, the different contexts of stakeholders' everyday work became relevant background for understanding multiple perspectives on both the problem of family violence within their communities and the process of establishing Gandhi Nivas.

The seven participants who consented to interviews met formally for recorded interviews with Leigh in locations that were most convenient for them, often their workplace, which

³ All of the research team have been involved with the work of Gandhi Nivas while conducting research or engaged in meetings to plan and report on research.

was also sometimes the home in Ōtāhuhu. For between 1 and 2 hours, participants spoke with Leigh about their experiences of establishing Gandhi Nivas, how they understand the early intervention work and the clients, and the issues and challenges that they face in providing early intervention within their communities.

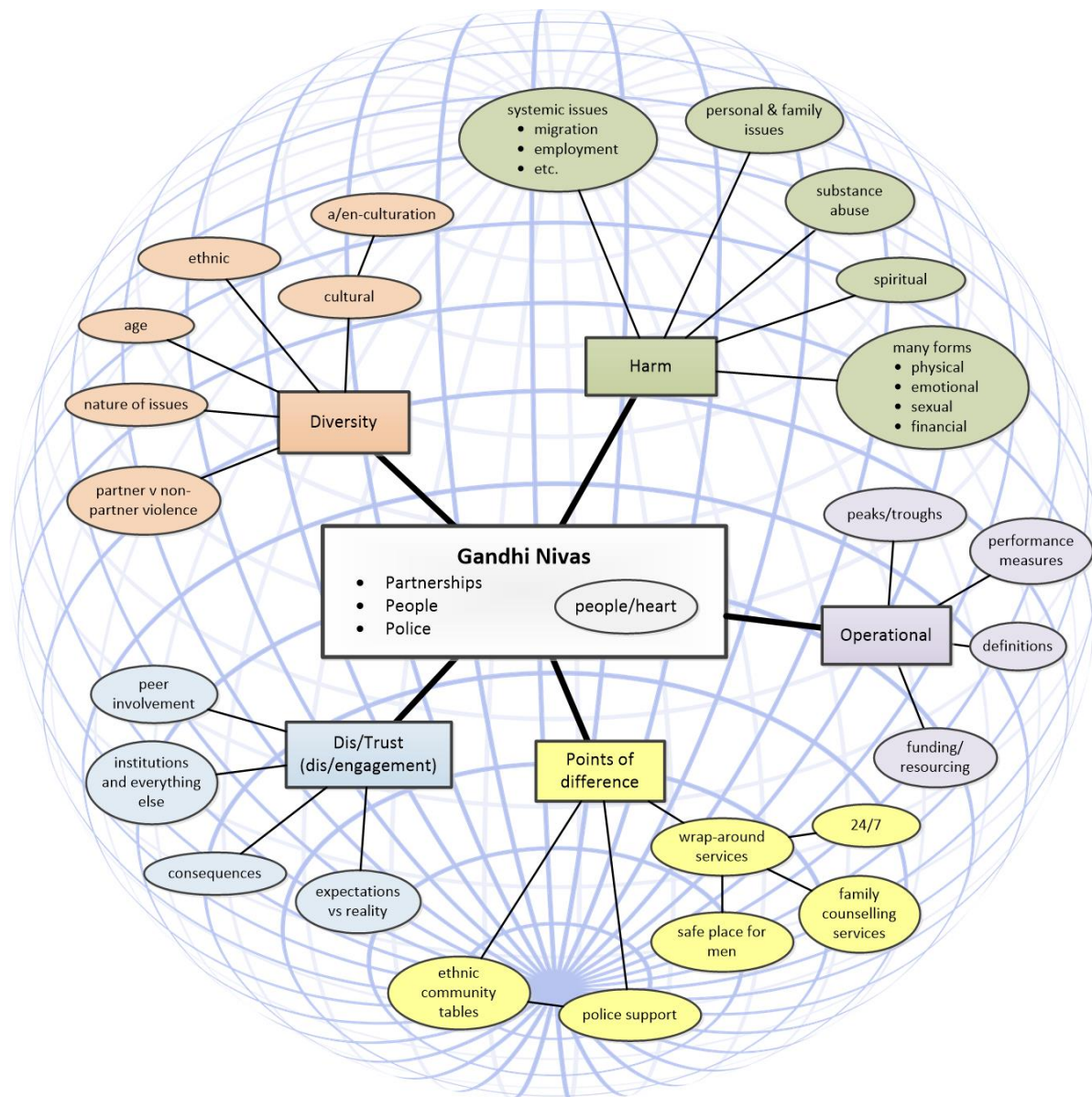
Meeting with stakeholder participants enabled Leigh to witness the everyday conditions in which participants worked to create Gandhi Nivas. Interviews were conversational, audio recorded and subsequently transcribed. Participants were assured that the researchers do all we can to protect their privacy, although we acknowledged that they may wish to share their participation with others they work with, and some may be known by their public role in the initiative. In preparing transcribed interviews for analysis, all explicitly identifying material was removed. Participants were given the opportunity to review their transcripts and asked to sign an authority to release the transcript for use in the research report. The transcripts were stored in secure electronic documents for analysis.

Thematic Analysis

Initially, we undertook a thematic analysis to address our research questions related to the establishment of Gandhi Nivas. Consistent with Braun and Clarke's (2006) recommendation, analysis involved multiple readings of the transcripts and comparing them with the original audio recordings for accuracy and nonverbal speech features (tone, laughter, long pauses). Some words are inaudible in the original recording, so interpretive processes relied on tone and context, as well as experiential understanding for clarifying meaning.

Analysis was carried out in a semantic approach, which systematically codes patterns of meaning in the transcripts to reflect the explicit content of the participants' stories (Braun & Clarke, 2006). In this approach the aim was to convey the experiences and perspectives of the participants as they told their stories in the interview process. Five recurring patterns were distinguished across the stories: three relating to clients and their engagement with Gandhi Nivas, and two that concern Gandhi Nivas' operational circumstances. These patterns, or master themes, coalesce through the partnership of people in the community with New Zealand Police. They also involve sub-themes that contribute to the story of how Gandhi Nivas came to be established and how the home and services are maintained. Our initial analysis is represented in Figure 1.

Figure 1: Five master themes and related sub-themes.



Three themes – *Harm*, *Diversity*, and *Dis/Trust* – relate particularly to accounts of the actions and trajectories of bound men and their engagement with Gandhi Nivas. These themes reflect on the harmful activities that bring men into contact with Gandhi Nivas, the complexities of engagement across diverse cultural identities, and the attitudes and actions of trust and distrust in processes of engagement with both Police and early intervention services.

Two other patterns also emerged and focus more on Gandhi Nivas than on those for whom the home and services were established. These themes – *Points of Difference* and

Operational Aspects – relate to discussions of the way that Gandhi Nivas differs from other service providers working in fields related to family violence, and to particular operational concerns that are specific to the organisation. These master themes also have various associated sub-themes which identify shared experiences across different participant interviews.

Creating the Narrative of Gandhi Nivas' Establishment

While the initial semantic analysis enables us to gather together meaningfully related participants' understandings of establishing and maintaining Gandhi Nivas, thematic analysis of this kind does not provide a summary of the similarities and differences in the data. Rather it is co-created storying of meaningful experiences shared through the research process. Thematic analysis is a flexible approach that draws attention to the researchers' role in qualitative research and ensures the analysis accounts for both the context and location for the project (Braun & Clarke, 2014). In acknowledging that the analysis is our interpretation and understanding of participants' stories, we have organised our report as a narrative of the emergence of Gandhi Nivas, from its conceptualisation to the year after the collaborative partnerships opened a home in Ōtāhuhu. The analytic story integrates relevant themes and subthemes with our ethnographic, experiential understandings of the context in which Gandhi Nivas works to address research questions on how the housing and services were established; the issues facing the community-led initiative; the strengths that are brought to the collaborations and formal partnerships; challenges and needs for the future. To ensure our report is respectful to both shared and specific stakeholder perspectives, we include participants' voices with direct quotations from transcripts attributed to their pseudonyms.

Initially, Gandhi Nivas was an idea, inspired by a conversation. The story begins with the situations in which the key stakeholders come together around the idea of local, culturally sensitive early intervention to address family violence. Their knowledge of their communities and their different perspectives on events and circumstances in which police attend family harm incidents, become common ground for their collaboration to act,

together. Partnerships were formed and formalised⁴, a residence secured⁵, a beginning made to practices of professional, culturally responsive advocacy and services for those men referred by police to stay as residents at the home of peace, and their families, who were able to stay in their homes in their communities while also accessing the support they needed from Gandhi Nivas. In the following analysis, we have heard the voices of those whose knowledge, experience and action created Gandhi Nivas, through a shared heart for addressing family violence in their communities.

⁴ As background for the preliminary statistical study, we reviewed documentation establishing the partnerships that serve as the foundation for collaboration amongst stakeholders. The documentation is confidential and cannot be provided as an appendix. It includes: a briefing to the Hon Minister of Finance on the agreement reached between Nirvana Foundation (Total Healthcare) and New Zealand Police; an agreement document between Counties Manukau Police and Sahaayta Counselling and Social Support; and a protocol document on the process of receiving a referral, developed by Police and Sahaayta.

⁵ The residence, a house close to town, it usually referred to as a “home of peace” with respect to the work undertaken in the home.

Establishing Gandhi Nivas

Conversations Around Tables

The story of Gandhi Nivas begins before any of the stakeholders have begun talking together, when the New Zealand Police were gathering data on Protection Orders among ethnic minority communities and Police Commissioner Mike Bush established the South Asian Advisory Board (SAAB). SAAB enabled police and key community stakeholders to engage in conversations about the conditions of policing in the Counties Manukau police area. In 2008, the Police Commissioner *“was listening to the ethnic voice which we constantly voiced at all our meetings as police in our home country are not trusted”* (Ashima).

The specific ethnic groups represented at SAAB were from migrant communities linked by regionally located home countries in South Asia. In these regions, stakeholders understood that police were *“corrupt people”* to whom *“you do not complain...because you get into a system which you can’t get out of, even if you are innocent”* (Ashima). Since trust in police was so *“minimal”*, Ashima spoke of the work undertaken by Indian Police Officers to build trust in the community. On one of the ethnographic visits to a Gandhi Nivas home, we were privileged to speak with an officer who had spent two years in the streets of Ōtāhuhu, building trust with shop owners and their customers. He and other police officers who were also members of migrant communities talked and negotiated and helped other advisory board members in their efforts to educate the people about the police system, and the police about the people of their communities. They came together at the table to *“make that a bit better, that the police are your friends, that you can and you will be safe with them”* (Ashima).

Making a difference is critically important to Ashima, who understands the precarious living conditions of many within her community. For instance, among the clients who came to Gandhi Nivas in its first year of operations, more than 50% were unemployed (Morgan & Coombes, 2016). When SAAB is presented with Police data on Protection Order Breaches that show that men of Indian ethnicity *“breached the protection order far more than Pacific or Māori”* (Ashima), the cultural expertise at the Advisory Board table meant that an explanation came readily. Ashima succinctly puts it: *“divorce is last measure. You have made*

your bed, sleep in it". For her it becomes critically important to provide her community with better understanding of family violence and Aotearoa New Zealand law: *"So how do we educate them that in New Zealand the men are not allowed to do this, the women can do this"* (Ashima). Clearly too, she recognises that the cultural understandings of her people create situations that are *"not unique to Indians"*. From Ashima's perspective, when a Protection Order is granted, neither the man nor the woman will realise they are breaking the law *"if the man comes back, they [the women] will take them"*.

Culturally and systemically, the legal context of family violence in Aotearoa New Zealand became a significant point of difference for members of the Southeast Asian communities represented at the Advisory Board table. Against the background of precariously built trust in policing among some community members, and affected by precarious living conditions, the specific problem of how to address family violence, locally, became a conversation among police and community leaders. They received data from police *"around sexual offending and harassment within the family violence area, where the Southeast Asian men in particular were overrepresented, more so than Māori and Pacifica"* (Fayaz). Other ethnic groups may be reported more often for other offences, like Male Assaults Female, *"but within a sort of picture of family violence this was an area that you can see from the court appearances and things men are increasingly coming through; where family violence has increasingly been an issue"* (Fayaz). In this context, the SAAB began considering specific culturally appropriate interventions they might be able to organise, in partnership with New Zealand Police.

Family violence services within the community were already involved with police collaborations through the Family Violence Interagency Response (FVIARS) network, who coordinate responses to Police reports of family harm among represented community agencies. Through the expertise at the FVIARS table, attention focused on how to engage with men to make a difference as early as possible when they came to police attention. Bodhi recalled how they had been speaking with the police about the conditions created by PSOs for men in their communities. She explained how the network enabled their service to receive a referral *"nine times out of ten when there is an incident"*. Yet even with effective referrals, from the perspective of the services, *"women are more likely to engage with us and men don't because they're sleeping somewhere at that point; they're not home, they've*

been served a PSO and asked to move out” (Bodhi). Engaging men with appropriate services was a priority.

Since local Advisory Boards are overseen by the East Asian Advisory Board, support for the need to accommodate men and engage them with services gathered through the networks of local relationships. Bodhi repeatedly spoke with community police about the need for men’s accommodation to provide access to services, having noticed *“a few of those families came back to [counselling service], this time through court”*. The few built to *“a pattern that is happening; there’s one, there’s two, there’s ten now and how many more”*. Yet the men do not access social or counselling services, and from Bodhi’s perspective, *“it’s not good enough you put them in a motel or another place like that and what can we do for them?”*.

Through conversations focused on action within their community the idea for Gandhi Nivas as a different kind of early intervention service coalesced. It’s central difference from other services was conceived as a specific New Zealand Police and community partnership to provide culturally appropriate services for the whole family, while a man bound by a PSO is staying at a safe residence where he also has services available. The idea becomes an inspiration and a point of difference because men are provided with somewhere to go when a police intervention means they cannot return home. While he’s staying in a Gandhi Nivas home, he has opportunities to engage with change programmes, counselling and social services: his needs are assessed and he is referred to other services too, if they’re suitable.

The concept of Gandhi Nivas arrives to the Advisory Board through a unique route of crucial relationships between specific service providers and police officers. Formed to address the needs of their community, Ashima speaks of the *“police and the counselling”* as the two key players: *“the biggest part of the puzzle... The police system and the police referrals and the police protection is a big part.”*

From another perspective, Fayaz draws attention to the significance of collaboration with *“one of the largest health providers in Auckland”*, and leadership from *“a woman that is one of the most recognised Asian leaders in New Zealand”*. The involvement of Nirvana Health Group⁶ enables networks of connections into local communities, through relationships with

⁶ Later, Total Healthcare.

health and social service providers: the other significant component of the idea. Among the participants there were some who recalled attending early meetings to check interest in collaborating towards an early intervention for men bound by PSOs, and their families. Bodhi recalled a meeting where only one service was prepared to continue talking about possibilities and *“all the others pulled out because they wanted monies out of there”*. Without funding sources, most community organisations didn’t have resources to contribute services to the initiative⁷.

Bodhi remembers the counselling service who decided to join the collaboration, as resolving positively for *“an opportunity we may never be presented with again so we will take it”*. The opportunity became a collaboration and the *“big players” (Fayaz)* formed partnerships to create the home and services that became Gandhi Nivas.

Knowing their Communities

Stakeholders’ broad expertise covers such fields as social work, counselling and community work, law and policing, business management and entrepreneurship, medicine, health, and psychiatry. Diversely ethnic, with different religious and spiritual affiliations and various experiences of immigrant communities in South Auckland, stakeholders often bring multi-ethnic perspectives from their regions of origin and fluently speak multiple languages. Within the richness of their expertise, their understandings of family violence were also diverse and critically important in the conversations about early interventions and the needs of their communities. Both shared and specific understandings, experiences and expertise formed the context in which discussions shaped ideas and ideas became realised through joint action.

Thematically, family harm discussions involved (i) systemic issues arising from circumstances such as migration, un/employment, and economic hardships, (ii) relationship issues in families, (iii) personal issues such as drug or alcohol abuse, or issues with anger

⁷ From the time the interviews were conducted, nearly two years after Gandhi Nivas is established, and while it is still running on voluntary work and donations to meet costs, Aotearoa New Zealand’s Accident Compensation Commission (ACC) commenced funding the residence and social support. ACC provides comprehensive, no-fault personal injury cover for all residents and visitors to Aotearoa New Zealand, and the funding reflected ACC’s strategic intent to support initiatives to reduce family violence. ACC have subsequently withdrawn early intervention funding. Funding and contracting changes over time and remains permanently precarious.

management, and (iv) spiritual matters. The layered understanding shared among stakeholders included social determinants of wellbeing.

In 2005, the World Health Organization (WHO) established a Global Commission on the Social Determinants of Health based on the accumulation of evidence that material conditions underlie health inequities between, among and within regions and countries (Friel & Marmot, 2011). WHO stresses the importance of material circumstances (housing, access to food and work), psychosocial circumstances (stressors, social support), behavioural factors (drinking, smoking, physical activity) and biological factors (genetics) for determining the health of individuals, groups and communities (WHO, 2010). These circumstances and factors also determine health inequalities, as they are circumstances and factors that not only shape and influence health, but also shape and influence *responses* to health issues.

Stakeholders appreciate how social issues and struggles, and intimate familial relationships are interconnected in the ways that family harms are experienced in their communities. Within the specific understandings of stakeholders there is room for ambiguity in how domestic violence is interpreted in its many forms – physical, emotional, sexual, financial, spiritual. In turn, different interpretations of the conditions preceding police interventions for family harm allow for the diversity of expertise that stakeholders bring from their specific contexts.

At the SAAB meetings where the conversations about Southeast Asian patterns of family harm began, culturally embedded understandings identified mistrust of police and ignorance of family harm law as key issues for the community. From that time, stakeholders shared their cultural expertise to highlight the need for education on family law and social expectations in Aotearoa New Zealand. As a point of difference, culturally embedded experiences also brought stakeholders a shared understanding of migration as a key process implicated in the systemic issues underlying family harm. Relationships between people, places, and identities are disrupted and re-negotiated through migration. Cultural and ethnic norms, including gender norms, are ordinarily ‘taken-for-granted’ but migration may serve to sensitise migrant men to relational and contextual conditions of their masculinities as they struggle to realise sharply differing expectations of identity and behaviour in the

different places they choose to live (Datta et al., 2009; Hopkins, 2006; Hopkins & Noble, 2009). Participants appreciated the challenges of migration, as the differences between countries of origin and destination, are significant. Chetana pays attention to the need for migrants to adapt, and how *“migration to a Western country is so different, India from Fiji”*. For Chetana, understanding the challenges of adaptation from different home countries is crucial for providing support in the context of family harm interventions: *“So it is huge for somebody to not have that grounding”* in Western culture.

Bodhi recalls a relevant difference between migrants and refugees in relation to introducing legal and social norms in Aotearoa New Zealand. There are support services available for refugees that aren't accessible to migrants. Bodhi's example is a six-week induction programme provided by Refugee Resettlement Services. From the programme, attendees *“have an understanding [that] you can't hit your child here; you can't talk this verbal abuse. Migrants don't get any of that input when they come to a country and they fall, they trip, they fall, they trip, and they pick up and they find out”*. Without similar services, migrants learn from experience, and from each other. The challenges of migration in the context of significant social and legal differences were not supported by the systems providing migration opportunities for Southeast Asian immigrants.

Alongside specific legal and social differences in relation to family harm, migration systems do not necessarily enable migrant dreams of a better socio-economic life in Aotearoa New Zealand. Chetana gave examples of professional migrants who come *“because New Zealand wants more doctors and more engineers, and they get here and they're unemployed because actually their qualification doesn't count”*. Bodhi also tells of doctors who are underemployed after migrating: *“I'm a doctor back home and [here] I'm stacking things in a supermarket”*. While unemployment and underemployment are well recognised outcomes for professional migrants, those with trade qualifications or service skills also face precarious employment. In the first year of operation, almost half Gandhi Nivas residential clients were unemployed. Around 5% were students and the remaining 46% were employed or self-employed (Morgan & Coombes, 2016).

The costs of migration and precarity of employment are socio-economic consequences of moving to a new country for new opportunities. Bodhi also drew attention to the financial

conditions that contextualise many situations for families in the local community: *“You can’t go back because you have sold everything, and you have taken loans and back home people have no idea what life is here; they’re just expecting the dollars to fill back in so they can clear their loans out there. And he’s saying, “I can barely meet my bills out here””*. Bodhi references remittance cultures, a diasporic model that emphasises continuing links between the place of origin and the place of settlement (Spickard, 2002). Pasifika and Indian migrants in Aotearoa New Zealand often experience social obligations and economic responsibilities to remit money back to family members still living in their homelands (de Raad & Walton, 2008). Remittances add to the financial and social complexities of migration. Discovering that employment is harder to get and more poorly paid than people at home expect, the obligations of remittances highlight the challenges of social and familial financial expectations and opportunities in the destination country.

Stakeholders understood the complexity of migration processes and socio-economic precarity in relation to specific cultural expectations, familiar and normalised within their cultural understandings. Fayaz spoke of this complexity as a layering of conditions which may help explain violence within Southeast Asian families: *“We add in a language barrier, and we add in cultural perceptions of police, and shame, and everything else, and immigration on top of that, and the mother-in-law is in the next room, and the family stigma back overseas”*. For Chetana, the emotional harms of many men’s migration processes, socio-economic precarity and familial expectations, their *“grief and loss”* are rarely well understood, especially by police investigating a family harm incident.

Within the diverse ethnic communities in their region, stakeholders appreciated there were also contexts where domestic violence is not acknowledged. Bodhi recalls a number of clients who were members of communities where leaders would not allow domestic violence support workers *“through the door”*. Barriers to support were justified by claiming *“There’s no violence in our community, they’re all families”*. The implication in this case is that families are havens from violence, not sites where violence occurs. Dev also spoke of specific community sites where *“people hardly listen when you go there about family violence. If you talk about domestic violence, it’s like “we’re not into it. We don’t want to listen””*.

Stakeholders understood that for many ethnic communities, families are expected to keep violence, abuse and even conflict private. They are not the concern of anyone outside the family. Dev explains that in this context domestic violence *“should not go out of our house. Whatever we fight it stays inside [the family]. That’s quite common in Indian community”*. Chetana recalls that for men who are investigated for family harm episodes, the police involvement is puzzling: *“it’s our family problem, why do the police have to speak in between?”*.

Normalised presumptions that families always serve to protect their kin from violence and that violence in the home is a private matter serve as barriers to police intervention and community support where family harm is reported. Stakeholders appreciated that in many communities reporting domestic violence has serious implications for social standing and community belonging for men, women, and children in the family.

Fayaz mentions shame in the complexity of conditions for family harm among Southeast Asian families, connecting feelings of shame with underreporting of domestic violence to police. In a context where *“only 20 percent of all family violence gets reported across the board”*, shame is among the specific conditions that leads Fayaz to say that statistic *“would probably even reduce even further”*. Non-disclosure may protect against shame and social sanction, however women disclosing violence to protect themselves and their children may become socially isolated, as Somashekar (2016) reports in her case study of ‘Shanti’, who became ostracised by her community-at-large after she left her abusive husband.

When Fayaz talks of the needs of men in communities where feeling shame inhibits reporting, he speaks of the need for support programmes for men *“who have got nobody to phone at 4am in the morning because they feel that they are too ashamed or who is going to understand what has happened”*. An appreciation of the cultural context, social conditions and social expectations become crucial to services for immigrant men from Fayaz’s perspective.

Stakeholders also spoke of social expectations and norms for men and women in the communities they knew well. For Bodhi, social norms of masculinity mean that *“[in] our communities, men are not taught emotional skills . . . I am always taking examples of men*

who don't cry at funerals; what a strong man, look at him, adversity and he just stands tall, it is appreciated. Some can express anger but not tears; there is a tendency for them to swallow a lot of the sad and bad feelings inside and when things go it just pops up to the surface and they don't know how to regulate it or how to control it or manage it". From Bodhi's perspective, emotional skills are *"left in the hands of women"*. In some households, too, the roles of men and women are heavily prescribed, so that men are expecting that their wives *"cook at home, you take care of my children, you look after me when I come home, man goes out to work, comes back"*. Even if both partners are content with their roles at home, migration presents a different world in which both social and legal expectations challenge assumptions of gender roles, yet it remains shameful to disclose domestic violence outside the home. For Fayaz, persistent norms of emotional responsibility and acceptance of familial obligations mean that if police become involved, some women will be thinking *"how I deal with him is not going to change and that's my lot really... I just have to deal with it"*. In such conditions, Police having the option to provide a safety order gives *"victims that opportunity to have that cooling down period at the earliest option is a good one; no doubt about it. There will be no denying that everybody is in agreement; that having a facility for men to go to is also a good thing. I think that everyone is in agreement with that as well"*. The 'facility' means the women and children can remain safely at home where they can be offered specialist services to address their families' needs.

Along with specifically designed stopping violence programmes, counselling and family services that stakeholders knew were needed in their communities, there were also needs for practical support with finding employment or appropriate legal services, housing support or food and blankets, as well as education about the law and connections with agencies offering health, mental health and addiction services. Reflecting on a particular case, Chetana spoke of the issues facing teenagers, aged 17, who are too old for child mental health services and too young for adult services. For some youths *"it's actually a very difficult time. There has been support you have lost and there is still a year to get the next set of support... It's quite tricky for our kids to be in that age group"*.

Stakeholders often drew attention to the need for alcohol and other drug services in their communities. As Eshan points out: *"it's not just mental health and it's not just justice because addictions is a big issue woven through all this as well. Addictions is just an*

externalising behaviour around distress; depression, anxiety, PTS, they're internalised manifestations of distress but they're all responses to stress". For Eshan it is critically important to remember the precarious conditions of clients' lives for the stressors and the ways in which responses to stress may be compounding or intensifying harms. Chetana thinks *"most of the clients come under some influence of alcohol"*, while Dev distinguishes among age groups: *"between 18 to 19, 20 years. That's the age group actually who are into drugs. The older ones are into alcohol-related problems"*. For both groups, substance abuse compounds the complexities of conditions underlying family violence. Eshan sees that abusing drugs and alcohol is also connected with *"the lifestyle that they lead"* and *"where they're more likely to be cigarette smokers, to have a poor diet"*. The complexities of precarious living conditions, alcohol and other drug use, mental health concerns and family violence are *"tragic and we know it's intergenerational"*. While recognising that not all women who are victimised have grown up in violent homes, nor have all perpetrators been abused as children, Eshan knows that family violence is *"through all communities. It is through all ethnicities; it's a universal community wide problem... It's in all communities but the more disadvantaged a community is the greater the rates"*. Inequalities exacerbate health problems, mental health concerns and violence in families.

Stakeholders' various perspectives and expertise in the needs and wellbeing of their communities informed the establishment of a residence with services available for men on site and women and children in their homes, as soon as possible after men are referred by Police. As Ashima says succinctly: *"the concept is the house. The point of difference is the house"* but it is not the only point of difference. For Gandhi Nivas, *"the physical house is a necessity... The social worker in there is vital. The police system and the police referrals and the police protection is a big part and then our [other] point of difference is the counselling part. That it is not done just with the man, it is done with the women and the children. And so, nothing is done in isolation"*. Working together, ensuring their work is embedded in the communities where culturally responsive intervention and support are most needed, stakeholders worked to raise money, awareness, and community support for establishing Gandhi Nivas.

A Home Secured

We are aware that there were no resources to provide a residence or services, in the beginning, from the stakeholders' stories of Gandhi Nivas becoming a *"physical house"* and a site for counselling and social services available to men and their families. Ashima *"did a fundraiser"* to *"help with paying for [the social services]"*, with the added incentive that it would *"make the community aware of the issue"* of family violence, locally. Volunteer work, fund-raising, and donations from those committed to realising the opportunities for culturally responsive early intervention for family harm provided the house, furniture and services of Gandhi Nivas, initially.

Dev recalled the start-up period as an important time for working together to realise the vision of the house: When he *"started, the house was not set up there . . . Nothing was in proper order actually - all the furniture was put in one room because it was just carried from the donors. For one month they tried to set the whole house"*.

At the time of the interviews, the residence had been open for just over a year. Chetana tells us that she'd previously worked at a site where *"it was scary in the way that we didn't have the ability to set it up the way we could"*. The donors' gifts have provided the physical materials needed for a secure working environment and care has been taken to ensure that resources are carefully used. Chetana says: *"everything that you see... has probably been sat on two times before we bought it and there's a lot of heart that has gone into building. Everything that is in [here] as well has got a lot of thought. There were things we bought, and we were like, "No we don't want to use that," and then [we would] give it away"*.

Gift-giving, sharing and care for community resources were crucial to realise the idea of Gandhi Nivas.

As Ashima makes clear, earlier, a house, its facilities and furniture, are necessities, but the vitality of the early intervention depends on collaboration between police and social service providers. Since it is a unique initiative, Dev recalled how at first *"not all police knew about it and there were a few, initially one or two clients... After that we slowly started improving... but the client import, the flow was not up to the mark because I feel that [we had] just not trained properly the whole Manukau Counties"*. Once identified, the issue of police awareness of Gandhi Nivas in the region was swiftly resolved by starting a *"training project"*

for the police. Every Wednesday we had an orientation for each group of police from different places like Ōtāhuhu and Manurewa, Māngere, Papakura. That's when slowly we started to get more clients that were referred here".

Police referrals grew over the first 12 months and the majority of the 103 men who resided in the home that year were referred by New Zealand Police. Just over half of the clients were bound by Police Safety Orders, primarily for intimate partner violence. Of the rest of the men referred by police, a few (4%) were charged with offences at the time of their intake and around 25% were referred without either a PSO or an offence recorded (Morgan & Coombes, 2016). Dev said that *"we had two beds here for people who come up [before the court], who are out on [bail]. So, we used to get a call from the court saying that they were sending people"*. From familiarity with the home and support available through Gandhi Nivas, men who were perpetrating violence or at risk of harming family members and coming to attention of police were being referred.

As client numbers grew, the reputation of Gandhi Nivas also grew within local communities and in their first year of operation, there were seven self-referrals. Ashima explained that *"we've had a few people turn up to say 'I feel I'm breaking. Can I just come and stay the night? She's driving me crazy again.' And so that self-recognition is modified behaviour where they wouldn't have had anywhere to go or wouldn't have known what to do apart from being in that situation"*. Although only three men self-referred without any police contact, from Ashima's perspective, self-referrals are a clear indication that the home and support within the community are needed, and they can contribute to help-seeking change.

With the home in Ōtāhuhu open, although staffed voluntarily and funded uncertainly, the counselling and social services drew on their community experience and work already undertaken with families seeking support for the issues they faced in their migration and precarious living conditions, to implement an intervention approach specifically for men staying in the home, and their families.

As initially imagined, Gandhi Nivas focuses on early intervention since it is designed for clients who are bound by a PSO. Given that PSOs are intended as a preventative strategy when victims and their families need protection immediately, it is a police record that does

not indicate an offence has been committed. Yet, a PSO is not necessarily issued because the attending police believe that they are able to prevent harm in the family. PSOs are issued even when police assume that there may be prior family violence offences and when they judge the need for protection to be acute. As Fayaz reminds us, the establishment of Gandhi Nivas *“is taking place in the family violence sphere where only 20 percent of all family violence gets reported across the board”*, so families’ histories of harm cannot be assumed from police records. Early intervention is a focus; however, it does not mean that support is provided *before* any violence is evident in the family or close to the *beginning* of violence occurring in the home. From stakeholders’ experiences and our earlier research, we are aware that sometimes many years of harm may precede police attending an incident that someone reports to them for the first time. Some men arrive to Gandhi Nivas already on bail for a violent offence, some arrive after the first time police have been involved with the family, some arrive with long police records of prior family violence and other offences (Morgan & Coombes, 2016).

From their work in the community, Sahaayta staff are already familiar with situations in which women have called the police about family violence *“usually... actually after years of abuse”* (Chetana). For women who have taken the step of calling police, Chetana tells us it is often the case that *“they don’t give a statement, or the police come in [to Sahaayta’s offices] about the incident”*. If men are referred to Gandhi Nivas, Sahaayta staff have yet another opportunity to engage with families who are experiencing violence in their homes.

Coming to Gandhi Nivas

Following an incident where police have removed men from their homes, Fayaz sees intake at Gandhi Nivas as the *“next best thing”* since it provides them somewhere to go so they do not breach the order and return home. When men arrive at the Gandhi Nivas home, whether bound by a PSO or otherwise, they are greeted as if coming into another home. Being welcomed by the social worker means *“that person actually sits down and has a cup of tea and talks to them... ‘What’s driving this?’ or ‘How can we help you?’”* (Fayaz).

Often when men arrive at the home, they do not understand why they are prevented from going back to their families and the involvement of police means they don’t understand their referral to Gandhi Nivas either: *“Most of the time when the clients come in here, they*

think that this is a prison” (Dev). Dev spoke of clients’ resistance to the idea of staying in the home, saying “I don’t want to stay here. I just want to go out of this place. When exactly I can go?”. During a chat over a cup of tea, the social worker will explain that they are not compelled to stay: *“This is not a prison; this is a house started for people who... don’t have a[nother] house to stay. If you don’t have any friends to stay, there’s a house where we provide everything like the room, food. You can go out. You’re free to go out and come back. It’s only the PSOs you need to follow the rules [of the] PSO” (Dev)*. The social worker at the home orients the men to PSO conditions, explaining that the PSO is intended to give them a *“cooling off from your wife or from your parents” (Dev)* and they are being welcomed into a safe place.

Early Intervention Praxis

The role of the social worker in the home in orienting the men to their PSO (or bail) conditions complements the work they undertake to orient police to the home and services provided for men and their families. For Chetana, it is also a reason *“why we want to get in early... to actually give some education because they don’t have any idea as to what they are doing at all. It is normalised just to that extent that people actually don’t even think you’re actually breaking the law”*. Early intervention to orient clients to the law is just one way in which the professional services provided by Sahaayta are key in the partnership that opens the doors to the home, and the choice of residence and help as needed for the men.

For Ashima, the voluntariness of residing at Gandhi Nivas is especially significant and clearly has been carefully negotiated with police to ensure they *“do not demand the men come”*. The importance of the decision coming *“from the men themselves, ‘Yes, I have nowhere’*. *Acknowledging their vulnerability and their weakness from the time they step into the house is important, because they know they’ve got nowhere to go”*. Dev talks too of the men’s vulnerabilities when they first arrive at the home: *“Initially they start crying; they think that this is a prison and they’ve got to some place where they can’t go out. They need to stay for two days”*. Once they realise that they have a choice, and when they have a chance to think about *“everything – like the food, the shelter, even we have clothes inside... they’ll be fine. They’ll be very friendly”*.

After the social worker has the chance to offer the home as a choice for the men, they conduct an assessment. Dev explains that they ask *“about the history, have they had that kind of fight before”* where police have been involved and whether there were consequences: *“what did they do to [make] this fight?”*, this time? He recalls a particular case that illustrates the process, where the client did not realise why police would be involved with his family: *“He had a fight with his wife and he slapped his wife... One of the roommates called the police...”*. The client repeatedly claimed: *“I’ve done nothing wrong. I do it in India. I’ve done nothing wrong”*, highlighting the need for education on the law in Aotearoa New Zealand. The social worker was able to correct the client’s understanding of New Zealand law, including that *“you can’t just slap your wife and you can’t throw things. All*

these things are threatening behaviour. The police will come and take you from your property if you do all those things here”.

For men who are on bail, the protocols of welcoming, with a cup of tea and a talk with the social worker is similar as for men bound by PSOs. A similar assessment process enables the social worker to *“see his violence... and then [whether] we can take him here. If it’s low, we can take him” (Dev)*. An assessment of violence as ‘low end’ would usually require that there is no charge and no prior police history, though in the case of men on bail, there is a current charge on a family violence offence. Chetana explains that a ‘high risk’ assessment usually means that *“he’s already arrested and on bail conditions. So, we get low to medium risk”* assessment clients who may be referred to the home.

Risk assessments connected with police records, or the men’s understandings and accounts of previous violence against their family alone, may fail to take account of victim perspectives, so after assessments are conducted with the whole family, Chetana recognises that *“sometimes low just ends up being 16 years of abuse”*. Families are contacted by Sahaayta staff as soon as possible after their family member’s intake at Gandhi Nivas so that safety planning can be undertaken, assessments reviewed, and the families’ needs for counselling and social support evaluated. Chetana tells us that *“most of the times the stories do match; it’s just the perspectives are different”*. Men and women do not recall the event from the same viewpoint. As is the case with the men in the home, Sahaayta staff talk with women in their own homes about the history of violence within the family so that women can be provided with safer planning: *“If there is sexual abuse, if there is a history of physical abuse that hasn’t been reported, we spell the options out and we give her the Refuge’s name as (a) option; this is the (b) option; this is the (c) option; this is the (d) option. Which option do you feel is best for you?”*

Needs assessments in the home and in the community, depend on the specialist skills and cultural expertise of the Sahaayta staff. Embedded within their communities and responding with dignity and care for their clients, staff have adapted programmes and tailored interventions for specific families. Dev spoke of the men’s initial frustration at police intervention, and how important it was to be able to address the significance of their referral to the home. For example, he tells us that when they first arrive the men often say

they will *“go back home; I’ll just hit my wife. I teach her a lesson”*. Yet after they talk and realise that they have somewhere to stay where their needs will be met, *“they have food, watch T.V. and go to sleep. The next day they just start talking”*. Without Gandhi Nivas, *“if they are not given this shelter, they go to some other’s house or they sleep on the road inside the car. I don’t think so all those things will make them think”*. When they choose to stay at Gandhi Nivas and talk with the social worker, they have a chance to learn *“what is right and what is wrong”*.

Ashima spoke of the kind of mandatory stopping violence programme where men merely tolerate their attendance, thinking *“I have to sit through this many before I can go home”*. At Gandhi Nivas, the stopping violence programme is adapted to take account of clients’ lack of understanding of both the law and family violence. The social workers *“developed a whole education program that they put to justice for Indian men because they recognised a few steps that had to be shuffled around”* (Ashima) to ensure the men’s needs were met. As Dev reminded us, some men *“just need someone to listen to their stories”*.

The home provides men a place to think, to reflect and to talk, because there is always someone there, 24 hours a day and 7 days a week, to talk with and ensure the men are fed, clothed and sheltered during their PSO or bail period. It is *“not something [trivial]... if the police just say, ‘you’ve got a bed’... they need it, so they use it, but it is not pro-actively sought”* (Ashima). Men becoming engaged with a change process only begins in the home. To make a lasting difference, Gandhi Nivas take *“a very, very pro-active approach”*, especially in relation to counselling and social services in the community. There are also situations in which Bodhi recalls they *“have not been able to do much work with the child or the woman alone”* when the man has not engaged with support in the home: *“That’s how family counselling aspects start coming in. They say, ‘Let’s just go and have a cup of tea with the family there and talk to the man and talk to the mother-in-law and talk to the father-in-law and just invite them in and see if it’s actually helpful’ and we found better results for them”*.

Visiting at clients’ homes for a cup of tea and a chat begins a process of engaging with families that extends beyond the men’s residence at the home, complementing and supporting work begun with them and with their families while they were protected by a

PSO or bail conditions. The families' needs and situations are specific and Sahaayta staff are *"a multi-faith, multi-lingual counselling service"* (Bodhi). Professionalism enables the qualified and registered staff to respond to families' needs through an ability *"to integrate our concepts into Western [approaches] and create our own space for clients"* (Bodhi). The space created is welcoming and peaceful, prioritising safety in the home, and facilitates caring assessments of the conditions of clients' lives to create the community connections for resourcing change in the social determinants of their wellbeing. Western knowledge and South Asian concepts are brought together in culturally sensitive, specific interventions for clients.

Those who are working with clients *"don't have an in-depth understanding of every culture that comes through that door"* (Bodhi) since the communities of Counties Manukau are more diverse than the multi-cultural Sahaayta team. Yet, the doors of Gandhi Nivas are open to all. For Chetana, the diasporic communities have strong cultural affiliations and the multi-cultural context of the communities mean that people from the community, like the staff at Sahaayta, *"will know how to greet a Hindu friend, a Muslim friend, I know how to [act with] Catholic friend. You know what are the protocols is someone passes away because [you] grew up in all of that"* (Bodhi). Bodhi recalls how they have *"good engagement"* from Samoan and Māori clients *"while they're here"*. Referrals to other services are crucial too, and the staff *"always, always talk about [other] services; so we might say, "Would you like to see a counsellor at [non-governmental organisation (NGO)]? Or would you like to see a counsellor in [place]?""*. Bodhi attributes the engagement of indigenous and Pacific men within the home to a shared understanding of the concept and practices of the home: *"I do feel that collective cultures are, I don't know, they're a bit of face-saving cultures. So you gave me a room to stay here and... it's okay, it's okay"*. Welcoming the men into the home reassures them that the professionals who work with them, and with their families, are working on their behalf, and will listen to their needs and help. In the first year, Bodhi can recall no-one who wanted a referral to another provider: *"no-one. They said, 'no, we're happy with you... I come for counselling with you, I don't need to go to a [culturally specific] provider"*. Ashima didn't think it would work to have Pacific or Māori clients referred to Gandhi Nivas, but *"then we opened it up in June, July to anybody and... they were quite comfortable talking to a social worker there"*. Bodhi wonders if they may need to recruit

more culturally diverse team members over time, since she notices that *“we don’t have the level of engagement that we have for the Indian whānau [and] for this particular person, I want the right match”*. Referrals are especially important for Chinese clients since there are no speakers of Mandarin or Cantonese on the team. The staff *“make it a point to give them fliers and say, ‘Contact them, they do phone counselling, and they also do one-on-one counselling”* (Bodhi).

Referrals play a crucial role in the social support provided by Sahaayta staff too. The services *“have multiple partners in terms of agencies”* (Bodhi), which provides options for them to tailor referrals to clients’ specific needs. Chetana says that the services necessarily share clients *“because if there is a need that we cannot provide the client then we need to refer them on. I’m not a lawyer, I’m not a doctor”*. Ashima, for example, talks of finding clinics where clients’ medical needs can be met; for her it is important to be able to support clients’ wellbeing through knowing the right places to refer: *“I say ‘Where do they live? Go to that clinic”*.

Connections with Government agencies are also crucial. Dev spoke of the significance of Work and Income New Zealand Te Hiranga Tangata (WINZ) and Housing New Zealand Kāianga Ora and advising clients of their entitlements to financial and housing assistance: *“They get support from WINZ when they go there, not just money, support”* (Dev). The example he provides is a man who *“was on the sickness benefit. He was getting some money, but I told him to go and approach WINZ, ‘They will help you to get a house and provide money for the accommodation”*. He received an accommodation allowance and support locating a home – *“Within a week his money was approved and he got a new house and he shifted from this house [Gandhi Nivas]”*. For other clients, employment is critical, and for employment, Dev knows that a driver’s license is often needed. Embedded in his community, Dev has many friends *“who come to New Zealand and they struggle a lot to get a job here because without driver’s licence no one will take them. It’s a thing here. Even though agencies or the consultants don’t tell them that a driving licence is a must when you come to New Zealand. It’s really important”*.

Community relationships and connections support the social service work of Sahaayta staff at Gandhi Nivas, although they do not ‘refer and discharge’ their clients, because there is

follow-up for the whole family provided over time. Chetana talks about the kinds of calls they make, where they might say, *“Do you remember I spoke to eight months ago, or six months ago?”* and he will go, *‘Oh you visited my house, that’s true, that’s true,’* and even though he may already know that the services help men, Chetana knows that more follow-up helps men to keep engaging with change: *“it takes a few more times for people to feel that, yeah, this other person really, really cares”*. A caring environment is *“what they get when they come”* to Gandhi Nivas and it helps for them to know that *“someone out there actually cares for you irrespective of what you have done”* (Chetana). For Eshan, the ongoing support that Gandhi Nivas provides for the family is necessary because something only changes when people living with violence in their home *“can get to the point of feeling safe”*. Follow-up with families provides opportunities for checking safety over the longer term. From experience of programmes using peer support for post-intervention follow-up, Eshan *“would never never feel 100 percent secure about that; I feel way more secure when you have got the two dimensions including family. Family ultimately if they feel safe then all is good and if they stop feeling safe then you need to have a process around making that known as well”*. Follow-up by professional staff who are known and trusted in the community allows for further support and interventions to be provided if safety and social assessments show they are needed.

As the culturally sensitive services provided through Sahaayta and Gandhi Nivas become more well-known in the community, more women also seek support from Sahaayta staff. Chetana notices that *“Fijian-Indian families will call the police a lot faster than the Indian families, or will not hesitate to call the police”*. For Indian families she notices that women would *“walk to the door ‘because so and so gave me your card and said you would help me’”*. Alongside partnership with the police, the embeddedness of the professional staff in their communities and their respect for people’s dignity in times of crisis involving police and family violence, opens up more opportunities for specific interventions for safety in the home to be practiced. It also poses challenges to how Gandhi Nivas operates to provide for the needs of their clients.

With growing opportunities for changing violence in the home within communities of Counties Manukau, the organisation faces challenges in the operations of the home on a day to day basis. For Ashima, no matter how much work, by so many people, was involved

in establishing Gandhi Nivas, it *“was the easy part. The running part is going to be the hardest part”*. Difficulties with funding as well as with recruiting volunteers, became even more challenging because of the importance of having *“someone that really, really is passionate about it, and doing it”*. Ashima appreciates that they were *“fortunate in the first 10 months having that young [professional] man”* living in the home. Operational costs, for Gandhi Nivas and Sahaayta, as with many NGOs, remain precarious. Stable funding often depends on funding from Government Ministries, or organisations like the Accident Compensation Commission, who may invest in early intervention as a preventative strategy in relation to medical and psychological costs of victimisation.

Stable funding and negotiations with Government organisations sometimes reveals tensions between the kind of work available for funding and the work undertaken by Gandhi Nivas in the home and community. Chetana had a sense that they did not speak the same language, with intervention packaged so that the NGO works with the family *“for us to meet their KPI over there?”*. She recalled meetings where the agencies offered fixed and non-negotiable packages of counselling funding, such that *“you do six sessions... and then you give us an evaluation”* for a family. Accepting such contracts would involve shortfalls in professional practice and require a volunteer workforce to provide for any other needs for the family, including follow-ups to ensure ongoing safety.

Challenges working with other organisations in inter-agency responses also often involve tensions in purpose, protocol or practices which need careful negotiation to resolve. Chetana explains that *“different organisations have different mind sets, have very different structures of working, have very different concepts around ethics”*. For the staff, ethical referrals matter because of the trust they value and their commitment to the dignity of their clients. Among the challenges, ethics are *“quite difficult”*. Chetana explains *“we could be sharing a client, which we do most of the times... But how do you refer someone on knowing that in the past someone has come back and said to you, ‘Well there wasn’t food to eat,’ or ‘My information was leaked out’”*. Care and careful negotiation to respect their clients are critically important to Sahaayta’s referrals, ensuring they are appropriate, professional and ethical.

Referrals are also dependent on availability of suitable local services for specific clients. Earlier, Bodhi's experiences of working with Chinese clients raised the issue of appropriate language services, since none of the staff speak Cantonese or Mandarin. The language service organisation is not local, and more *"family oriented, culturally appropriate support"* is difficult to find.

Within the home, referrals from police to Gandhi Nivas do not arrive consistently. Flexibility is required and keeping the home open 24 hours a day, 7 days a week places heavy demands on few staff, initially volunteers. Bodhi talks of peaks and troughs on a weekly basis, where *"90 percent of our referrals are all at night and mostly between Thursday, Friday and Saturday"*. Dev recalls the staff needing to be available *"many times, three o'clock in the early morning"*. There are fluctuations in demands for the social worker's attention, but the home cannot be left unattended, even if all the men are out for the day, in case a new client is brought to the home. Bodhi spoke of another pattern too, where she noticed *"increasing violence referrals and we are thinking this is Eid time right now. This is also a time when it's winter and families are staying in"*. Eid brings families together sometimes in highly stressful conditions that stakeholders understand to increase prevalence of family harm over this time.

Within the community, responses to women's and children's needs also need to be flexible. Chetana gives the example of women and children who *"choose to stay at the address while he is on bail conditions, and we support them with protection orders"*. Protection Orders enable the women to call police if their partner engages with them in a way that breaches the order that stipulates the conditions of the protected persons' safety. Sahaayta staff will work with the whole family to ensure everyone understands the conditions of the Protection Order and will support women to report breaches if necessary. Sometimes women will have reported their partner's violence or threats of violence to police *"after years of abuse"* and may decide to *"take the Refuge option and say 'I think that's where I want to be'"* (Chetana). Other women may decide that after many years that *"I don't want him to come back"*. The flexibility to respond to women's needs centres on engaging with them: *"After we speak to them, and they see what's okay and what's not okay, what's helping and what's not helping"* (Chetana), then the process of giving a statement becomes more trustworthy to the women. Once a statement has been made, then the man is

“arrested and things happen” (Chetana). If they are issued a PSO or if charges are laid, bail is conditional on their family’s safety. The home is available to the men, and the women are supported through whichever decisions they make to improve their safety at home and realise their aspirations for themselves and their children.

Both within the home and the community, police involvement with clients is a critical component of Gandhi Nivas’ early intervention responses for family violence. The concept of Gandhi Nivas, the home, the workflow of staff and the options for protecting families in their homes depends on police collaboration and referrals. Ashima recalls a time when referrals to the home dropped noticeably. Given the partnership with police, she approached the commissioner directly, and said *“I’m open to say our program is a failure. We’re not getting the referrals from police. So I’m happy to give notice and we can close it in a month. Just because we start something with a good intention doesn’t mean that it was the right thing to do”*. The initiative was not seen as a failure, and immediate action was taken to *“make sure all the precincts came and visited the house. So... all new officers that start in Counties Manukau, part of their orientation is to visit the house. And I think that’s incredible”*. Police responsiveness to Gandhi Nivas enables a partnership of respectfully working together to achieve referrals that provide access to early intervention for members of their communities.

Early intervention success?

While the partnership and early intervention services have successfully launched a home and a network of interconnected interventions grounded in local knowledge, relationships and expertise, the question of how to assess the success of the initiative may be approached from many different perspectives. Fayaz asks: *“what would success look like? How do we gauge family violence success? Some would argue that is one homicide too many or is 10 homicides too many? Has one person helped with the facility success, or 100 people helped?”*

Quantitative studies of successes are no doubt helpful for evaluating measurable outcomes of early intervention, and a reason for engaging with researchers in partnership to enable ongoing measurement of outcomes like police records of family violence incidents and offences. Ashima recalls a meeting where there were discussions of the preliminary statistical study of Gandhi Nivas clients' records (Morgan & Coombes, 2016) and she commented on the relatively small sample size of around 100 men and then *“someone jumped down my throat. ‘Yes,’ they said, ‘you’ve touched 100 families’”*. For the stakeholders, it is the people and their experiences of Gandhi Nivas that inform them of the successes of the intervention in their local context.

For Fayaz, it is *“huge knowing that that service has been taken up”* since *“it means that men do want an option”*. They are not mandated to stay, nor to engage with programmes or counselling. Success includes knowing *“men have also chosen to engage with the counsellor; chosen to speak to a counsellor, chosen to share some of their most intimate issues with a counsellor. Knowing that the women and children that have been followed up with have chosen to again engage with the counselling service”*. Fayaz is encouraged by police having a home to which they can take a man, and *“we know he is going to receive some counselling; we know that they are going to be safe there”* and once he is safely sheltered, it is immediately *“reassuring for both the wife and the kids as well as the individual... So, from that basis I think that’s a success”*. Chetana also sees the home as a successful opportunity to intervene as early as possible when men come to police attention. Without support from their communities, families who come to police attention may *“not know that there’s actually other ways of responding or behaving or things like that”* before they become

involved in the court system. Gandhi Nivas achieves the stakeholders' aspirations to *"give them more options before they get to the court system... because they don't have those choices right now; they have seen their fathers do it, they have seen their grandfathers do it, they're seeing their brothers do it, they're seeing their friends do it"*. In communities where violence in the home is trans-generationally normalised, violence is *"nothing out of the box"* and the home and services provide a chance to *"give them the 'out-of-the-box' before they make that mistake"* that brings them before the courts on family violence charges.

From Bodhi's perspective, Gandhi Nivas has *"stuck their neck out"*, becoming visible in their communities and pro-actively supporting families' experiences of violence at home. They have heard back that *"community has found us to be positive"*. As for Fayaz and Chetana, the home provides opportunities to engage with families, and in this case, Bodhi hears that *"one phone call at the other end of the line that says, 'I care', is just huge; massive"*. For Dev, too, the caring staff of the home and in the community are key to the specific successes he witnesses: *"they shell out everything, they feel very light inside. They just need someone to listen"*. Dev also notices patterns linking specific conditions and successes, like the changes he notices amongst some of the men challenged to face their problematic alcohol use. Dev *"could feel there was some motivation factor, in them actually; they wanted to stop. And they know that it's ruining their family life and personal life"*. The successes he witnesses take time, though. He notices that the period of *"cooling off"* that the men experience at the home means that *"after two days, three days they come and tell me, 'What I did was wrong and I'm not going to do that. I'm going to sit with her, talk to her, what's her problem?' to sort it out and talking. Clients tell me that"*. Sometimes there are also calls to the home from clients later to say thank you because *"it was really helpful for them staying in this house"*.

The Story of Gandhi Nivas... so far

Gandhi Nivas' establishment began with a conversation at SAAB, the ethnic advisory board for New Zealand Police. Those at the table heard police concern about the predominance of South Asian men among those who breached Protection Orders.

Each of them brought their knowledge of South Asian communities in their localities, and different perspectives on family harm issues experienced within their communities. From their different perspectives, they conceptualise family harm as a complex phenomenon linked to the social determinants of health inequities. Stakeholders share an appreciation of distress and harm within and among their communities as they intersected with experiences of discrimination, precarity, under- or unemployment, health or mental health issues, or alcohol and drug abuse. By taking action embedded in their knowledge of the precarious conditions of life among some members of their community, their collaboration supports revitalising movements to address the social inequities of health justices following the WHO's call to action (Friel & Marmot, 2011). They are expert in the challenges of immigration, as well as the strengths of migrant communities and their capacity to come together in support of each other. They envisaged a home of peace, through which residents and their families could be re-connected with community strengths and engage in opportunities for supported change towards safety and wellbeing. New Zealand Police supported the vision, appreciating the opportunity for men bound by a PSO to be welcomed to a residence and provided with support to change their escalating harm towards members of their families.

Various key stakeholders formed a Governance Board in partnership with New Zealand Police and Sahaayta, the organisation volunteering to provide support for the men and their families, in the home and the community. Groundwork by SAAB and community-connected police laid an initial foundation for trust within communities where suspicion of police was commonly experienced in their home countries. As the vision for Gandhi Nivas as a home of peace was discussed within the community, bringing together the material resources to create a residence with services available for men and their families became a necessity, as was strengthening relationships between Gandhi Nivas staff and New Zealand Police.

Once a residence was secured, the vision of early intervention for family harm that the stakeholders shared moved into the house and materialised in practices of dignity and care that began creating a home. Even the donated furniture was chosen and placed with care, and if anything gifted wasn't needed, it was passed into the circle of community support for another use. Care, sharing and giving enabled the house to begin becoming a home where men could be welcomed, with a cup of tea and a meal, at any time of day or night they were referred by police. The collaboration between the staff of the home and police, became an opportunity for police, too, to learn of the options available for men bound by PSOs at the home, and for their families in the community. When a few men returned to the Gandhi Nivas home for respite from rising tensions at home of their own accord, their self-referral was welcomed as seeking help before harm might be perpetrated, and a success for early intervention.

From the beginning Gandhi Nivas approached the needs of their community for support to prevent family harm as flexibly as possible, allowing that sometimes clients might be referred on bail or by word of mouth in the community and their needs when they arrived would be different. Intake for men at the residence, provides a chance to speak with someone who has time to listen, and can help men to understand the conditions of their PSO or bail. Staff listen, and address any initial needs the men may have for clothes, or food, or medication, as well as their need for somewhere to stay. Counsellors support men to reflect on how they have come to the attention of police, engaging men who want to engage in change to continue to work on ensuring their families are safe. Meanwhile, staff are also working with women, children, and wider family in their homes, where safety planning and material supports are provided as soon as possible. Clients have access to flexible support, networked through the community, and Gandhi Nivas staff facilitate connections with other services to weave cohesive support from otherwise fragmented services available to meet different needs: mental health, employment, housing, health, transport, childcare, food, or social support. Families have opportunities to learn about the law on family violence in Aotearoa New Zealand. Women are often taught how to apply for protection orders; that police intervention may be needed as part of their safety planning; and that they will be connected with other appropriate services in situations like disclosures of sexual abuse. Men are taught that physical assault, sexual harm and verbal abuse are

against the law, and they are also provided with counselling support for changing harmful forms of exercising authority in their homes. Gandhi Nivas staff are committed to proactively engaging clients with diverse forms of support, including cultural and spiritual support within their everyday interactions and their communities.

The emergence of a praxis of peace and care predominates the story of how Gandhi Nivas was established. Now a flourishing network of collaborations working together, the partnerships create an innovative, early intervention praxis that focuses on meeting needs in the context of specific communities where the social determinants of health inequalities are interwoven with inequalities in patterns of family harm. From conducting this inquiry into the establishment of Gandhi Nivas, we have learned of the diverse meanings of success that collaborators bring to the early intervention initiatives. We look forward to further research enabling us to continue learning from collaboration to prevent family harm.

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