



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



Gandhi Nivas
Serving our families

Gandhi Nivas 2014-2019: A statistical description
of client demographics and involvement in Police
recorded Family Violence occurrences

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In Partnership with



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Gandhi Nivas: Snapshot of current study

Prepared by: Evidence Based Policing Centre, New Zealand Police

CONTEXT

Massey University has released a major evaluation of Gandhi Nivas which is an early intervention, community-led collaboration with Police.

Gandhi Nivas was launched in December 2014 in Counties Manukau, Auckland, to meet the counselling and housing needs of men who are bound by Police Safety Orders (PSOs) and cannot return to their homes. PSOs came into operation in July 2010 to provide Police with a means to immediately improve the safety of persons at risk of family violence.

Gandhi Nivas provides 24/7 assessment and counselling to clients in addition to free accommodation and wrap-around support to victims and children. Intervention services are provided to clients and their families by Sahaayta Counselling Services.

EVALUATION

This is the fifth study in a series of evaluations of the Gandhi Nivas early intervention programme. The first two studies included a qualitative process evaluation that identified the strengths of and challenges for the community initiative. The third and fourth studies were designed to understand the experiences of Gandhi Nivas' early intervention services from the perspective of men who accept Police referrals for temporary residence and the members of the families who are offered services when the men take up residence at the Ōtāhuhu location. The current study had four broad aims:

- 1 To provide a demographic description of Gandhi Nivas clients that enables a better understanding of the kinds of services that might be appropriate.
- 2 To examine how clients come to be referred to Gandhi Nivas by Police and how quickly they are provided with residence and access to services.
- 3 To examine the history of clients' involvement in family violence occurrences recorded by Police over a decade to gain a better understanding of the types of intervention services that might be suitable for Gandhi Nivas clients.
- 4 The fourth aim provides evidence of changes in client involvement in episodes of family violence attended by police before and after intervention.

The 864 clients in the study were 95% of those who stayed at the Ōtāhuhu home between 2014 and 2019. Of these, 65% (495) were served with a PSO, while 35% (369) were not. Outcome results are

provided for four cohorts based on their referral pathways (PSO or non PSO) and the extent of their known offending history.

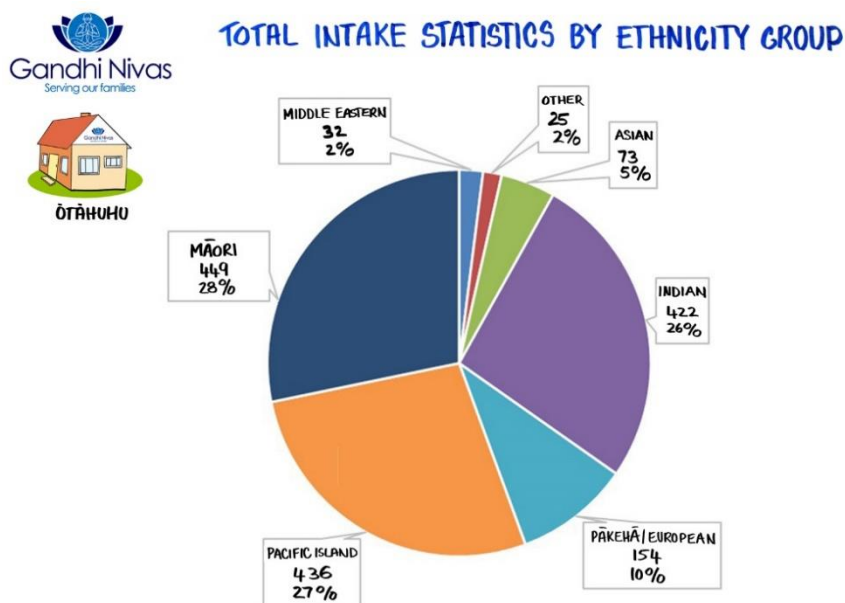
FINDINGS

Men aged in their twenties and thirties are the predominant client group in residence at Gandhi Nivas and may have specific life-stage needs

Clients' ages range from youthful to elderly: The oldest client is 84 years of age and the youngest is 15. The mean age of clients is 36 years and the median age is 37. The modal age of 23 years indicates that clients are more frequently younger than the mean client age. The majority of clients are between 20 and 40 years old (55.98%), with almost 30% in the 20-29 age group. The scope of services available is fitting to address the needs of men at very different stages in their lives.

Clients from other ethnic groups are accessing Gandhi Nivas residences in proportionately higher numbers than in the first year.

After the first year of operating, Gandhi Nivas clients were predominantly identified with Indian and Fijian Indian ethnicities (51%). The chart below shows that clients from other ethnic groups are accessing Gandhi Nivas residences in proportionally higher numbers than in the first year (Fijian Indians are included in the 'Indian' category):



Translators are needed for many services that clients access and are essential for those needing to engage with the legal system

The majority of clients' records (54.82%) included two or more languages. A further 42.82% spoke only English. 2.72% of clients did not speak English. Of the bi- and multi-lingual speakers 66.21% did not list English as their first language and fluency in English cannot be assumed.

Lack of employment is a significant issue facing Gandhi Nivas clients and the community more broadly

In total, just under half of intake cases (49.72%) show that the client was not in employment at the time they resided at Gandhi Nivas with 47.75% specifically recorded as unemployed. The lowest frequency of recorded occupational categories was 'security' (0.45%) and the highest was 'building/construction' (8.84%).

65% of intake clients were involved in incidents where PSO's were issued

The predominance of Bound by Order is consistent with Gandhi Nivas' goals to provide temporary accommodation and early intervention family violence services to men who were bound by Police Safety Orders and their families. The proportion of clients' records indicating they were bound by PSOs increased by almost 18% between December 2015 and December 2018.

'We found records of clients who had self-referred for their intake (5.23% of intake cases) as well as clients who returned subsequently, either with or without another Police recorded occurrence. We interpret repeat intakes as evidence of client confidence and trust in the service that Gandhi Nivas provides. Although they are referred by police, residence at Gandhi Nivas is not mandated so even when clients are referred by police on a second or subsequent occasion their intake into residence is voluntary.'

Relationships with intimate partners and family members are recorded for 95% of clients at intake occurrences

For men recorded as the aggressor at intake 32% were the intimate partner of the victim, 30% were the parent, 20% were the child and 7% were siblings of the victim. For those involved with intimate partner violence, 69% of intake occurrences involved cohabiting partners.

Around 8.2% of clients arriving at Gandhi Nivas may need more extended intervention services

Early intervention is an intent of PSOs and of the Gandhi Nivas collaboration with Police. Analysis of the volume of occurrences, incidents and offences in clients' records preceding their residence at Gandhi Nivas, drew attention to a pattern of disproportionately fewer men accounting for a higher volume of offences. In some cases, clients' prior records of occurrences and offences suggested that early intervention services from Sahaayta would not be appropriate for them.

The partnership between Police and Gandhi Nivas provides clients and their families, with a rapid response.

92% of intakes to Gandhi Nivas are recorded within 24 hours of the family harm occurrence. Clients who do not have intake dates within 24 hours of occurrence date provide evidence that some men who choose not to engage with Gandhi Nivas services quickly, do return later and seek support. As with repeat intakes, the men's decisions to return to Gandhi Nivas is evidence that they trust the services sufficiently to seek them when needed.

Family violence incidents account for 93% of clients' intake occurrences.

Most clients (62.02%) did not have offences recorded at intake. Among the 308 clients who did have offence records, nearly 70% recorded one or two offences while 8.71% recorded five or more intake offences. Analysis of the whole database showed that 101 clients (11.87%) had records for intake and no other records. Nearly 60% of clients recorded family violence offences before intake. Across the whole dataset, the most frequently occurring offences recorded were Serious Assaults (29.17%). Minor assaults are recorded less frequently (19.79%) than Serious Assaults. Family Offences are the next most frequently recorded offences (13.99%). Grievous Assaults are recorded more than 200 times (3.83%). Two other offence code series are recorded more than 200 times: Intimidation and Threats (13.45%) and Destruction of Property (12.57%).

'While Sahaayta is provided with Police records of currently active Family Violence Matters, when men are brought to the residence, Sahaayta staff do not have access to their Police records of family violence. Service providers may not be aware of previous charges which could influence their safety assessments for clients and family members.'

DOES IT WORK?

The study found that 57.5% of previous offenders had no offences recorded after intervention. Overall, the number of non-offenders after intervention more than doubled, increasing from 252 before intervention to 509 post-intervention. In all the cohort groups, the number of non-offenders increased, and the proportion of re-offenders declined.

The current study shows successes in reducing re-offending and improving non-offending that follow collaborative early and extended intervention:

Cohort	Number of clients	Decrease in re-offenders post-intervention	Continued to not offend post-intervention	Increase in non-offenders post-intervention
1. Clients with ' Low-end ' family violence records and a PSO ¹	495	45.58%	69.2%	124.06%
2. Clients with ' High-end ' family violence records and a PSO	72	36.15%	55.56%	255.56%
3. Clients with ' Low-end ' family violence records but no PSO	252	36.62%	57.27%	47.27%
4. Clients with ' High-end ' family violence records but no PSO	38	44.74%	N/A – they had all offended pre intervention	N/A – all had offended pre - intervention

All the clients in the cohort with 'high end' family violence records but no PSO had offended prior to the intake occurrence. The 44.74% decrease in re-offending means that 17 of the 38 clients became non-offenders after the intervention. Even though the number of clients in this cohort is relatively small, non-offending post-intervention suggests that when clients are not suitable for early intervention and not issued with PSOs, there may also be benefits for themselves and their families from residence at Gandhi Nivas and extended intervention services provided by Sahaayta.

¹ The categories of 'low-end' and 'high-end' are not based on analysing client risk scores. They are determined by measurement criteria set in consultation with stakeholders based on records identifying the client records that show they came to police attention more often and offended more often than the vast majority.

Analysis of clients and family stories of intervention from qualitative studies help to bring this research to life:

'Partners and mothers have said that they are safer, and their stability and security is better for the support they've received.'

'The clients have said that Gandhi Nivas gave them a chance to understand the meaning of family violence and abuse and how their actions were harming their families or putting them at risk of harm.'

'They had a chance to 'remake' themselves and turn their lives around.'

FUTURE EVALUATION

The evaluation team are planning a subsequent statistical study in which they will have the opportunity to compare Gandhi Nivas clients' Police records with a matched sample of non-client records. They will specifically address questions of whether Gandhi Nivas clients' reductions in recorded re-occurrences, and re-offending, and increases in non-offending after intervention are distinctively successes of Gandhi Nivas.

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Introduction

The context of the current study

Globally, violence in the home is recognised as a significant social and health problem, with women and children disproportionately represented as victims (García-Moreno et al., 2015). In Aotearoa New Zealand, around a third of adult women have been physically or sexually victimised by an intimate partner and more than half have been emotionally or psychologically abused over their lifetime (Fanslow & Robinson, 2011). In the previous 12 months, between 13% and 15% of children have been present when adults assaulted other children in their home (New Zealand Family Violence Clearinghouse, 2017). Between 2009 and 2015, 254 children lost a parent to intimate partner violence (IPV), 59 children were present at deaths caused by IPV, and 56 children died from child abuse and/or neglect (CAN) (Family Violence Death Review Committee, 2017).

Since the late 1970s, community initiatives have played a significant part in responding to problems of family violence in Aotearoa New Zealand. Beginning with the establishment of refuges to provide emergency accommodation for women victimised in their homes, the mobilisation of communities to improve the safety of families expanded through the 1980s to include groups working with men to prevent perpetration of violence against women and children, as well as the first culturally specific refuges for wahine Māori and Pacific Island women. Police have also been critically involved in developing more effective responses to family violence, with changes to policing policy initiated in the late 1980s after the first legislation to provide legal orders of protection from violence in the home (Domestic Protection Act, 1982) was introduced. By the early 1990s, the first co-ordinated community and Police response had been trialled in Hamilton, with local networks of community-led collaborations with Police established in other areas over the following decades. By the end of the 20th Century, the New Zealand Government had become increasingly involved in legislation, policy development and training to improve national responses to family violence. Communities continued to take initiative, with the first refuge for Asian and ethnic minority women established in 1998 (New Zealand Family Violence Clearinghouse, 2019).

Over the past two decades, community collaborations and partnerships with New Zealand Police (Police²) and other statutory agencies have expanded and changed. For example, The Ministry of Social Development established Family and Community Services (FACS) in the early 2000s to enable better co-ordination of services to families involving iwi and non-government organisations as well as government agencies. In turn, FACS developed strategies that included piloting Family Safety Teams (FST) in particular Police districts. FSTs were also focused on coordinating family violence responses among Police, non-government community organisations, and the Ministry of Justice and Child, Youth and Family. The teams were later restructured and re-organised to focus on “high-risk families” in six regions (Gulliver et al., 2018, p. 4). In another example, the Ministry of Justice has funded community-based providers of programmes for persons protected by and respondents of Protection Orders since they were introduced by Domestic Violence Act (1995). In 2014, they developed a code of practice for providers that enabled more flexibility in how community-based providers met programme goals for reducing perpetrator violence and improving safety for protected persons and their dependents. Culturally specific kaupapa Māori programmes are also Ministry funded and they focus a “strengths base approach... on the whole whānau, not just the individual” (Paulin et al., 2018, p. 21). More recently, Police have been involved in piloting a new Integrated Safety Response (ISR) that aims to improve responsiveness to families experiencing violence through daily collaboration with service providers and personnel from statutory organisations (Mossman et al., 2017). As an initiative of a Ministerial cross-agency work programme on family violence and sexual violence, ISRs are Government-led rather than community-led collaborations. They use a case management system, categorise cases according to a risk assessment framework, and aim to identify family violence experiences as early as possible. All cases brought to ISR meetings receive needs assessment and earlier intervention services are a goal of the model. Cases identified as high risk are assigned to a system of intensive engagement with Independent Victim Specialists and Perpetrator Outreach Services (Mossman et al., 2017). While ISR operates in two areas of Aotearoa New Zealand, the system’s focus on earlier intervention and collaborative, co-ordinated responses to family

² Throughout this report we have used *Police* to refer to New Zealand Police as state service organisation, and *police* to refer to the officers who attend and record family violence episodes.

violence are consistent with steps recommended by the World Health Organisation (2010) in respect of evidence for effective violence prevention.

The current study concerns Gandhi Nivas: an early intervention, community-led collaboration with Police. Launched in December 2014 in Counties Manukau, Auckland, Gandhi Nivas meets a need for housing men who are bound by Police Safety Orders (PSO) and cannot return to their homes. PSOs came into operation in July 2010, following the Domestic Violence Amendment Act (2009)³, to provide police with a means to immediately improve the safety of persons at risk of family violence. Police are able to issue a safety order when there are reasonable grounds to believe that there has either been an incident of family violence or an incident of family violence is probable. PSOs serve to temporarily enhance the safety of protected persons, including children, by requiring the person police identify as the primary aggressor⁴ to leave the home they share with protected persons. Those who are bound by PSO's are not permitted to return home for the duration of the Order, which was a maximum of 5 days until July 2019⁵. Breaching the Order is a criminal offence. Persons bound by a PSO are also bound to surrender possession of firearms and firearms licenses, and must not harass or intimidate, threaten or assault protected persons nor contact them, follow them or stop them, whether they are at home or in a public place (New Zealand Police, 2019).

As Police prepared for the introduction of PSOs, they also planned ahead for the effectiveness of the orders to be evaluated, with a view to implementing policies and practices that were responsive to the findings of research evidence. The evaluation project, completed in 2014, assessed how well PSOs achieved both short- and long-term goals and

³ The Act was repealed, along with the Domestic Violence Amendment Act (2012) and the Domestic Violence Act (1995) when the Family Violence Act (2018) was passed.

⁴ The terminology "primary aggressor" is used by Police and the Family Violence Death Review Committee in respect of the possibility that a person who has been victimised may have responded in self-defence, so police need to make a decision about who is criminally responsible for a particular act of physical violence. We have used the terminology of 'aggressor' and 'victim' throughout the current study since it is consistent with Police practice.

⁵ In regard to Police Safety Orders, the new Family Violence Act (2018) increases the maximum time that a person can be bound by a Police Safety Order from 5 days to 10 days. It became possible for police to issue a PSO with a 6 to 10-day duration on 1 July 2019. This new provision has not been considered in the current study because it has been introduced too recently to affect the data in the current study. We note, however, that the outcome evaluation of PSOs (Mossman et al., 2014) found that the shorter duration of PSOs was an area in need of improvement.

any “unintended outcomes or processes that may arise from PSOs” (Mossman et al., 2014, p. 2). Long-term outcomes were less clear than short-term outcomes, considering how recently PSOs had been introduced, although the evaluation found evidence that some police and victim refuge advocates thought of PSOs as effective strategies for reducing re-victimisation. While the research identified successes in short-term goals, such as enabling persons at risk the opportunity to consider and seek support, there were also areas identified as needing improvement. For instance, support agencies had difficulties contacting persons at risk, and received referrals after the PSO expired, especially if the duration of the PSO was less than 5 days. The study also found that 70% of police respondents believed a lack of suitable accommodation influenced the likelihood of a PSO being breached by the bound person⁶. A formative evaluation of PSOs had earlier identified lack of accommodation for bound persons as needing further attention (Kingi et al., 2012). As an unintended consequence of PSOs, some evaluation participants understood that removing bound persons from their home created a hardship for some bound persons. Other hardships and burdens identified as unintended consequences included increasing financial costs to persons at risk, emotional distress, and some becoming reluctant to contact police again because of the costs, the disruption to their home life, or because they were not concerned for their safety. These unintended consequences were identified in the outcome evaluation study, along with several others (Mossman et al., 2014).

Police refer some bound persons in nearby districts for accommodation at Gandhi Nivas⁷. Residence is voluntary and provides an opportunity for men and their families to engage with social, counselling and violence intervention services offered by Sahaayta. Sahaayta provides 24-hour professional social work at the residence, 7 days a week, and makes contact with family members of resident men as soon as possible and usually within 24 hours. Needs assessment and brief counselling are provided to residents on site. Families are offered counselling and support services quickly. As needed, Sahaayta also provides referrals to other organisations and support for clients to access legal, translation, budget,

⁶ The only more frequently identified influence on PSO breaches was when the person at risk wanted the bound person to come home (86%).

⁷ The proportion of referrals vary in different time periods. For example, in January and February 2020, 822 PSOs were issued in Counties Manukau. Of these 75 (9.12%) bound persons were referred to Gandhi Nivas (Personal communication, Sucharita Varma, Director, Sahaayta).

housing and medical services. The collaborative relationship between Gandhi Nivas and Sahaayta meets the needs for accommodation for bound persons and quick referrals for persons at risk, identified in earlier PSO evaluations (Kingi et al., 2012; Mossman et al., 2014).

The initiative for Gandhi Nivas arose when South East Asian community members became concerned with the over-representation of Asian identified women among victims of family violence (Mattson et al., 2017). Some evidence from mortality rates suggests that people from Asian ethnicities are more likely to be at risk from intimate partner violence and younger than those of other ethnicities. Compared with average overall mortality rates from homicide, Asian peoples are slightly higher, while the mortality rates for Māori and Pacific peoples were highest, respectively (Paulin & Edgar, 2013). At around the same time, the Family Violence Death Review Committee raised issues about the need for practitioners to better understand forms of violence that specifically affect women from particular cultural contexts (Family Violence Death Review Committee, 2014). Research has continued to find evidence of the need for culturally specific family violence services (see for example, Simon-Kumar et al., 2017).

Gandhi Nivas began with the goal of providing culturally specific early intervention services for South Asian men, and in the first year of operating a residence in Otahuhu, 58% of clients identified with ethnicities from these regions. Pacific Island and Māori men represented close to 19% and 15% of residents respectively (Morgan & Coombes, 2016). As Gandhi Nivas has developed over the past 5 years, services have been provided for any men who are referred by police and accept temporary accommodation. Within the communities of Counties Manukau, in South Auckland, there is a concentration of the ethnic superdiversity that characterises Aotearoa New Zealand's most populous city (Spoonley, 2015). Counties Manukau Health (2015)⁸ reports that in 2014 the population of the district was estimated at 11% of the whole population of Aotearoa New Zealand. By ethnicity, 16% of Counties Manukau estimated resident population "were identified as Māori, 21% as Pacific peoples, 23% as Asian and 40% as European/Other groups" (p. 22). These groupings

⁸ Updated population estimates for Counties Manukau based on the 2018 New Zealand census were not available at the time this report was prepared.

represent heterogeneous ethnic identities. In the 'Asian' group, for instance, the 2013 New Zealand census identified the five largest groups based on the home countries of migrant communities⁹: Indian (46.5%), Chinese (34%), Filipino (5.5%), Korean (3.4%) and Cambodian (2.5%). Pacific Island peoples included those from Samoa (50.8%), Tonga (23.5%), Cook Island Māori (21.4%), Niuean (8.6%) and Fijian (3.2%). Those identified as Māori were affiliated with 13 iwi. The grouping of NZ European/Other, included peoples from the Middle East, Latin America and Africa (MELAA), which is a particularly heterogeneous grouping of ethnicities and represents 1.4% of the population usually resident in Counties Manukau. While this small percentage is reported within the broader category of European/Other groups for the estimated resident population of Counties Manukau, 53.1% of MELAA peoples in Aotearoa New Zealand live in the Auckland region so MELAA peoples are also likely to be overrepresented in Counties Manukau (Statistics New Zealand, 2014).

The communities that Gandhi Nivas currently serves are ethnically diverse and comprise some groups who are at higher risk of fatalities from family violence than those of European ethnicities. In the 2013 census, people who identified with a European ethnicity included Pākehā/Europeans and those from Britain, Europe, North America and Australia. In Counties Manukau communities, those of European ethnicities are underrepresented although they remain the majority in Aotearoa New Zealand overall (74%) and in the Auckland region (59.3%) (Statistics New Zealand, 2014). Since superdiversity is concentrated, and European ethnicities are underrepresented in Counties Manukau, the need for culturally specific community-led responses to family violence is acute.

As an early intervention collaborative community-led response to family violence in Counties Manukau, Police, Sahaayta and the Governance Board of Gandhi Nivas have formalised partnerships to mobilise their community resources as recommended for best practice community responses (Murphy & Fanslow, 2012). Gandhi Nivas aims to help victims and perpetrators in their communities to achieve better outcomes for themselves and their families. The current study is the fifth in a series of evaluative studies designed to provide

⁹ This should not imply that the groupings refer to the birthplace of particular people or peoples whose ethnicity is identified according to the categorisation. For example, 41% of those identified as Indian reported their birthplace as a Pacific Island country. Significantly, this suggests that many people who were identified in the Indian ethnic group would identify themselves as Fijian Indian (Counties Manukau Health, 2015).

evidence that informs local best practice for effectively improving safety and reducing family violence.

[The research programme and the current study](#)

The programme of evaluative research in collaboration with Gandhi Nivas is designed to take an inclusive approach to the needs and interests of stakeholders. The first two studies include a qualitative process evaluation that identified the strengths of and challenges for the community initiative. The study enabled us to provide thematic evidence of stakeholders' understandings of family violence and the scope of harms involved in family violence. We were also able to document stakeholders' understandings of their clients' circumstances, particularly the socio-economic issues that their clients experience and the dynamic relationship between trust and distrust in relation to domestic violence interventions within their communities. Separate themes identified the operational challenges facing Gandhi Nivas, including the challenges of resourcing 'peaks and troughs' in service demand, funding service provision, and differences between expectations and indicators of success for various potential Government funding agencies and their community embedded conceptualisations of successful intervention. Questions were also raised about the meaning and value of quantitative assessments of successful interventions since the criteria for reductions in "how many" family violence homicides or families with improved safety outcomes would count as successful outcomes is variable and difficult to determine by consensus.

Consistent with principles of inclusive evaluation (Lincoln, 2003), the process evaluation, alongside phases of ethnographic fieldwork and meetings with stakeholders, enabled us to centre the research programme on stakeholders' understandings, needs and concerns in the context of issues they face. Despite doubts about quantitative evaluation criteria raised in the process evaluation, stakeholders are aware of the need to provide statistical evidence that Gandhi Nivas and the services offered to families are appropriate and effective in reducing reported family violence re-offending. The first study in the research programme provided statistical descriptions of the demographics of Gandhi Nivas clients after the first year of operation, December 2014-December 2015 at the Ōtāhuhu residence. The study also examined available Police records to pilot an approach to measures of family violence

re-offending reported to police that was adapted from recommended measures of proven re-offending (Ministry of Justice U.K., 2012; Sullivan & Povey, 2015). Measures of proven re-offending explicitly acknowledge that underreporting of crime and successful defences of Police charges brought to court mean that rates of actual criminal recidivism cannot be accurately measured from court data. Underreporting of family violence in Aotearoa New Zealand has been estimated at around 74%¹⁰ (Ministry of Justice, 2018), which seriously affects estimates of the actual re-occurrence¹¹ of the kinds of family violence episodes that might warrant police intervention. In addition, measures based on Police records involve counts of specific occurrences recorded by police and cannot provide evidence of *patterns* of coercive control or many forms of *ongoing* psychological violence included in the most recent legislative definitions of family violence (see, Family Violence Act, 2018). Therefore, like research using measures of actual re-offending, our project using measures of reported re-offending and/or re-occurrences explicitly acknowledges that they are not accurate estimates of actual re-occurrences or re-offences and cannot provide evidence of whether decreases in rates of reported re-occurrences indicate declines in actual re-occurrences or declines in reporting re-occurrences. Where there is mistrust of legislative and policing processes for family violence intervention, underreporting can distort quantitative evidence of reductions in reoffending. Likewise, rises in reported rates of re-occurrences and re-offending are difficult to interpret since they may indicate increased reporting rather than actual re-occurrences if trust in legislative and policing processes improves through engagement in intervention services.

The preliminary statistical description of our first Gandhi Nivas study (Morgan & Coombes, 2016) found that in the first year, Gandhi Nivas provided residence and offered early intervention services for 103 men from diverse ethnicities, though predominantly Indian and Fijian Indian (51%). The majority of resident clients were bilingual or multi-lingual (69%) and between 20 and 40 years of age (53.5%). Nearly half of clients were unemployed at the

¹⁰ As a specific form of family violence, IPV is more now more frequently reported. According to the same study, IPV underreporting is estimated at 65%.

¹¹ Throughout this report we use the terms 'occurrence', 'incident' and 'offence' consistently with the way these terms are used in Police records. An 'occurrence' is the broadest term for a family violence and is inclusive of incidents and offences. Both incidents and offences are coded into categories of 'like-kinds'. For example, all incidents relating to excessive drinking that result in police custody for detoxification are coded 1K. All offences of male assaults female manually are coded 1543.

time of their intake. Responses to police referrals to Gandhi Nivas were rapid for the majority of clients¹². Only clients who did not engage with services on referral (3%) had intake dates that exceeded 24 hours from the time of the occurrence for which police referred them.

The Police matters that brought clients' referrals to Gandhi Nivas¹³ primarily involved a PSO (58%). Police recorded incidents of family violence (25.8%) and offences against family members (12.4%) comprised the remaining matters for which Police records were identified. For the majority of clients, the family relationship involved in the intake matter was with an intimate partner or former partner (65%) with parent/child relationships the next most common (22%). Other family or friendship relationships were reported far less often (2.1%-5.2%). Just over 44% of clients had no family violence recorded occurrences, other than the matter for which they were referred to Gandhi Nivas. For 37% of clients who did have another family violence matter in their Police records, one occurrence was recorded. 11% of clients had records of 10 or more recorded occurrences. There were three proportional measures of reported family violence re-offending used among the cohort of 38 clients with recorded offences prior to intake. On each of these measures, there was a decrease in the involvement of Gandhi Nivas clients in family violence offending after intake. Despite trends suggesting decreased frequency in offending after residing at Gandhi Nivas, we were cautious against drawing conclusions about client offending patterns at this early stage in the development of the services provided by Gandhi Nivas. As well as the general issues with measuring outcomes for family violence interventions through recorded Police matters previously discussed, 2% of the client cohort in our first study were 12 months or more from their intake date when the Police data was collected. Thus, for the majority of the cohort, the time-lapse from intake to data collection did not meet the recommended one-year follow up period for measures of repeat offending. Having piloted the reported re-offending measures in our preliminary study, the current study will use measures of reported re-occurrences of family violence indicated matters that police attend and re-offending associated with re-occurrences recorded in the Police database to assess

¹² There were no dates recorded for 21 cases (19%) in the Gandhi Nivas database, so the time-lapse from occurrence to intake could not be calculated.

¹³ Police records could not be matched for 6 clients, so analyses related to Police data could only involve 97 client cases.

pre- and post-intervention changes for clients who have resided at Gandhi Nivas between December 2014 and December 2018.

The third and fourth studies in our research programme have been designed to meet stakeholder interest in understanding the experiences of Gandhi Nivas' early intervention services from the perspective of men who accept police referrals for temporary residence (Mattson et al., in preparation), and the members of the families who are offered services when the men take up residence at the Ōtāhuhu location (Coombes et al., in preparation). In these studies, we have taken an interpretative approach to analysing experiential accounts, to enable insights based on clients', and their family members', understandings of their circumstances and early intervention experiences. Each of these studies is in the final stages of analysis as this report on the current study is finalised.

The third study (Mattson et al., in preparation) focuses on men's experiences of residence and early intervention services that they receive from Sahaayta. The men who volunteered for this study were predominantly migrants who experienced difficulties and challenges in meeting their expectations of themselves as husbands and fathers after migration. They have spoken of complex changes in their experiences of family responsibilities in their home and host countries that trouble them and affect their relationships with their partners, children, other family members and the communities in which they are embedded. Complexities of gender relations, especially men's and women's different responsibilities within families (e.g. maintaining harmony, providing for children) are challenging for some clients. The study also highlights other complexities in some men's experiences including problems related to precarious employment and difficulties with language, and dislocation from cultural and ethnic communities.

Specifically, in relation to their experiences of Gandhi Nivas' early intervention services, the third study is providing testimony of ways in which the men understand the help they've received. The provision of temporary accommodation when police intervention removes them from their family home is welcome because of the peace and support offered. Sahaayta staff help the men to understand their legal obligations and responsibilities for non-violence in their families in Aotearoa New Zealand. For example, they learn that psychological violence is included in New Zealand law as a form of family violence and that

physical assault cannot be justified as a form of disciplining their partner or children. Early intervention counselling and non-violence programmes provide the men with support to change in a context where they are willing to change but unskilled in how the changes could be realised. The men have also experienced opportunities to learn productive pro-social skills in relation to dealing with the issues they faced in their everyday and family lives. We have also been able to document cases where clients have been unwilling to make changes in their family relationships and have spoken about returning to their home country rather than engaging further with early intervention services.

The limitations of the qualitative study of men's experiences relate to the possibility that clients who volunteer to take part in the research may understand their experience in ways that are systematically different from those who do not choose to engage with the researcher, especially since the volunteers were predominantly migrants. They identified ethnically as Indian, Fijian Indian, Indonesian, Pacific Islands and Māori. However, experiential studies do not assume that particular experiences can be generalizable from a sample to a population. Interpretative analyses are not intended to be representative of all clients, instead they provide nuanced ideographic analyses that deepen understanding of the experiences of participants.

The fourth study (Coombes et al., in preparation), focusing on the experiences of Gandhi Nivas residents' family members, is a crucial component of the research programme. As is evident from under-reporting of family violence, those who are victimised by intimate partners, children, parents or other relatives face significant complexities in consideration of reporting violence perpetrated against them. Perpetrators' threats and retaliation for reporting, shame within their familial, social and community relationship, responsibilities for family cohesion and wellbeing, as well as legal and economic consequences of victimisation all contribute to underreporting. Analytic interpretation of the accounts of women who have been victimised by their partners or sons provides insights into the way that early intervention services work to enhance their safety.

We are ethically bound to ensure those who have been victimised by others in their families are safe to participate in any research study before they are recruited. We collaborated with Sahaayta staff on recruitment protocols, since they were able to assess the safety of those

whose family members have been referred to Gandhi Nivas. Sahaayta staff initially provided information about the research to potential participants and since Gandhi Nivas specifically provides residence and services for men, the majority of family members who were eligible to take part in the fourth study were women partners or mothers of Gandhi Nivas clients. Many women who had engaged with Sahaayta services for families of Gandhi Nivas clients were contacted by Sahaayta staff and we appreciate that recruiting required considerable time and energy because of the complexities of women's situations. In the process of recruitment, some women needed to re-engage with services following our invitation. Others declined to take part because they did not have time to participate, had relocated or didn't want to talk about the situation that led to them being involved in services in the first place. Despite these complexities, fifteen participants were recruited, and interviews were completed with ethnically diverse women including Māori, Pacific, Chinese, Indian, Fijian Indian and Afghani women.

All the women who volunteered for the study have wanted the opportunity to tell us how significant Sahaayta services have been for them. Having the support of the services has been vital for them in finding the strength to endure the events that brought them in contact with services in the first place. It has been invaluable for them to have access to services at any time, night or day, since it has allowed them to engage with support even after normal working hours or in circumstances where they were unable to leave their homes. Counselling and support services have provided a safe, non-judgemental relationships for them to talk about their experiences without fear of further shame or social isolation because of their circumstances. They have been able to rely on Sahaayta staff to help find safety strategies for them and make safety plans. The resources they need to be able to take practical steps to ensure a safer future for themselves and their children have been accessible to them through Sahaayta services and referrals.

Analysis of the women's accounts of their experiences with Sahaayta services have allowed us to provide evidence of the complex circumstances they face, including alcohol and/or drug abuse within their family; isolation and shame; difficulties accessing adequate social and/or mental health services; precarity and poverty. Their different circumstances include intergenerational trauma and its expressions within and across families. Some have

experienced abandonment in various modes with immediate and long-term effects on them and their children, particularly as migrant families. Some are experiencing ongoing consequences of shame and social isolation that affect their access to relationships with culturally specific communities or religious institutions.

In the current study, we return to statistical description of the demographics and involvement in Police recorded family violence occurrences of Gandhi Nivas clients.

Aims of the current study

This current study has four broad aims, each of which is met by addressing specific questions¹⁴:

1. To provide a demographic description of Gandhi Nivas clients that enables a better understanding of how the clients' who are referred to and reside at Gandhi Nivas are located within the broader demographics of Counties Manukau and the kind of services that might be appropriate for them. To meet this aim, we specifically ask:
 - How old are Gandhi Nivas clients?
 - How are clients identified ethnically?
 - What languages do clients speak and how many clients are bi-or multi-lingual?
 - What is the occupation and employment status of clients?
2. To examine how clients come to be referred to Gandhi Nivas by police and how quickly they are provided with residence and access to services. Analysis of data relating to intake and access to residence and services allows a better understanding of the scope of family violence episodes for which clients are referred by police to Gandhi Nivas, and whether referrals provide timely access to residence and services so that clients are supported to meet the conditions of Police Safety Orders. Intake analyses also provide information about whether all clients referred to Gandhi Nivas are suitable for early intervention services. To meet this aim, we specifically ask:

¹⁴ In our preliminary study (Morgan & Coombes, 2016) we anticipated adding to the analyses we would do in future. For the current study, some of the data needed to meet our aspirations were not available, including client migration dates, their citizenship status, and their family violence risk scores.

A.

- How many clients are referred to Gandhi Nivas because they are bound by a PSO, and what other roles in family violence episodes have clients been assigned by police (e.g. victim, aggressor, witness) according to the occurrences that police have attended?
 - What family relationships are involved in the police attended occurrences that bring clients into Gandhi Nivas residence?
 - How many clients have intake times at the residence within 24 hours of the occurrence for which police refer clients to Gandhi Nivas?
3. To examine the history of clients' involvement in family violence indicated occurrences recorded by Police for the purpose of providing evidence of the scope, range and volume of clients' involvement in family violence episodes reported to police over more than a decade of available Police records. Meeting this aim provides more detailed information about differences in clients' histories of Police recorded family violence episodes and also allows for a better understanding of the kinds of intervention services that might be suitable for Gandhi Nivas clients. To meet this aim, we specifically ask:

In the period from 1 January 2009 to 31st May 2019,

- how many family violence indicated occurrences have been recorded by Police for Gandhi Nivas clients?
 - how many types of family violence indicated offences and incidents were recorded for Gandhi Nivas clients and how frequently were these types of offences and incidents recorded?
 - how frequently have clients with pre-intake records of family harm occurrences been involved in police attended family violence episodes and how frequently have multiple incidents and offences been recorded for each occurrence?
4. Using measures of reported re-occurrences of family violence attended by police and family violence re-offences, describe patterns of police recorded occurrences and offences pre- and post- intake for Gandhi Nivas clients. The fourth aim provides evidence of changes in client involvement in episodes of family violence attended by police before and after intervention. Since stakeholders are working towards reductions in offending and increases in

non-offending among their clients, this aim provides them with preliminary¹⁵ information to evaluate successful improvements in client offending. To meet this aim we specifically ask:

- what proportion of clients' who have occurrences and offences recorded before intervention also have occurrences and offences recorded after intervention (re-occurrences and re-offences)?
- what proportion of clients who were non-offenders prior to intervention maintain non-offending after intervention?
- what proportion of all clients are non-offenders before and after intervention?

The study's ethical protocol was approved by Massey University Human Ethics Committee (SOA 18/39) on 10 July, 2018.

Data sources

The current study draws on operational datasets provided confidentially to the research team by Sahaayta and Police.

The dataset from Sahaayta provided 1008 cases of intake at Gandhi Nivas from December 18, 2014 (first intake date) to December 6, 2018 (dataset collection date). The dataset included information on clients' dates of birth and ages at intake, ethnic identifications, languages spoken, employment status, duration of PSOs (where relevant) and Police area within Counties Manukau where the intake occurrence took place. In addition, to enable matching with Police data, we were provided with clients' names and addresses. Once the datasets were matched, identifying data was removed¹⁶.

The 1008 cases of intake at Gandhi Nivas involved 921 unique clients. Of these clients, 142 (15.42%) had other records of intake on a subsequent date. The number of repeat intakes

¹⁵ The current study provides preliminary indications of whether changes in re-occurrences, re-offending and non-offending can be attributed to intervention because it does not include comparisons with a control group who are not Gandhi Nivas clients. The caveats on findings from this study are discussed further in subsequent sections.

¹⁶ Only two members of the research team had consent to access identifying data. No other persons were able to access this data, even if they were members of the broader research team. All data files were password protected and data files used for analysis were de-identified.

among these clients ranges from two to seven. From the data that was available within the dataset, there were 58 (5.23% of intake cases) records of clients self-referring for residence and services. Of these self-referrals, 42 (72.41%) were clients who had a previous intake date, so they had previously accessed services. Self-referrals, particularly from returning clients, suggest that there are men from Counties Manukau communities who trust the early intervention services provided by Gandhi Nivas. Data on the specific situations in which they decide to refer themselves is not provided in the available datasets. We also interpret repeat intakes that are based on a subsequent police referral to Gandhi Nivas as an indication of trust in the residence and services provided, since intake at the residence is voluntary and the men who are referred are under no obligation to accept either accommodation or early intervention services.

The Police dataset was extracted from the Police database on 7 July 2019 and provided detailed data on the family violence indicated occurrences recorded for Gandhi Nivas clients from 1 January 2009 to 31 May 2019. Details included the date and time the occurrence was reported, the role that had been assigned by police to the client at the incident, such as Suspect, Offender or Bound by Order, and the Police code for each type or types of incident or offence recorded. The location of the occurrence, its start and end date, and the relationship of the client to the victim or person at risk at the time were also provided. Intimate partner violence was specifically indicated.

Not all the unique clients included in the Gandhi Nivas dataset could be matched with Police records. Police were provided with the dataset from Gandhi Nivas, edited so that unique identifiers could be assigned, and repeat referrals were not included. Police worked with the second author, to ensure that matches were accurate. Wherever there was doubt about the possibility of accurate matching, other details were checked such as the possibility that birth dates had been inverted or names misspelt. The dataset was checked by Police data scientists before being released to the research team and the match was reviewed by the researchers. 874 Gandhi Nivas clients (95%) were matched with the Police database. For 35 (3.8%) clients, a Police record could not be matched, and the remaining 12 (1.3%) were excluded by the research team because of ambiguity in more than one of the matching points (i.e. date of birth cannot be matched, *and* name could be misspelt).

As is the case for any study based on data entered into an operational database, there are caveats on how it can be used for research. Operational databases are dynamic and changes in policy and practice influence the way that data is recorded with potential to impact research findings. Data accuracy is sensitive to the time at which data is collected (Gulliver & Fanslow, 2012; Mossman et al., 2017). For instance, we are aware that during the time period over which Gandhi Nivas has been operating, Police have introduced a new approach to family violence policing, known as the 5F Family Harm Investigation (New Zealand Police, 2018a). The new approach includes a newly devised static factor risk assessment (SAFVR), a dynamic risk assessment and a new family violence app used on police phones.

A 5F Family Harm Investigation prioritises a wider view of family harm than previous Police approaches that were narrow in focus on incidents of family violence (New Zealand Police, 2018d). Rather than continually responding to incidents that Police previously categorised as fairly discrete, the shift in the 5F approach is towards understanding and responding to the wider contexts in which family violence is produced and how these contexts can be addressed to reduce re-victimisation and ensure safety (New Zealand Police, 2017). The shift in language from 'attending an incident' to engaging in a family harm investigation aims to help shift Police thinking from discrete episodes of violence that they attending to the broader contexts and patterns of family violence that need investigation in order to create change for families.

One of the features of the new 5F Family Harm Investigation approach is a static risk assessment for family violence recidivism. The newly created Static Assessment of Family Violence Recidivism (SAFVR) has been devised by the Police in response to the need for a family violence risk assessment specific to the New Zealand context (Marshall, 2019). Created using Police data, the risk assessment includes static factors such as previous offences and convictions which are used to calculate the likelihood of someone perpetrating a family violence offence within two years (New Zealand Police, 2018a, 2018d). A 5F Family Harm Investigation also includes a dynamic risk assessment, where a set of questions are asked to help predict the likelihood of further violence (and potential lethality) in the specific family context (New Zealand Police, 2018c). More questions can be added depending on the context; for example, there are questions that can be added to the

dynamic risk assessment if there are children living in the house where the 5F Family Harm Investigation is taking place. Combining the outcome of the SAFVR and the dynamic risk assessment gives Police a Total Concern for Safety outcome that can then be used to decide on a Police response. By combining two scores from two different measures, Police aim to increase the accuracy of the prediction of violence, particularly as the measures can take into account wider family contexts. Once a Total Concern for Safety score has been established, the Police utilise a Family Harm Graduated Response Model in order to decide on the actions that might be safest for victims, children and perpetrators – this becomes the Frontline Safety Plan which aims to protect those at risk for at least 72 hours (New Zealand Police, 2018a). The 72 hour time frame is designed to allow time for other teams and agencies to become involved with the family and build support around them while a safety plan is still in effect (New Zealand Police, 2018b). Other agencies can then review the risk for a particular family and trigger ongoing support or other interventions that may help the family be safe.

Enabling these 5F Family Harm Investigation processes is the OnDuty Family Harm app installed on Police phones. The family harm app was modelled on the original OnDuty app created to streamline traffic stops and reduce paperwork. A study by van Lamoen and Donachie (2017) of the original OnDuty app as used for traffic infringements found that the app did save time by digitising traffic stop processes and enabling Police to spend more time engaging the drivers they stopped, which meant more time was spent focusing on prevention rather than punishment. The app has now been further developed for the family violence context and drives the new 5F Family Harm Investigation approach. The app enables the digitisation of all processes, eliminating the need for Police to leave the family in order to complete paperwork and providing Police with a large amount of information while they are still on the scene. Risk assessments and safety plans can be performed and authorised as Police stay with the family, as supervisors are able to review and approve Police actions in real time, rather than waiting on paperwork. Information is also shared more efficiently and in real time with other agencies that might become involved (such as Oranga Tamariki). Daniels-Shpall (2019) outlines the importance of information sharing between key agencies for attending to the wider context of family violence, addressing family violence quickly and ensuring continued engagement with the family in order to

create change and keep those at risk safe. Police will have more information as they arrive on scene and more time to spend with the family/community due to the major reduction in paperwork (New Zealand Police, 2018d) and prioritising time spent in the community over Police processes (Smudge.com, n.d.). In addition, information about families can be built upon, where Police can access histories and not necessarily have to ask families to repeat their stories to new Police officers with repeated callouts (Police Media Centre, 2018). The use of the OnDuty Family Harm app enables fast access to a large amount of (contextualised) information that can help inform better decision-making for Police in real time (New Zealand Police, 2018d).

For our study, the operational effects of the 5F Family Harm Investigation policy and procedures had two clear effects on the Police dataset we were able to access. Firstly, the new risk assessment protocols for policing family violence have meant that we were unable to access recorded risk scores for Gandhi Nivas clients. The database was undergoing operational updates to Family Violence risk scores at the time when the data was drawn down on 7 July 2019 (personal communication, Obert Cinto, Evidence Based Policing Centre). Since changes to risk scores had not been completed across the whole of the time period that was included in our study, we were unable to include any analysis of Gandhi Nivas client risk scores as assessed by police. The second effect related to the coding of incidents that were indicated as Family Violence in the Police dataset. The new policy included changing the code for police to use at family violence incidents from “1D domestic dispute” to “5F family harm investigation”. We understand that the new policy was introduced partially and early in the district of Counties Manukau (personal communication, Senior Sergeant Sharon Price, Counties Manukau, Whangaia Nga Pa Harakeke), and we found the first 5F coding recorded in the dataset on the 2nd April 2016. Across the period from early 2016 until the 31st May 2019, both 5F and 1D codes were recorded in the dataset. In Part III we discuss the way in which we have treated the dynamically changing codes in the Police dataset.

While we have taken care to account for those dynamic changes to the operational database that we can address through careful analysis, we are unable to assess the impact of the intent of the 5F Family Harm Investigation policy and procedures on the recorded

occurrences, incidents and offences for Gandhi Nivas clients in the Police dataset. It is possible, for instance, that implementing policies allowing Police to spend more time in the community, respond more effectively to the wider contexts of family violence, and improve the safety of those who have been victimised in their homes, may be related to increases in the frequency of recorded family harm investigations, including offences. Such changes may confound our interpretation of patterns of re-occurrences and re-offences after Gandhi Nivas intervention.

Bearing these caveats in mind, we report our descriptive analyses of the datasets, below. In Part I, we present results of the demographic analyses. Part II covers analyses of data relating to occurrences that led to intake at Gandhi Nivas (intake occurrences) and Part III analyses data related to all the family violence occurrences recorded for clients across the whole dataset and client involvement in occurrences and offences before intake. In the fourth part, we present the results of re-occurrence and re-offending analyses based on pre- and post-intervention records.

Part I: Demographic analysis

The Gandhi Nivas dataset was analysed to address research questions about demographic data. All 921 unique Gandhi Nivas clients are included for analysis in this section. However, for some of the demographic questions we are asking, data was missing for particular clients or repeat intakes at Gandhi Nivas recorded different demographic data. In the following analysis, the number of unique clients or the number of intake cases are used to describe the frequency distributions of demographic categories. Each section explains the way the data has been categorised for analysis.

Age

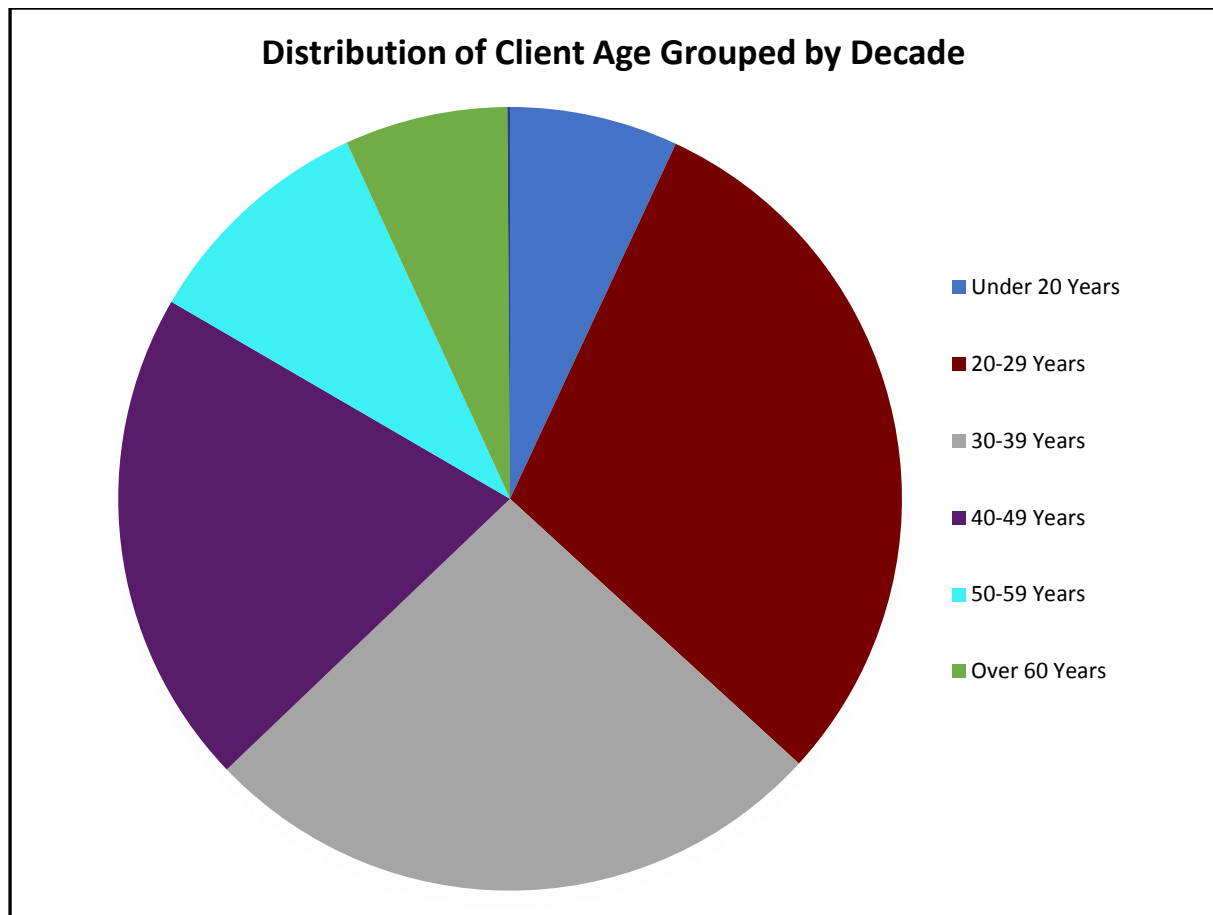
Age of clients was calculated from their birthdate in first intake records and checked with the age recorded at intake. First intake records were used to ensure that any discrepancies between birthdates and ages for repeated intakes did not affect the analysis. One client record was missing both birthdate and age data and could not be included. Thus, 920 unique clients were included in the demographic data on age.

Clients' ages range from youthful to elderly: The oldest client is 84 years of age and the youngest is 15. The mean age of clients is 36 years and the median age is 37. The modal age of 23 years indicates that clients are more frequently younger than the mean client age in this cohort. The distribution of clients' ages, grouped by decades is provided in Table 1 and illustrated in Figure 1, below.

Table 1: Distribution of Client Age Grouped by Decade

Age Grouping	Number of Clients	Percentage of Clients
Under 20 Years	64	6.96%
20-29 Years	275	29.89%
30-39 Years	240	26.09%
40-49 Years	189	20.54%
50-59 Years	90	9.78%
Over 60 Years	62	6.74%

Figure 1:



Although the clients' ages range from mid-teens to mid-80s, the distribution shows that the majority of clients are between 20 and 40 years old (55.98%), with almost 30% in the 20-29 age group. This is an expected result given that the modal age is 23 years. Client ages between 40 and 49 years represent the third largest category (20.54%). More men aged 30-49 (46.63%) are using the residence than men under 20 and older than 50, combined (23.48%).

Gandhi Nivas provides accommodation for men of all ages and Sahaayta early intervention services are provided for individuals, couples, youth, families, and the elderly. The scope of services available is fitting to address the needs of men at very different stages in their lives. None-the-less, men aged in their twenties and thirties are the predominant client group in residence at Gandhi Nivas and may have specific life-stage needs.

Ethnicity

While there were 921 unique clients for whom ethnicity data could have been recorded, we found that ethnicities in the dataset were sometimes recorded differently for the same client on different intake occasions, rather than consistently for each client. We are aware that ethnicity data collected on intake might be based on either the self-identification of the client or their intake counsellor on the basis of information the men provide. To ensure that we accounted for ethnicity identification as comprehensively as possible, analysis in this section is based on intake cases rather than unique clients.

Ethnicity data was provided for 1105 of 1108 intake cases (99.73%). 3 intake cases, each for unique clients, were missing ethnicity data. So, this analysis is based on 1105 cases.

The ethnicity categorisations recorded in the data are complex. Several of the categories used to identify ethnicity are identical with nationality (e.g. Pakastani, Chinese). Other categories are identical with geographical regions (e.g. Middle Eastern, Punjabi, European). Some identifications are more specific, for instance, some clients are identified with specific iwi or hapū and still others have referred to more than one nationality to describe their ethnic identification (e.g. South African European, Fijian Indian). In one entry, the racial category “Caucasian” was recorded.

For the purposes of our analysis, we have used Statistics New Zealand’s (2018) categorisation of ethnic groupings to standardise the variety of ways in which ethnic identifications are recorded in the dataset. Statistics New Zealand defines ethnicity as a person’s self-identified affiliation with a group or groups of people and identifications may be based on various group characteristics, including “a shared sense of common origins” or “unique communities of interests, feelings and actions” (para.1). Even a common name may characterise an ethnic grouping. People may also ethnically identify with more than one group. For their purposes, Statistics New Zealand use broad categorisations with sub-groupings based on regions or geographic location. For example, the broad category of European/Pākehā includes New Zealand born people of European descent, acknowledging that some will choose to identify themselves as Pākehā, as well as people of European descent born overseas (e.g. Afrikaans or Austrian). The broad categorisation used by Statistics New Zealand (2018) are provided in Table 2, below.

Table 2: Statistics New Zealand Categorisations of Ethnic Groups

Category	Regional and national inclusions
European/ Pākehā	Inclusive of all peoples of European descent
Māori	Inclusive of all iwi, hapū and whānau specific indigenous identifications
Pacific Peoples	Inclusive of Samoan, Cook Island Māori, Tongan, Niuean, Tokelauan, Fijian and other peoples from the Pacific, such as Papuan
Asian	Inclusive of peoples from Southeast Asia, China, Japan and India, as well as other Asian peoples, for instance, Pakistani and Vietnamese peoples.
Other	Inclusive of peoples who identify with other groups exemplified by those from the Middle East, South America, Latin America or Africa.

We have adapted these groupings to more appropriately represent some of the most common ethnicity identifications within the Gandhi Nivas dataset by adding specific categories for Indian, Fijian Indian, Middle Eastern and African ethnicities. Our category of *other* differs from that of Statistics New Zealand because Middle Eastern and African peoples are grouped separately. In the Gandhi Nivas dataset, 'other' ethnicity represents those whose ethnicities are not included in broader categories but are recorded so infrequently in the dataset that specifying them could put clients' privacy at risk.

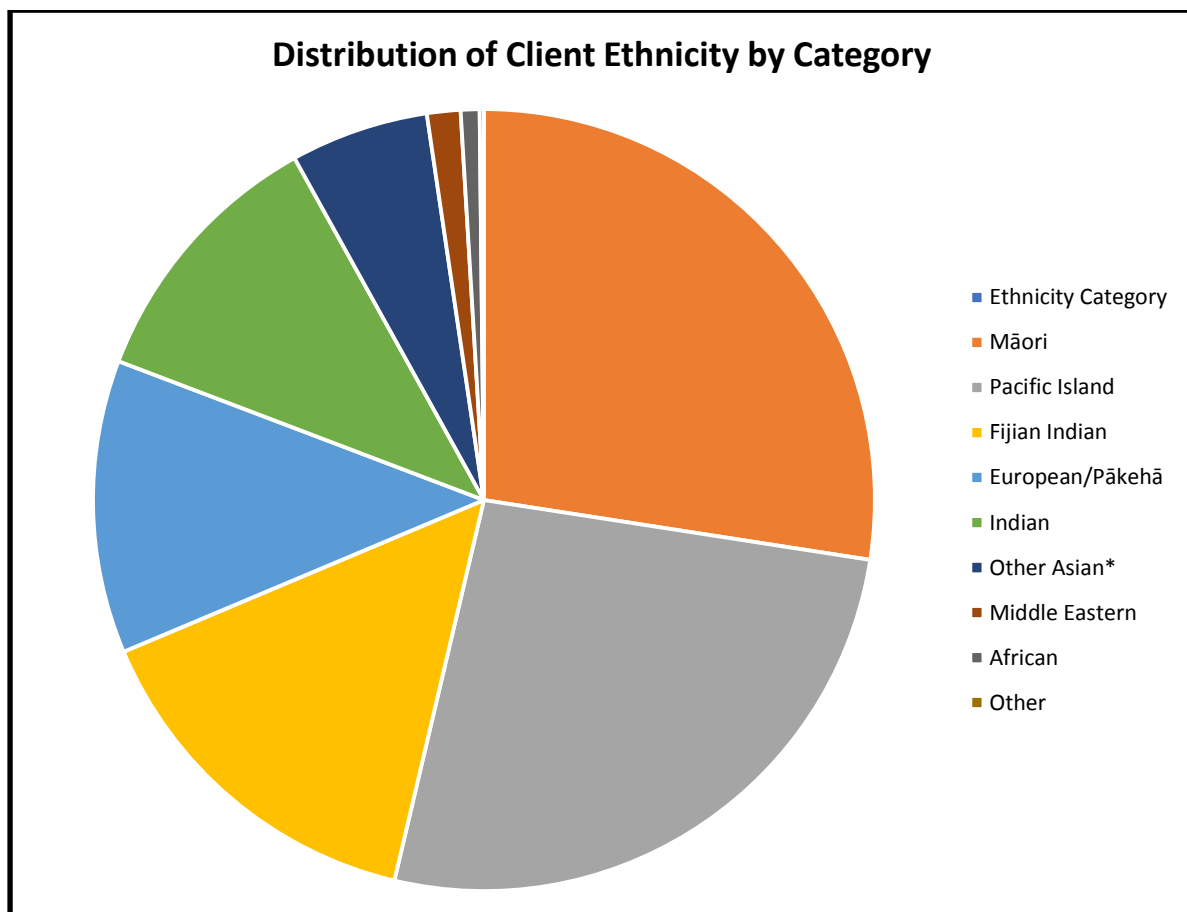
Since our dataset includes clients with repeated intakes that record ethnicities differently, as well as 46 intake cases (4.15%) where clients have identified with more than one ethnic grouping (e.g. Māori-Samoan), we have included all ethnicities recorded in each intake case to ensure that our analysis comprehensively includes the diversity of ethnicities with which clients are identified. Thus, the total number of ethnicity records is 1158 from 1108 intake cases involving 921 unique clients. The distribution of ethnicities recorded in the dataset and grouped by category, is provided in Table 3 and illustrated in Figure 2, below.

Table 3: Distribution of Client Ethnicity by Category

Ethnicity Category	Number of Recorded Entries	Percentage of Intake Cases
Māori	317	28.69%
Pacific Island	303	27.42%
Fijian Indian	173	15.66%
European/Pākehā	140	12.67%
Indian	129	11.67%
Other Asian*	66	5.97%
Middle Eastern	16	1.45%
African	9	0.81%
Other	2	0.18%

*those not identified as Indian

Figure 2:



While Gandhi Nivas is providing early intervention services for clients from diverse ethnic groups within the community, it is evident that the groups for which the initiative was initially established, Indian and Fijian Indian men, still account for more than a quarter of (27.33%) of client intake from December 2014 to December 2018. After the first year of operating, Gandhi Nivas clients were predominantly identified with Indian and Fijian Indian ethnicities (51%). The reduction of their proportional representation in the current dataset shows that clients from other ethnic groups are accessing Gandhi Nivas residences in proportionally higher numbers than in the first year.

The data available to us has not provided information on Sahaayta referrals to other culturally specific community and social services. Nor has it provided information on whether clients were born in Aotearoa New Zealand or overseas. Ethnicity categories do not distinguish between people who are immigrants and those who are New Zealand born.

Languages

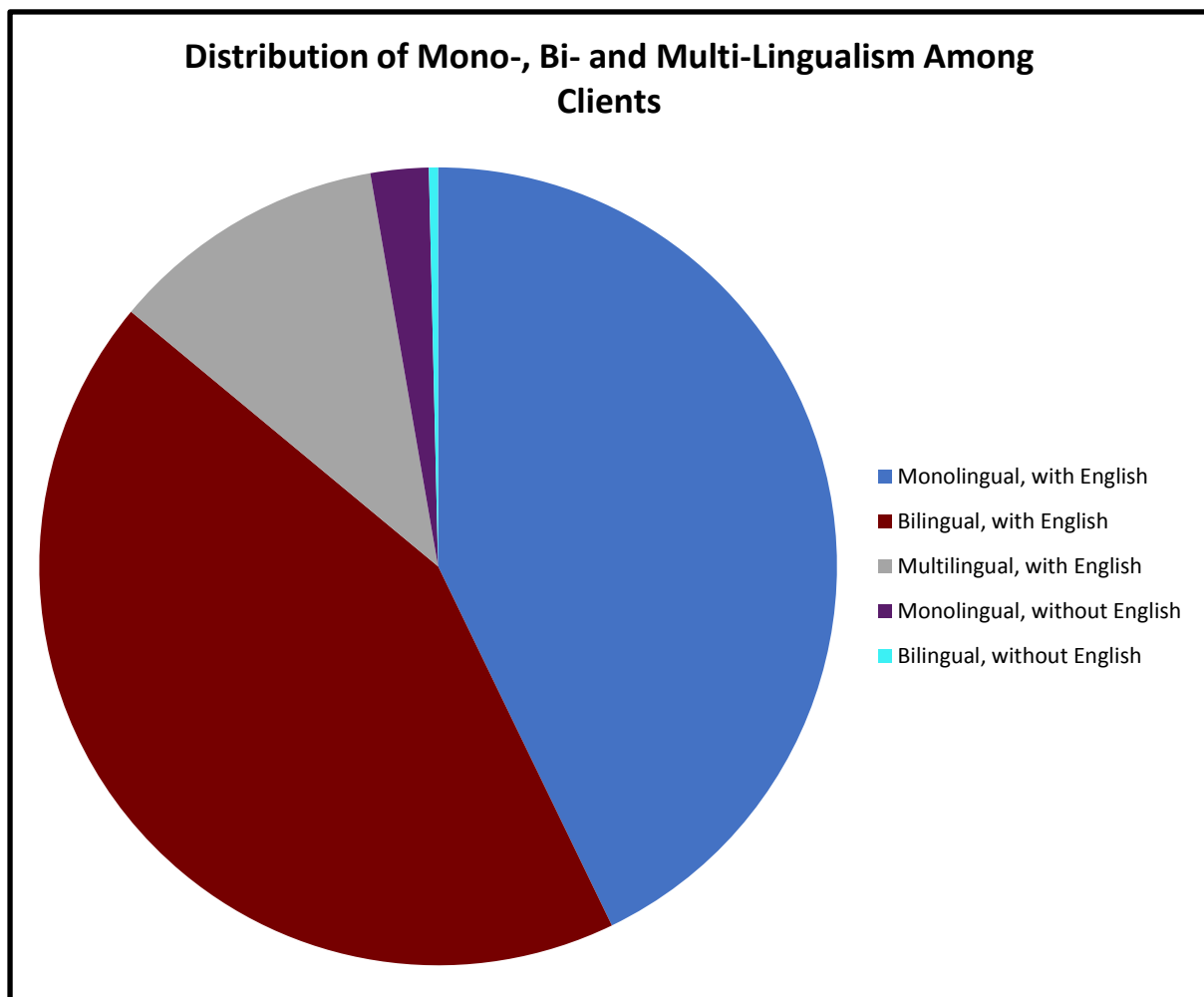
The Gandhi Nivas dataset provided language data for 808 unique clients (97.83%). Records of languages spoken by 113 (12.27%) clients were missing records of the language or languages they speak. Repeat intake records were checked for consistency with first intake and the only anomaly identified was an entry where two languages had been recorded for one of the client's intakes and no entry was made for the other. In this case, the two languages recorded were included in our analysis.

As is the case with ethnicity, more than one language could be recorded for clients in the dataset. The majority of clients' records (54.82%) included two or more languages. A further 42.82% spoke only English. Nearly 12% of clients spoke more than two languages. The distribution of mono-, bi-, and multilingualism among those clients for whom there are records is provided in Table 4 and illustrated in Figure 3, below.

Table 4: Distribution of Mono-, Bi- and Multilingualism among Clients

Mono-, Bi-, and Multilingualism	Number of Clients	Percentage of Clients
Monolingual, with English	346	42.82%
Bilingual, with English	349	43.19%
Multilingual, with English	91	11.26%
Monolingual, without English	19	2.35%
Bilingual, without English	3	0.37%

Figure 3:



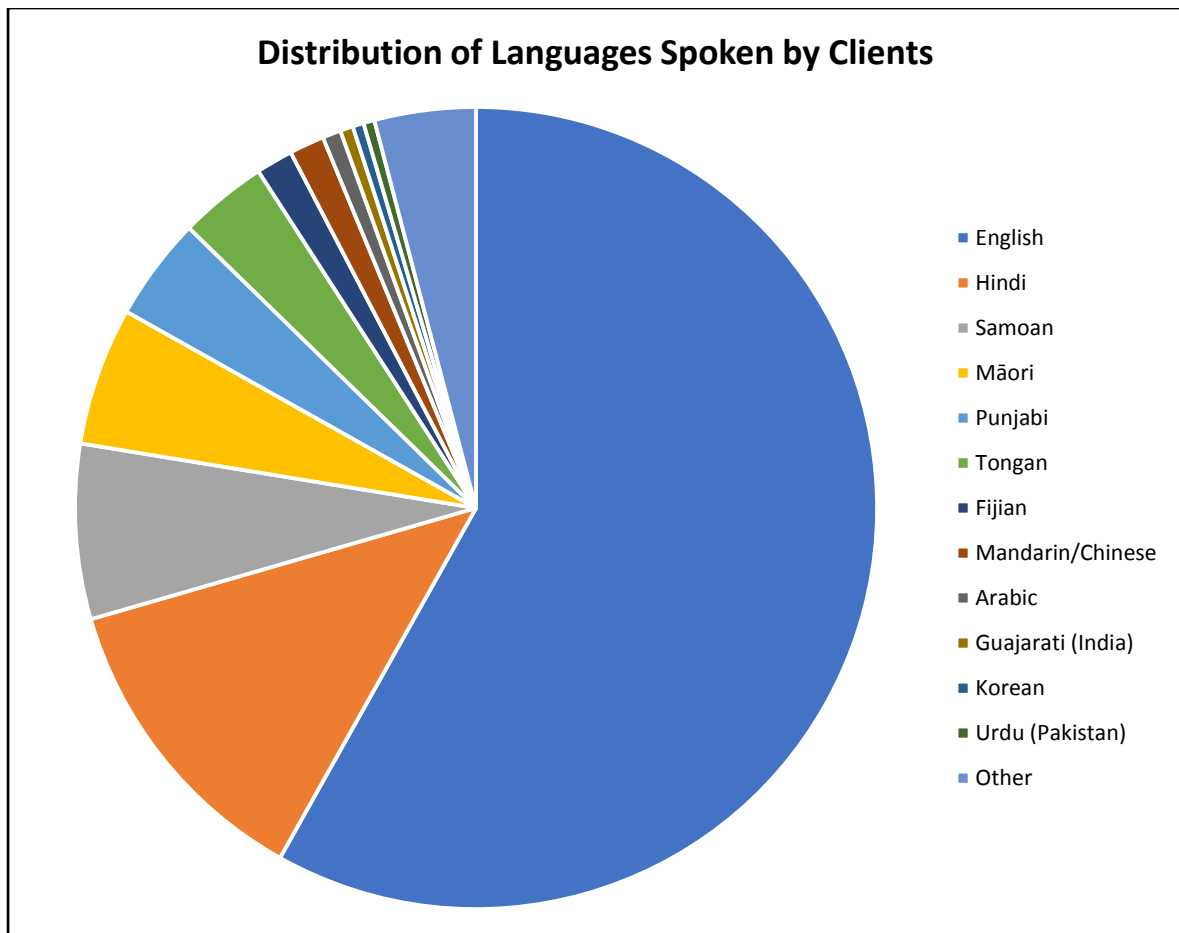
Forty-six languages were spoken among the 808 clients for whom data is recorded. Of these, English is the most commonly spoken Language (96.91%), followed by Hindi (20.67%). We have included thirteen languages in the table and figure below. An additional 33 unique languages are spoken by clients. These languages are not named in the analysis to protect the privacy of clients, rather they are represented together in the category 'other'. The distribution of languages spoken by clients is provided in Table 5 and illustrated in Figure 4, below.

Table 5: Distribution of Languages Spoken by Clients*

Language	Number of Clients	Percentage of Clients
English	783	96.91%
Hindi	167	20.67%
Samoan	95	11.76%
Māori	75	9.28%
Punjabi	56	6.93%
Tongan	48	5.94%
Fijian	20	2.47%
Mandarin/Chinese	19	2.35%
Arabic	10	1.24%
Guajarati (India)	7	0.87%
Korean	6	0.74%
Urdu (Pakistan)	6	0.74%
Other	55	6.81%

*The total percentage exceeds 100% because 54.82% of clients speak more than one language

Figure 4:



The language data provides clear evidence of the competence of many clients in multiple languages, with 96.91% of clients listing English as one of the languages they speak. However, this overwhelming majority should not imply that translation services are unimportant. Among the clients, 2.72% do not speak English. Of the bilingual and multilingual speakers who include English in the languages they speak, 66.21% did not list English as their first language, and fluency in English cannot be assessed from the data available to us. Information provided by key informants from Gandhi Nivas and our experiences of conducting Studies 3 and 4 with clients and their family members, suggests that translators are needed for many services delivered to clients. Translators provide essential support for clients who need to engage with the legal system.

Occupation and employment status

Information on clients' occupations and employment status was provided for 1108 (100%) of intake cases. Since it was possible that unique clients returning to Gandhi Nivas could have changed their employment status or occupation between intakes, we have included all intake cases in this analysis. This enables us to provide a more comprehensive account of the clients' employment circumstances across the whole dataset.

As is the case with ethnicity, the kinds of paid work in which clients are employed are entered according to client's understanding or understanding of the counsellor entering information at intake. We identified various kinds of entries on clients' employment and/or occupation. While there were multiple entries specifying recognisable occupations (painter, sales representative), others specified the type of company clients worked for (factory, tyre retailer), the kind of work they undertake (food processing, driving), the location of their work (works in a clinic, on a farm), or the name of a specific employer. Because of the variation in recording employment, we re-categorised the entries using level two of New Zealand Statistics occupation categories (Statistics, New Zealand, n.d.)¹⁷. This system enabled us to categorise clients' employment more consistently according to the data they provided. For instance, an "insulator" was assigned to the building and construction occupation category, while an entry specifying a type of company that employed the client would be assigned according to the occupation of employees at that company if we also knew their role. For example, if a client was employed by a hardware merchandiser in sales, they would be included in the customer service category. We made use of a category 'general worker' when the entry was recorded so that it was clear the client was employed, but nothing further was specified, for example an entry of "casual". Where there was insufficient information to make a decision about a client's employment or occupation category, the record was assigned as 'unknown'.

Clients whose records showed they were not in employment at the time of their intake at Gandhi Nivas were included in the categories of 'retired', 'beneficiary', 'student', and 'unemployed'. The category unemployed includes all records indicating that the client would

¹⁷ Level 2 categorisations are extensive, so we have not reproduced them in a table, as we have done for ethnicity groupings.

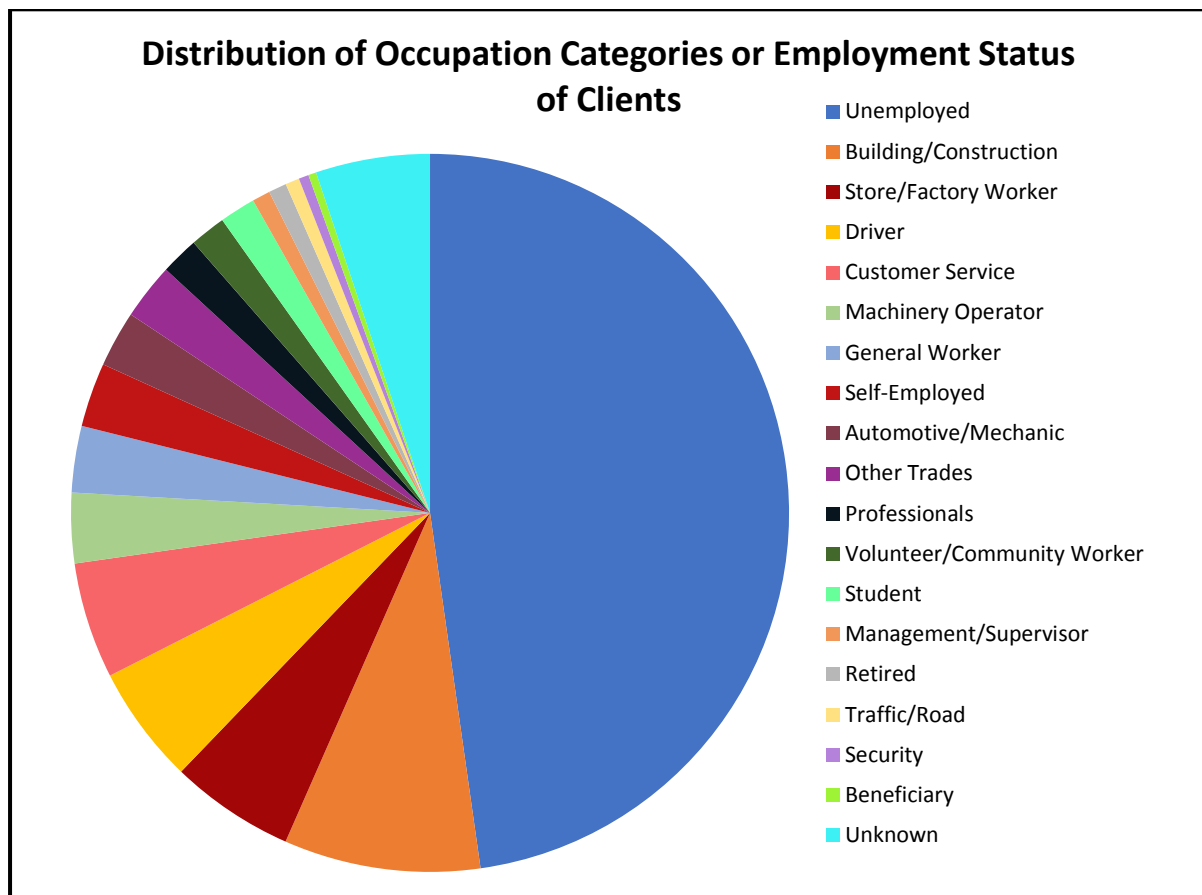
be eligible for paid employment and was not currently employed. The beneficiary category included those records that did not indicate eligibility for employment. If the entry specified “benefit” but there were no further details, the record was included in the ‘unknown’ category since there is insufficient information to assign to ‘unemployed’ or ‘beneficiary’ categories.

The distribution of client occupations and employment status is provided in Table 6 and illustrated in Figure 5, below.

Table 6: Distribution of Occupation Categories or Employment Status of Clients

Occupation or Employment Status Category	Number of intake cases	Percentage of Intake cases
Unemployed	529	47.74%
Building/Construction	98	8.84%
Store/Factory Worker (Including Supervisor/Management)	62	5.60%
Driver (Machinery/Vehicles)	59	5.32%
Customer Service	58	5.23%
Machinery Operator	35	3.16%
General Worker (No Area Specified)	33	2.99%
Self-Employed	32	2.89%
Automotive/Mechanic	28	2.53%
Other Trades (Including Electrician)	28	2.53%
Professionals	19	1.71%
Volunteer/Community Worker	18	1.62%
Student	18	1.62%
Management/Supervisor (Doesn't fall into other categories)	9	0.81%
Retired	9	0.81%
Traffic/Road	7	0.63%
Security	5	0.45%
Beneficiary	4	0.36%
Unknown (including those without enough information)	57	5.14%

Figure 5:



In total, just under half of intake cases (49.72%) show that the client was not in employment at the time they resided at Gandhi Nivas with 47.75% specifically recorded as unemployed. The lowest frequency of recorded occupational categories was 'security' (0.45%) and the highest was 'building/construction' (8.84%).

Key informants from Gandhi Nivas affirm that lack of employment is a significant issue facing their clients and the community more broadly (Mattson et al., 2017). Studies Three and Four in our research programme give testimony from clients and their family members of the complexities they face because of poor employment opportunities and low incomes (Coombes, et al., in preparation; Mattson, et al., in preparation). The Gandhi Nivas dataset did not enable us to examine income levels. Nor were we able to identify how many clients were financially dependent on another household member's income at the time of his intake.

Part II: Information on intake at Gandhi Nivas

In this section, we provide a description of data relating specifically to the police recorded occurrence that led clients to be referred to Gandhi Nivas. We report analysis of the Police dataset records of occurrences, incidents and offences recorded at or around the date of client intake provided in the Gandhi Nivas dataset. We also report on the roles that clients played during the episode that police attended, as they are assigned by the investigating officer and the family relationships involved at the intake episode. In the final section of Part II, we provide a description of the time-lapse between the date of the intake occurrence recorded in the Police dataset and the date of intake recorded in the Gandhi Nivas dataset to provide information on how quickly clients are accepted into residence after a police referral.

Throughout the analysis, we use the terms ‘aggressor’ and ‘non-aggressor’ in relation to the kinds of roles assigned by police. Aggressor refers to roles where a person’s actions put others at risk of harm or results in harm to others. Non-aggressor roles include those where the person has been harmed or is at risk of harm and those who are present but not at risk, for example the role of ‘witness’. We have focused our analysis of the Police dataset on those clients who have roles as aggressors within the Police dataset.

As reported earlier, the Gandhi Nivas dataset was used to match unique client records with Police data. We were able to match 874 clients (95%) confidently to obtain detailed information about the family harm indicated occurrences¹⁸ in their Police records. Of these 874 clients, two were excluded because the role they were assigned at their intake occurrences was “person at risk” and no other role was assigned. A further 8 clients have been excluded because the role they were assigned at intake was ‘other’, which is an

¹⁸ In our first study (Morgan & Coombes, 2016) we were provided with all Police records for clients and were able to extract Family Harm/Family Violence indicated occurrences in addition to some offences of Breach of Protection Order and Non-Compliance with Police Safety Order that were not indicated as Family Harm in the records. For this study, we have only received data that is Family Harm indicated, so any family violence related occurrences that are not specifically indicated as such in the database have not been included in analyses in the current study.

ambiguous categorisation that could include 'mutual participant', 'primary victim' or 'predominant aggressor' as well as a number of other possible roles that are not explicitly non-aggressor roles. Given the ambiguity of their role in the intake occurrence, we were not confident of including them as 'aggressors'. Since there is no record of these 10 clients in any aggressor role at any other occurrences, they have been excluded from all analyses of the Police dataset.

From the 864 clients with aggressor roles recorded in the Police dataset, we have excluded a further 52 client records for lack of confidence about the occurrence leading to intake. For seven of these client records, the Gandhi Nivas dataset was missing their intake date and it could not be estimated from other information provided (e.g. a PSO issue date that corresponded with their position in the order of intake records). For another 45 clients, the time lapse between the intake date recorded in the Gandhi Nivas dataset and any family harm occurrence in the Police dataset meant that we were not confident that recorded occurrences were related to intake. Our criteria for confidence was a time lapse of no more than 5 days between occurrence and intake dates, because that length of time would have allowed for a Police Safety Order to expire, or a bail hearing to impose bail conditions. For some of the 45 client records, the time lapse was several years, so in these cases we were confident that the occurrence nearest intake was not related to intake. With these exclusions accounted for, detailed Police records of intake occurrences and roles assigned by police at intake have been included in the following analyses for 812 clients (88.2%).

Police recorded occurrences leading to intake

Occurrences, incidents and offences

In this section, we analyse the types of episodes that Police record as Family Harm occurrences in their database and that led to their referring a client to Gandhi Nivas. We have included data for all 812 clients whose intake occurrences could be confidently identified, and we have accounted for the 52 clients for whom we could not identify a record of intake occurrence.

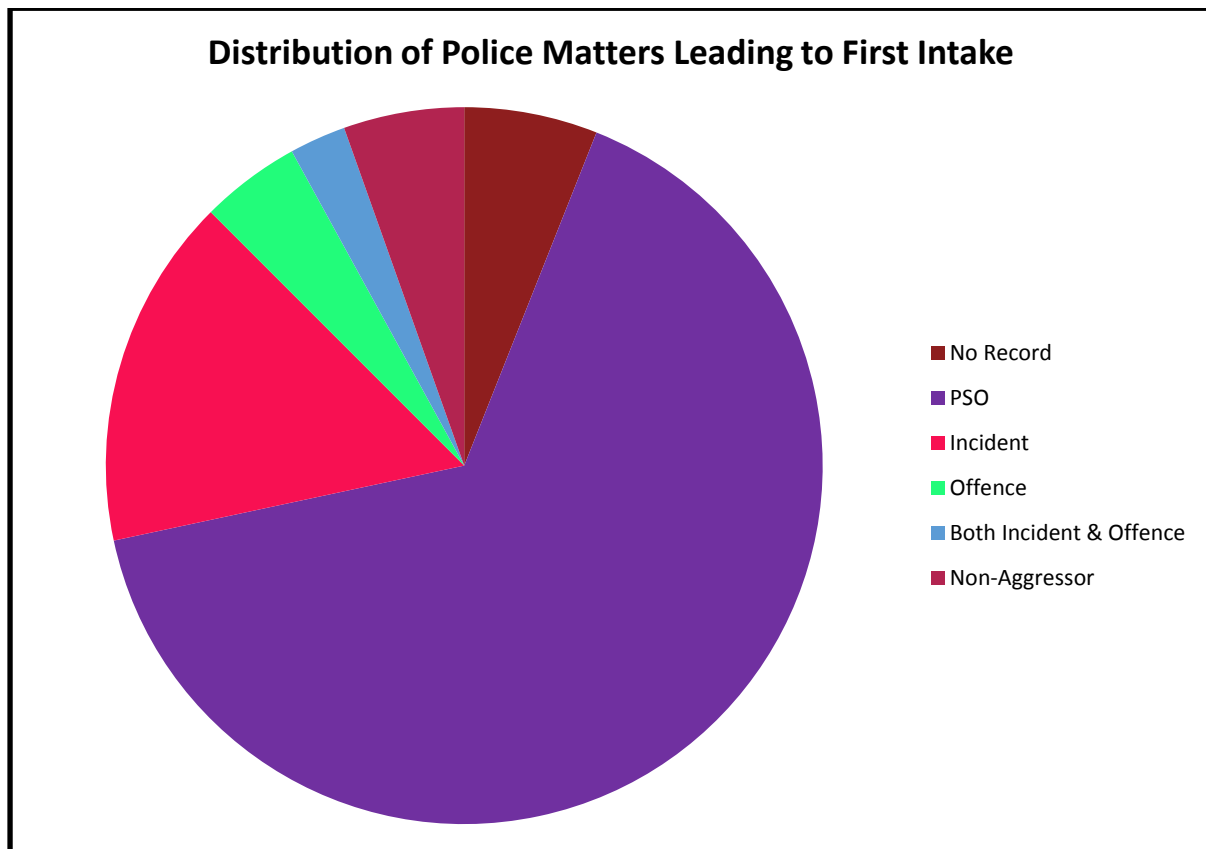
Of the 812 client records, 45 (5.54%) clients were recorded as having non-aggressor roles at intake. These client records were included in the analysis because the client was recorded in an aggressor role at the same occurrence or for another occurrence within 24 hours of the intake occurrence. In total, there were 840 intake occurrences involving records of 2,335 incidents and 729 offences.

After excluding clients for whom there was no record, or whose role in the intake occurrence was not recorded, 767 (88.8%) of clients with Police records were assigned aggressor roles in incidents and offences at intake. We separated intake incidents into two categories; those where a PSO was issued and 'other' incidents. 567 (65.63%) of clients were bound by Police Safety Orders at intake. Offences were recorded for 39 (4.51%) clients and another 22 (2.55%) clients had records of both other incidents and offence. The distribution of Police matters leading to clients' first intake at Gandhi Nivas is described in Table 7 and illustrated in Figure 6, below.

Table 7: Distribution of Police Matters Leading to First Intake

Police Matter	Number of Clients	Percentage of Clients
No Record	52	6.02%
PSO	567	65.63%
Other Incident	137	15.86%
Offence	39	4.51%
Both Other Incident & Offence	22	2.55%
Non-Aggressor	47	5.44%

Figure 6:



As is evident from the 840 intake occurrences, there were some clients with records of more than one occurrence at intake. Of these clients, there were 26 with records of two occurrences at intake and one with a record of three occurrences¹⁹. Most clients (785; 96.67%) had records of only one intake occurrence. More than one occurrence for intake suggests that for 27 (3.34%) clients, their intake at Gandhi Nivas did not take place early in the episode that police first attended.

That there were 2,335 incidents and 729 offences recorded for the 812 clients' intake records means that there were many occurrences where more than one incident or offence was recorded. The range of incidents per occurrence was 0-18. Although the average number of incidents recorded for intake occurrences is 2.79, the majority of clients (470; 57.88%) recorded fewer than three incidents. For 46 clients (5.17%) there were no incidents recorded, while for 231 (28.45%) clients, records showed one incident for an intake

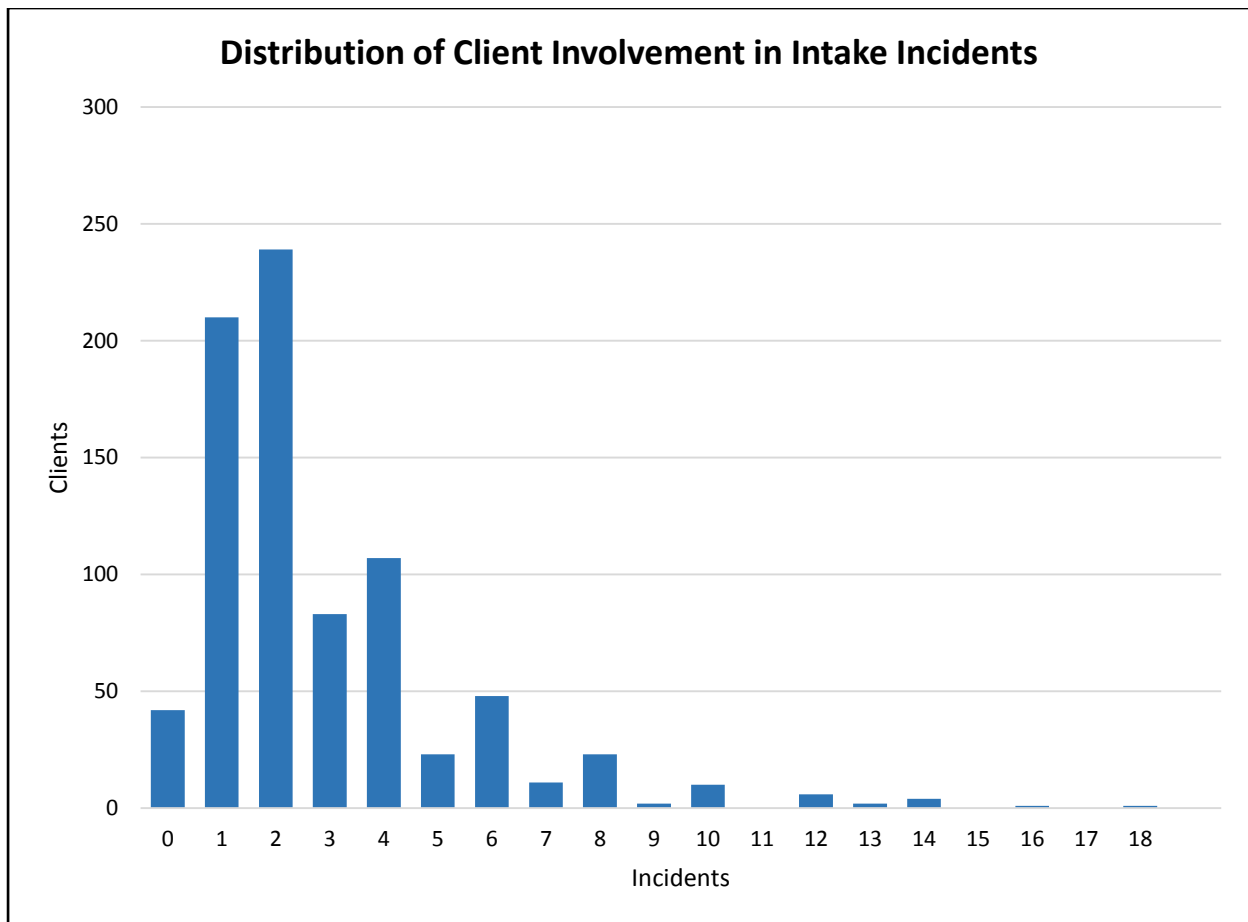
¹⁹ For those clients with more than one record intake occurrence, the total number of incidents and/or offences across all occurrences is included in the analyses of their intake episodes.

occurrence. Just over 80% of clients had fewer than 5 recorded incidents. 20 clients (2.46%) had between 10 and 18 incidents recorded at intake occurrences. More clients are involved in fewer incidents at intake occurrences, while a much smaller proportion of clients are involved in the highest number of incidents. The distribution of client involvement in incidents during family harm occurrences leading to intake is provided in Table 8 and illustrated in Figure 7, below.

Table 8: Distribution of Client Involvement in Intake Incidents

Intake Incidents	Number of clients	Proportion of clients
0	42	5.17%
1	210	25.86%
2	239	29.43%
3	83	10.22%
4	107	13.18%
5	23	2.83%
6	48	5.91%
7	11	1.35%
8	23	2.83%
9	2	0.25%
10	10	1.23%
11	0	0%
12	6	0.74%
13	2	0.25%
14	4	0.49%
15	0	0%
16	1	0.12%
17	0	0%
18	1	0.12%

Figure 7:

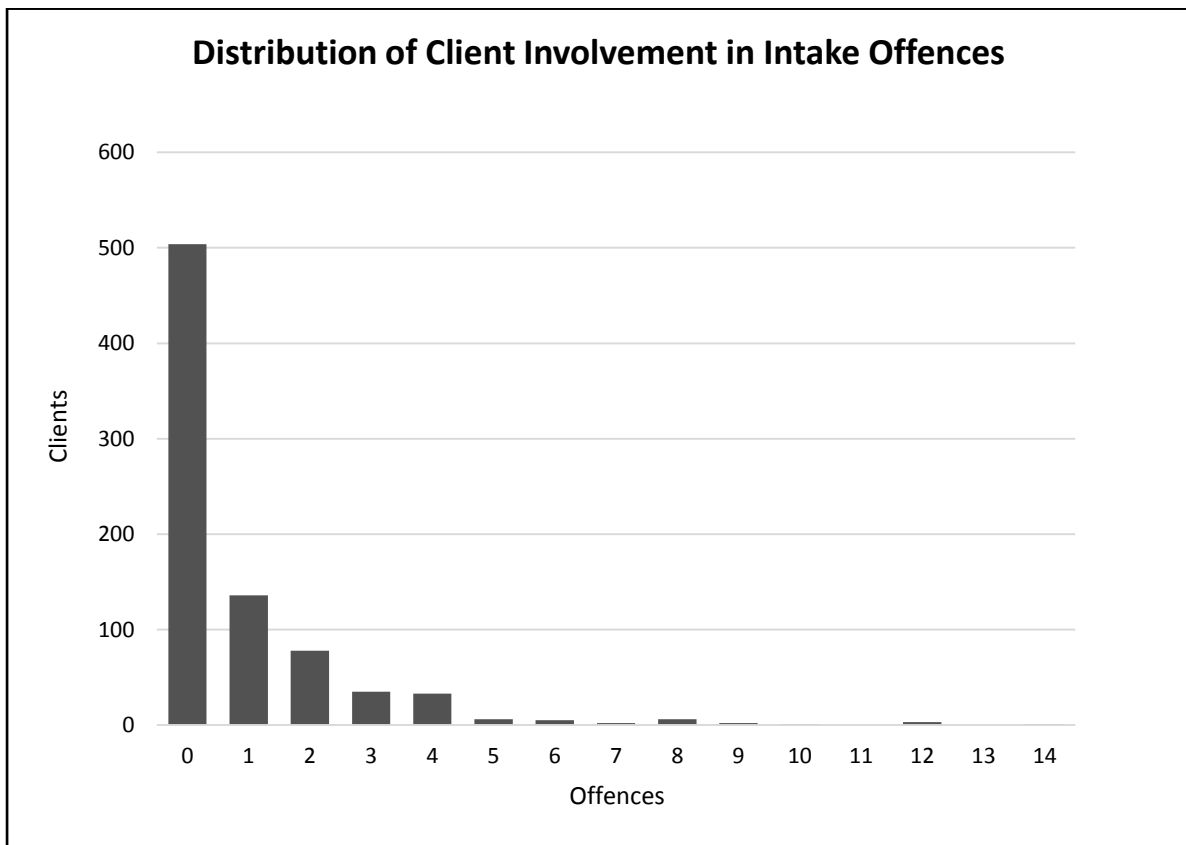


The distribution of client involvement in intake offences similarly shows that fewer clients have more records of intake offences, although most clients (504; 62.06%) did not have offences recorded for intake occurrences. 308 clients (37.93%) had offence records for intake occurrences. The range of offences per intake occurrence is 0-14 and the average among those clients with offence records is 2.38 intake offences. In this case, the average intake offences per occurrence is also higher than the number of offences recorded for the majority of clients with offence records. 216 (69.67%) of offending clients recorded one or two offences per intake occurrence while the much lower proportion of 8.71% (27 clients) have records of five or more intake offences. The distribution of client involvement in offences during family harm occurrences leading to intake is provided in Table 9 and illustrated in Figure 8, below.

Table 9: Distribution of Client Involvement in Intake Offences

Intake Offences	Number of Clients	Proportion of Clients
0	504	62.07%
1	136	16.75%
2	78	9.61%
3	35	4.31%
4	33	4.06%
5	6	0.74%
6	5	0.62%
7	2	0.25%
8	6	0.74%
9	2	0.25%
10	1	0.12%
11	0	0.00%
12	3	0.37%
13	0	0.00%
14	1	0.12%

Figure 8:



For both incidents and offences, more clients have fewer records, per occurrence, while the highest numbers of offences and incidents per occurrence are recorded for relatively few clients. We were also interested in analysing the roles assigned to clients at intake, since the dataset provides evidence of both aggressor and non-aggressor roles assigned for clients' intake occurrences, sometimes at the same occurrence.

Police assigned role at intake

In this section, we analyse the specific aggressor and non-aggressor roles assigned by police for clients' intake occurrences. For our analysis, the roles of Victim, Person at Risk, Witness and Informant are treated as non-aggressor roles. Witness and Informant roles are assigned to persons the police assess as not harmed or at risk of harm (personal communication, Senior Sergeant Sharon Price, Counties Manukau, Whangaiia Nga Pa Harakeke). Roles categorised as aggressor roles are Bound by Order, Suspect (of an offence), Offender and Subject of (a Family Harm Investigation)²⁰. We have included the role of 'Other' in this analysis when it was assigned with another aggressor role at the client's intake occurrence or at another occurrence within 24 hours of the intake occurrences. For the 840 intake occurrences, 1416 roles were assigned to the 812 client records included in this analysis.

The number of clients assigned 'Bound by Order' roles corresponds directly to the 567 clients (65.65%) involved in incidents where PSOs were issued²¹ with the client as the bound person. This is the highest percentage of clients assigned to any role, including any of the other aggressor roles. 90 clients were assigned offender roles (11.08%), associated with the 204 offences recorded for intake occurrences. Combined, the roles of suspects and subjects of family harm investigations were assigned for 599 clients (73.77%). We included 50 cases where 'other' roles were assigned to clients on intake as previously discussed. The distribution of police assigned roles in family harm occurrences leading to intake is provided in Table 10 and illustrated in Figure 9, below.

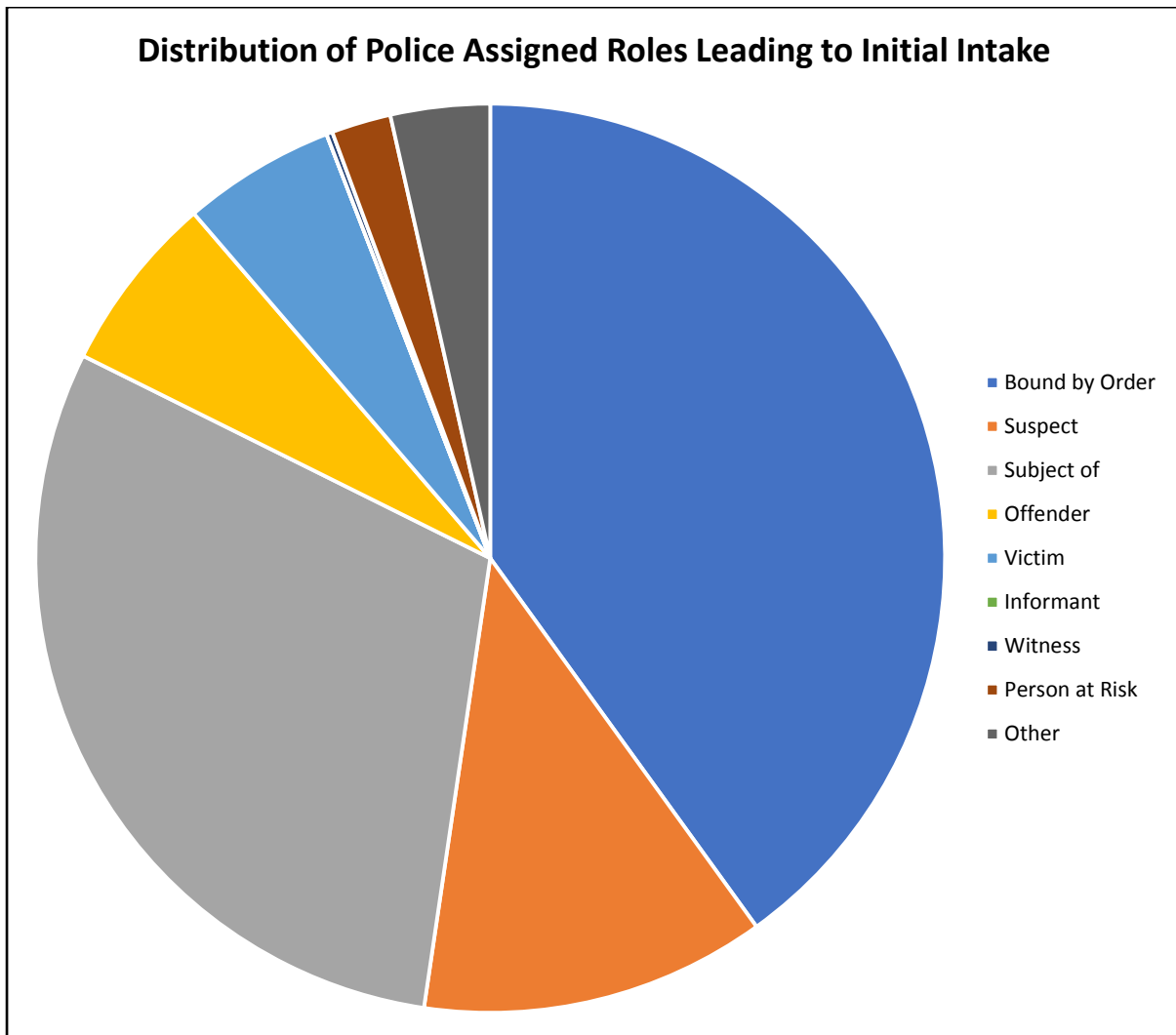
²⁰ 'Subject of' may also be an ambiguous category and we have included it as an aggressor role because of other aggressor roles assigned to the same client.

²¹ We have not analysed the number of times that clients were assigned roles. For example, the 'Bound by Order' role was assigned 1234 times in total (average, 2.18 roles per client). The offender role was assigned 216 times (average, 2.43 roles per client).

Table 10: Distribution of Police Assigned Roles Leading to Initial Intake

Role at Intake	No. of Clients	Proportion of Clients
Bound by Order	567	69.83%
Suspect	174	21.43%
Subject of	425	52.34%
Offender	90	11.08%
Victim	77	9.48%
Informant	0	0.00%
Witness	3	0.37%
Person at Risk	30	3.69%
Other	50	6.16%

Figure 9:



The predominance of Bound by Order roles in the Police dataset for intake occurrences is consistent with Gandhi Nivas' goals to provide temporary accommodation and early intervention family violence services to men who were bound by Police Safety Orders and their families. In our study of the Police records for first year intakes at Gandhi Nivas (Morgan & Coombes, 2016), we reported that 57.7% of Police matters leading to intake involved PSOs. The proportion of clients' records indicating they were bound by PSOs has increased by almost 18% from December 2015 to December 2018.

Victim and Person at Risk roles were assigned for 106 clients who were assigned aggressor roles on other Police records of family harm occurrences, while witness and informant roles were assigned for 3 clients. While Sahaayta provides services to the families of men who are referred to Gandhi Nivas by police, as well as the men who are resident after their referral, it is unusual for those who are exclusively assigned non-aggressor roles to be referred to residence at Gandhi Nivas.

In many intake records, clients are assigned multiple roles related to the incidents and/or offences recorded for intake occurrences. For example, we provide information on multiple roles assigned to clients with Bound by Order and Victim roles recorded for intake occurrences. Of the 567 clients assigned Bound by Order roles, 372 clients (65.61%) were also assigned at least one other role. 56 of these clients (15.05%) were assigned offender roles, 147 (39.51%) were assigned suspect roles and 32 (8.6%) were assigned victim roles. Of the 77 clients assigned victim roles, 72 (93.51%) were also assigned another role, including the 32 (41.56%) who were Bound by Order. 19 were assigned offender roles while 21 were assigned suspect roles. The most frequently assigned additional role for clients in both Bound by Order and Victim roles was Subject of a Family Harm Investigation.

Within the complex patterns of intake occurrences and roles assigned to clients for incidents and offences during those occurrences, we have identified 73 cases where both aggressor and non-aggressor roles are assigned to the client based on incidents involving different relationships within their family. The family relationships recorded for clients' intake occurrences are analysed in the following section.

Family relationships involved in intake occurrences

The Police dataset provided details of the family relationships involved in clients' intake occurrences. Records take the form of "relationship of A" (the unique client of Gandhi Nivas identified in the record) "to B" (a person with whom they have the specified relationship). Thus, a recorded relationship 'parent' means that the Gandhi Nivas client is the parent of another person identified in the records. Police did not provide the researchers with information on anyone recorded in the occurrence who did not have a relationship with the Gandhi Nivas client.

Across the whole Police dataset, there were 43 categories of relationships recorded for occurrences involving clients. For intake occurrences, 33 categories were recorded. Relationship categories include specific relatives (e.g. grandparent, grandchild, sibling, child) as well as variations of some categories (e.g. stepchild, related caregiver); non-relatives (e.g. friends/associates, flatmates/boarders); and intimate partners (e.g. married, ex-partner, boyfriend). For this section of the analysis, we have reduced the 33 relationship categories to 12 relationship types: Partner (cohabiting), Partner (not cohabiting), Ex-Partner (not cohabiting), Ex-Partner (co-habiting), Boyfriend, Parent, Child, Sibling, Other Relative, Caregiver (non-family), Known Non-Relative, and Stranger.

Since there are more incidents and offences recorded than intake occurrences, the dataset records more relationships than intake occurrences, or clients. In total, 2862 family relationships and 140 other personal relationships were involved in clients' intake occurrences. In addition, there were nine "stranger" relationship recorded for family harm occurrences leading to intake. In each of these cases, relationships with family members or cohabitants, such as a flatmate, were also recorded for the clients' intake occurrence.

We provide more detail of the kinds of intimate partner relationships recorded, since they are the most frequently recorded relationships (32.25%) for intake occurrences in the Police dataset. Of the family relationships, intimate partners were recorded for 971 client relationships involved in the 840 intake occurrences.

Cohabiting partner relationships were recorded most frequently for intimate partner relationships involved in clients' intake occurrences. As a proportion of all relationships, they comprised 21.98%. Aggressor roles for incidents and offences involving clients' cohabiting partners were assigned in 606 of the 662 (91.54%) recorded relationships. Both aggressor and non-aggressor roles were assigned in 41 (6.19%) of the recorded relationships, and non-aggressor roles were assigned in 15 (2.27%) of the recorded relationships. For intake occurrences, almost 98% of roles assigned to clients for cohabiting partner relationships were aggressor roles.

There were a smaller number of non-cohabiting partner relationships recorded (72: 7.42%), while non-cohabiting ex-partner relationships were recorded more frequently (98: 10.09%). For those relationships where clients were not cohabiting with their partner or former partner, aggressor roles were assigned for 93.53% of recorded relationships. Situations where clients were cohabiting with former partners were recorded less frequently than other intimate partner relationships (18: 1.85%). Aggressor roles were assigned for 88.89% of records where clients were cohabiting with a former partner.

Boyfriend or ex-boyfriend was assigned for 12.46% of intimate relationships recorded for intake occurrences. In these records, aggressor roles were assigned for 96.69% of relationships where clients were boyfriends or former boyfriends of persons harmed or at risk of harm.

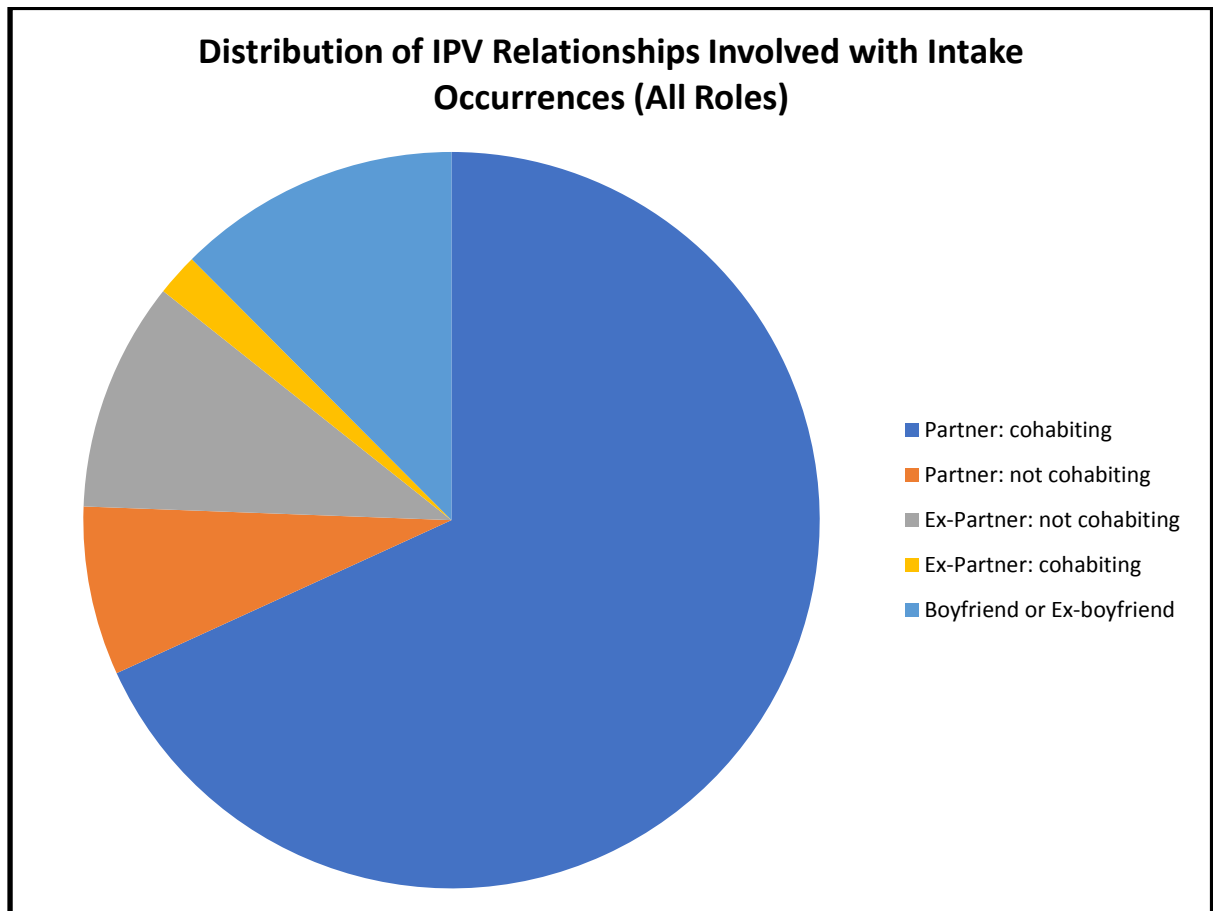
The distribution of police recorded intimate partner relationships involved in intake occurrences for clients is provided in Table 11 and illustrated in Figure 10, below.

Table 11: Distribution of IPV Relationships Involved with Intake Occurrences

Category of Relationship	Aggressor Roles	Non-Aggressor Roles	Both Roles	All Roles	IPV Proportion	Proportion of all Relationships	Proportion of Clients*
Partner (cohabiting)	606	15	41	662	68.18%	21.98%	81.52%
Partner (not cohabiting)	62	3	7	72	7.41%	2.39%	8.87%
Ex-Partner (not cohabiting)	85	8	5	98	10.09%	3.25%	12.07%
Ex-Partner (cohabiting)	16	2	0	18	1.85%	0.60%	2.22%
Boyfriend or Ex-boyfriend	108	4	9	121	12.46%	4.01%	2.83%
All Intimate Partner	877	32	62	971	100%	32.25%	119.58%

*with this relationship recorded

Figure 10:



The predominance of aggressor roles assigned to clients' records of intimate relationships involved in intake occurrences affirms that referrals are consistent with the intention of Gandhi Nivas to provide early intervention services for men bound by PSOs. The evidence that intake occurrences also involve clients in non-aggressor roles (32: 3.30%), as well as both types of role (62: 6.39%), suggests that the occurrences police attend are complex. Predominant aggressors may not always be readily identifiable. The specific roles played by the client and others during the episode change dynamically in response to each other and to the attending police officers. For instance, for a considerable majority of records where IPV was recorded (82.7%), exclusively, the client was assigned the role of aggressor against one intimate partner. However, we also identified cases where both current and former partner is recorded. We also found cases where both the client and their partner were assigned aggressor and non-aggressor roles. The complexity of some occurrence record suggests that more than one person is held accountable for risks or harms against each other. Who may need protection from whom may be ambiguous. In situations where it is possible that a man has been put at risk and harmed others involved in an IPV episode, referring them to Gandhi Nivas ensures they have the opportunity to engage with early intervention services and temporary residence should it be needed.

Of the 3011 family relationships recorded for the 812 clients' 840 intake occurrences, intimate partner relationships were recorded 3% more often than parent relationships. When clients' records showed parent relationships with children were involved in intake occurrences, aggressor roles were predominant (98.64%). Exclusively non-aggressor roles were assigned for parent relationships in 12 (1.35%) clients' intake occurrence records. In these situations, police have assessed the parent as harmed or at risk of harm from their child. The Police dataset included 618 (20.52%) records of child relationships, of which 96.12% (594) were allocated aggressor roles and 3.88% (24) were exclusively non-aggressor roles. Relationships with siblings and other relatives were less frequently recorded than intimate partner, parent or child relationships. Sibling relationships were recorded for 209 (6.94%) and Other Relatives for 183 (6.08%) of all relationships. In both cases, as with other family relationships, aggressor roles predominate (98.56% and 94.54% respectively). Sibling relationships where clients were assigned exclusively non-aggressor roles were the least frequently recorded of all family relationships (3: 1.44% of sibling relationships).

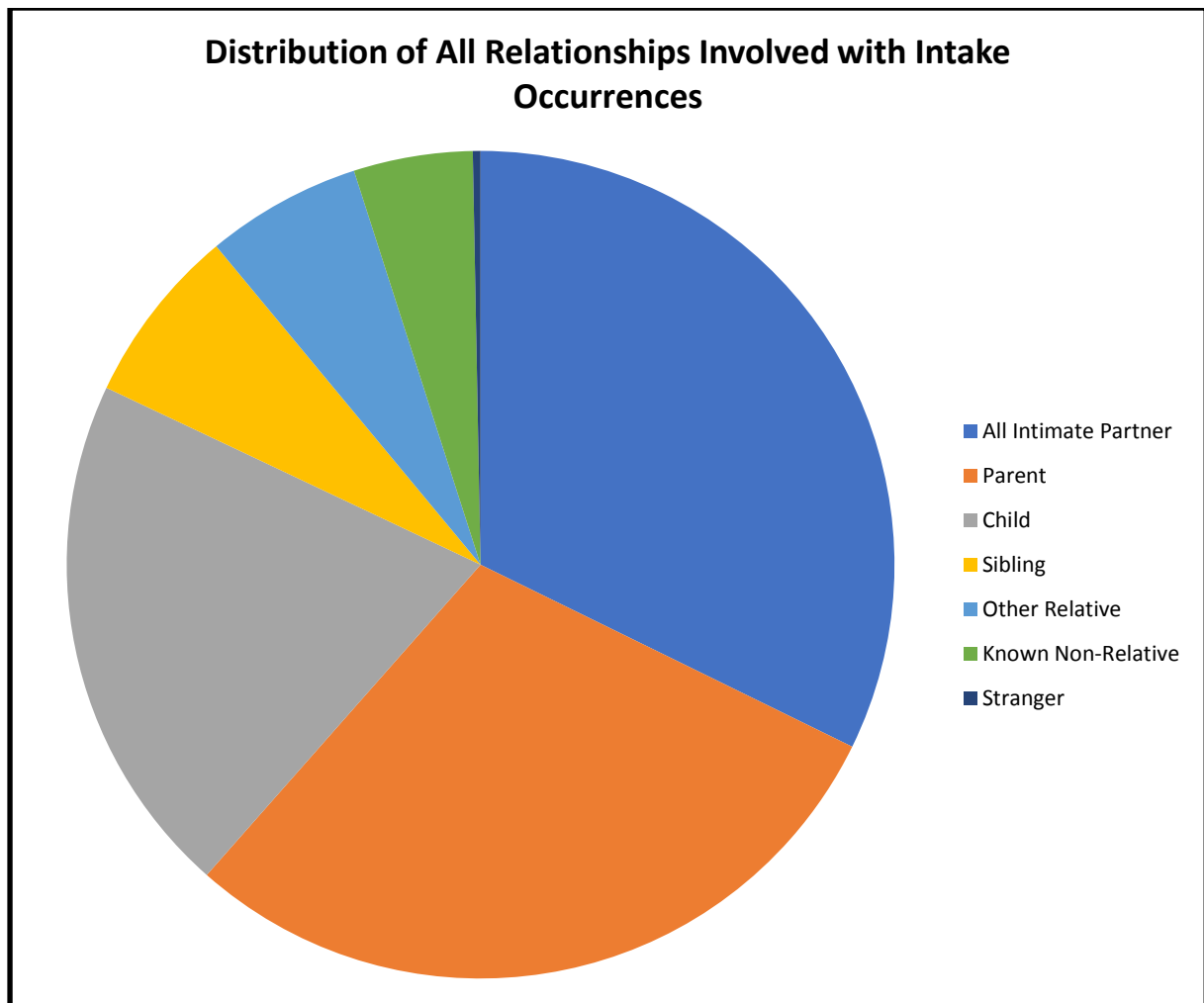
As would be expected, relationships with intimate partners and family members are predominantly recorded for clients at intake occurrences (2862: 95.05%). Of the remaining relationships, people known to the client are recorded for 140 relationships and strangers for nine relationships. All the assigned roles for relationships with strangers are aggressor roles and 74.86% (173) of known non-relative relationships are assigned aggressor roles. The distribution of all police recorded relationships involved in intake occurrences for clients is provided in Table 12 and illustrated in Figure 11, below.

Table 12: Distribution of All Relationships Involved with Intake Occurrences

Category of Relationship	Aggressor Roles	Non-Aggressor Roles	Both Roles	All Roles	Proportion of Relationships	Proportion of Clients*
All Intimate Partner	877	32	62	971	32.25%	119.58%
Parent	830	12	39	881	29.26%	108.50%
Child	562	24	32	618	20.52%	76.11%
Sibling	193	3	13	209	6.94%	25.74%
Other Relative	157	10	16	183	6.08%	22.54%
Known Non-Relative	121	6	13	140	4.65%	17.25%
Stranger	9	0	0	9	0.30%	1.11%

*with this relationship recorded

Figure 11:



As is the case with intimate relationships, there is evidence of complexity within the data for all the other kinds of relationships recorded for clients' intake occurrences. While aggressor roles predominate, it is only in relationships with strangers that clients are exclusively assigned aggressor roles. Further analysis to identify specific cases where multiple relationships and multiple roles are recorded during the family violence intake occurrences is needed to investigate whether they are linked to any other patterns evident in the Police dataset.

Response times for intake at Gandhi Nivas following a Police matter

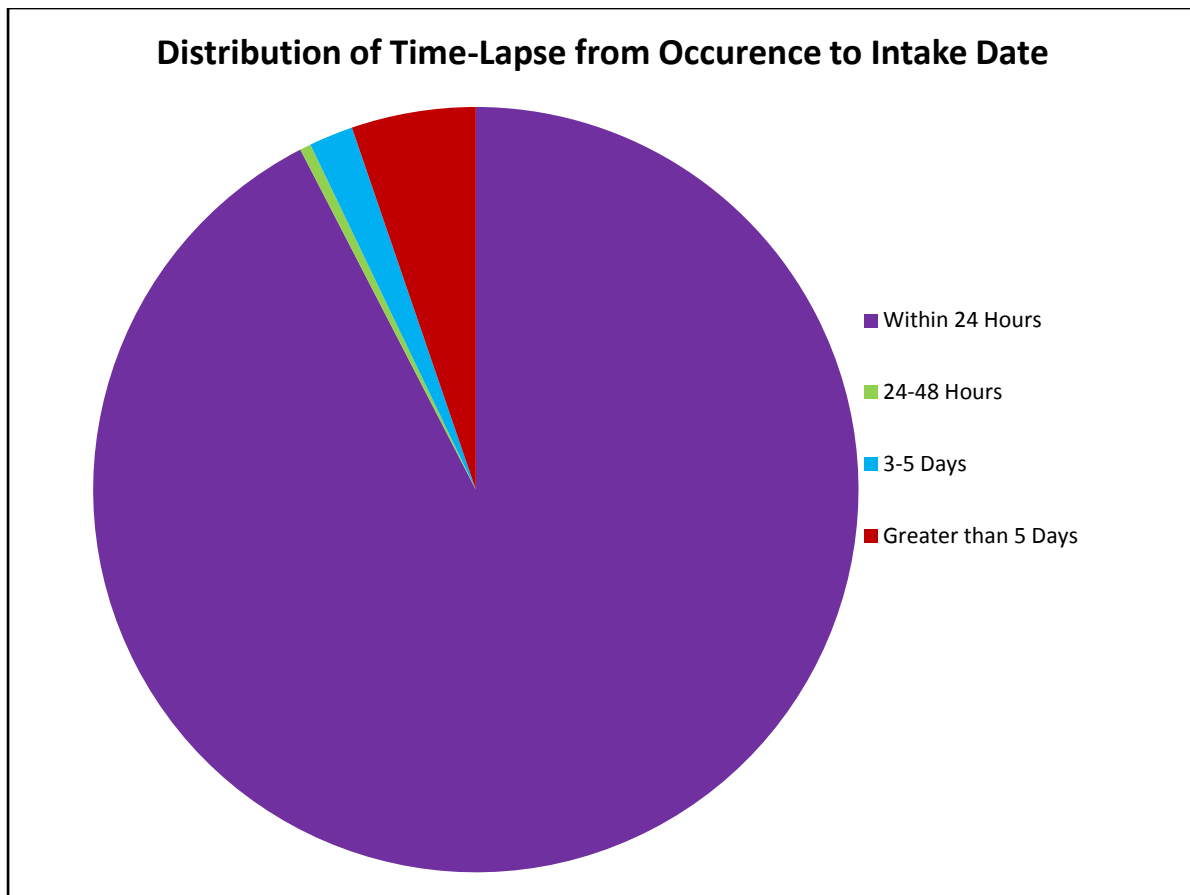
In the final section of analysis on intake occurrences at Gandhi Nivas, we describe the pattern of time-lapse between the occurrence records in the Police dataset and the intake records in the Gandhi Nivas dataset. As previously discussed, there were 45 clients for whom the time-lapse between their closest occurrence record and their intake date was more than 5 days (some were several years) and we could not be confident which police recorded occurrence led to their intake with Gandhi Nivas. These clients have been excluded from previous analyses of intake occurrences but are included here. The seven clients with missing intake dates in the Gandhi Nivas dataset are excluded. For this analysis we have matched datasets for 857 clients.

For 791 clients' records, intakes are recorded within 24 hours of occurrences. Most records (647: 75.50%) showed identical intake and occurrence dates. Except where the most recent occurrence is more than 5 days (45: 5.25%), the remaining records (21: 2.45%) showed intake dates between 2 and 5 days after the recorded occurrence. The distribution of time lapsed from occurrence date to intake date is provided in Table 13 and illustrated in Figure 12, below.

Table 13: Distribution of Time-Lapse from Occurrence to Intake Date

Time Lapsed	Clients	Proportion of clients
Within 24 Hours	792	91.67%
24-48 Hours	4	0.46%
3-5 Days	16	1.85%
Greater than 5 days	45	5.21%

Figure 12:



The time-lapsed from recorded police occurrence to intake at Gandhi Nivas, is minimal for more than 90% of clients. The partnership between Police and Gandhi Nivas provides clients and subsequently their families, with a rapid response. Clients who do not have intake dates within 24 hours of occurrence date provide evidence that some men who choose not to engage with Gandhi Nivas services quickly, do sometimes return later and seek support. For some of these men, it has taken relatively little time for them to decide to take up the offer of residence. For others, more time has passed, yet they do return. As with repeat intakes, we interpret the men's decisions to return to Gandhi Nivas as evidence that they trust the services sufficiently to seek them when needed.

Part III: Police recorded family harm occurrences

In this section, we provide a description of data relating to all family violence indicated occurrences in the Police database from January 1st 2009²² – 31st May 2019, for the clients whose records could be matched from the Gandhi Nivas dataset. In the first section, we consider the scope of occurrences, incidents and offences within the clients' records where they have been assigned aggressor roles. We provide a detailed analysis of the frequency of incidents and offences involved in recorded occurrences and the kinds of incidents and offences recorded. For this analysis, we have used Police incident and offence code series to categorise the data. Code series are broader categories of coding than the specific codes assigned to incidents and offences in the Police dataset. For example, the code 1493 is specific to an offence of assaulting a person with a blunt instrument and the code 1418 indicates 'wounds (etc.) with intent to injure/reckless disregard (stabbing)'. Both codes are in the 1400 series, which includes all offences in the category of Grievous Assaults. Using code series allows us to analyse types of incidents and offences that are recorded across clients' Police records. In this section, we also provide an analysis of the distribution of incidents and offences, by code series, before and after client intake at Gandhi Nivas. By excluding intake occurrences and separating pre- and post- intake records, we are able to describe differences in the frequency of pre- and post-intake incident and offence types.

In the second section of Part III, we provide an analysis of client involvement in all occurrences, incidents and offences recorded between January 2009 and intake (pre-intake). We describe the frequency of clients' records of occurrences, and distributions of offences within recorded occurrences to analyse how often clients of Gandhi Nivas have been involved with police investigations of family violence indicated occurrences.

²² We are aware from our first study (Morgan & Coombes, 2016) that some clients have family violence indicated Police records at least 11 years prior to their intake. However, given changes to Police strategy around this time (see for example, Australasian Police Commissioners, 2008), the beginning of 2009 was advised as a start date for data collection by Dr Darrin Walton former Director, Research and Evaluation for New Zealand Police.

Recorded family violence occurrences, incidents and offences

For the analysis of family violence indicated occurrences, incidents and offences, we have included details of occurrences recorded across the whole of the Police dataset matched for Gandhi Nivas clients, except for records where clients are not assigned aggressor roles.

There are 874 client records matched across the Gandhi Nivas dataset and 10 client records have been excluded from all analyses because they were non-aggressors at intake and had no other Police records of occurrences. In this section, we have drawn data from 864 cases, since intake dates are not relevant for the whole dataset. We have excluded occurrence records where clients were assigned non-aggressor roles, or the more ambiguous role of “other”. Thus, if there is a recorded occurrence where the client is assigned the role of ‘person at risk’ for an incident where another person is bound by a PSO, and the client is also assigned an ‘offender’ role for aggressing against another person at the same occurrence, the occurrence and offender records are included, but the incident record is not.

Including intake occurrences, 7,704 occurrences are recorded for clients as aggressors in the Police dataset. Within these occurrences, there are records of 13,589 incidents and 5,846 offences.

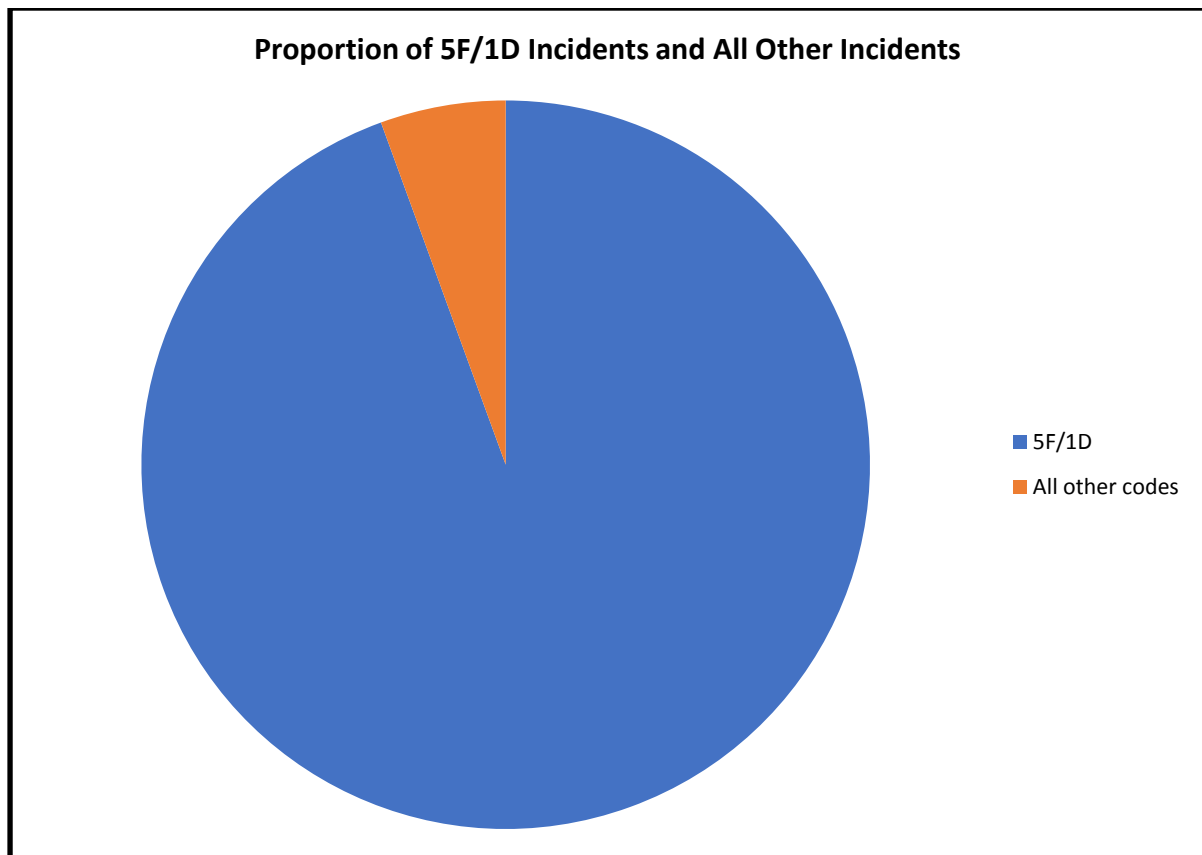
Of the incidents, the 1D and 5F codes, combined, were most prevalent in the dataset (94.44%). These codes refer to Domestic Disputes and Family Violence Investigations, respectively and they are the codes affected by the change in policing strategy for responding to family harm. Following advice from Police, we combined the frequencies of these codes for analysis since the 5F is expected to replace the 1D code as the strategy is fully implemented (personal communication, Obert Cinto, Evidence Based Policing Centre). All other incident codes together comprised 756 (5.56%) incidents. Table 14 provides frequencies of the specific incident code in the Police dataset, and Figure 13 illustrates the proportion of 1D/5F codes and all other incident codes.

Table 14: Distribution of All Incidents by Code Series

Incident Codes	Code Series Description	Frequency of Incidents within Code Series
5F/1D	Family Harm Investigation/Domestic Dispute	12833
6C	Child Protection Report	193
6D	Bail Breach	152
6S	Police Safety Order Breach	96
1X	Threatens/Attempts Suicide	77
2O	Court Orders	46
1R	Breach of the Peace	43
1M	Mental Health	42
1H	Drunk Home	32
1K	Drunk Custody/Detox Centre	25
2P	Public Relations	14
1J	Juvenile Complaint*	8
2D	Official Information Request	5
2I	Information	5
1U	Traffic Incident	3
A530	Drove with Exs Breath Alcohol 3rd Or Subsequent	3
A518	Breath alcohol level > 400 mcgs per litre of breath	2
B184	Unlicensed Driver Failed to Comply with Prohibition	2
L201	Driving while Disqualified	2
D201	Driving in a Dangerous Manner	1
L230	Drove while Disqualified 3rd Or Subsequent	1
2Z	Other Service Request Response	1
3C	Crime Prevention Advice	1
3Z	Other Preventative Task	1
2C	Civil Dispute	1

*(Action Taken Under CYP&F Act)

Figure 13:



We have interpreted the 756 records of incidents (5.56%) that are not coded 1D or 5F as further evidence of the complexity of some clients' situations. There are many occurrences where multiple incidents are occurring and there are also occurrences where incidents are understood by police as family harm incidents and indicated as family violence in the Police dataset, but the occurrence has no incident codes for a family harm investigation. We also identified records where there were 1D and 5F codes for the same occurrence, which is an outcome of implementation processes with the change to the new code (Personal communication, Senior Sergeant Sharon Price, Counties Manukau, Whangaiia Nga Pa Harakeke).

Of the offence code series, the most frequently occurring across the Police dataset are Serious Assaults (1500 series; 29.17%). The series includes the charges Male Assaults Female (1543) and Assaults Child (1533) as well as codes that reference assaults with intent to injure (1523) and assaults on other relatives (1545). Minor assaults (1600 series) are

recorded less frequently (19.79%) than Serious Assaults. Family Offences in the 3800 series²³ are the next most frequently recorded offences (13.99%). These offences are comprised primarily of charges for contravening a Protection Order without a firearm and not complying with a Police Safety Order.²⁴ Grievous Assaults are recorded more than 200 times (3.83%). Two other offence code series are recorded more than 200 times: Intimidation and Threats (1700 series: 13.45%) and Destruction of Property (1500 series: 12.57%). Other offences occur relatively infrequently²⁵. The frequencies of offence code series are provided in Table 15 and illustrated in Figure 14, below.

²³ Within the dataset, there were also some Family Offences in the 3700 series. They were all related to children and comprise primarily of 'Leaving a Child under 14 without reasonable supervision' (3718) and 'Other Child Abuse – not assault' (3719).

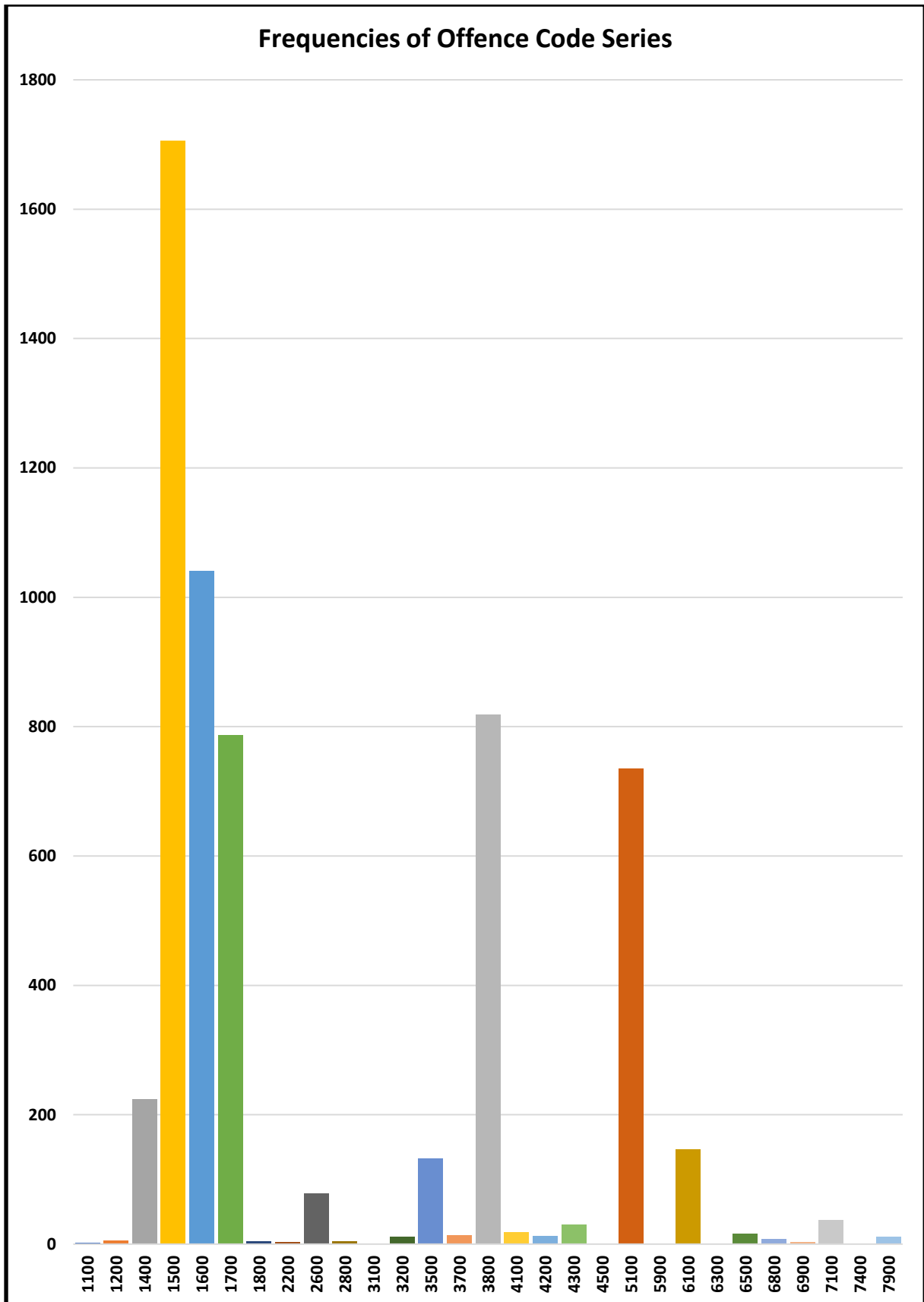
²⁴ Four other offences appear infrequently in the 3800 series: Contravening a Protection Order with a firearm (3851), Contravening a Parenting Order (3856/3861), Detention by Constable – failure to remain (3858), and Other Breaches of the Domestic Violence Act (3859).

²⁵ In the 6900 series, we identified 3 offences, and all were coded 6910 (Sentencing Act 2002).

Table 15: Distribution of All Offences by Code Series

Offence Code Series	Code Series Description	Frequency of Offences within Code Series
1100	Homicide	2
1200	Kidnaping and Abduction	5
1400	Grievous Assaults	224
1500	Serious Assaults	1705
1600	Minor Assaults	1040
1700	Intimidation and Threats	786
1800	Group Assemblies	4
2200	Sexual Affronts	3
2600	Sexual Attacks	78
2800	Immoral Behaviour	4
3100	Drugs (Not Cannabis)	1
3200	Drugs (Cannabis)	11
3500	Disorder	132
3700	Family Offences	14
3800	Family Offences	818
4100	Burglary	18
4200	Car Conversion etc.	12
4300	Theft	30
4500	Fraud	1
5100	Destruction of Property	735
5900	New Drugs	1
6100	Trespass	146
6300	Animals	1
6500	Postal Abuses	16
6800	Firearms Offences	7
6900	[Sentencing Act 2002]	3
7100	Against Justice	37
7400	Racial	1
7900	Justice (Special)	11

Figure 14:



We note that among the least frequently occurring offence code series is the Homicide series. The Police dataset does not provide information on the outcome of any charges brought to court, pleas, convictions or sentencing for the two different homicide offences in the dataset. These offences and the grievous assault records across the dataset provide evidence of the seriousness of assaults recorded for a minority of Gandhi Nivas clients. While Sahaayta is provided with Police records of currently active Family Violence matters, when men are brought to the residence, Sahaayta staff do not have access to their Police records of family violence. Service providers may not be aware of previous charges which could influence their safety assessments for clients and family members.

In the final section of Part III, we will analyse client involvement in family violence indicated occurrence records for clients before intake, and the offences recorded for those occurrences.

[Client involvement in pre-intake occurrences and offences indicated as family violence](#)

For the analysis of intake occurrences in Part II, we excluded the records of clients who had been assigned non-aggressor roles in all their records and could not include anyone with no intake date recorded. These clients are also excluded here. Records from 857 clients are included in this section. 101 clients (11.78%) had no records other than at intake, so they are included among clients who have no records of occurrences, in pre-intake analyses. The absence of pre-intake Police records suggests that the intake occurrence could be considered early intervention in as much as it is the first episode to come to police attention. Underreporting estimates caution against concluding that clients were not engaged in violence and coercion in their family relationships prior to the first episode attended by police. Recent migration may also account for the absence of pre-intake records.

In the following analyses we consider the how frequently clients' pre-intake records include occurrences and separately analyse the frequency of offences involved in those occurrences. We have not included incidents in these or subsequent analyses. Our attention is focused on occurrences, and offences. Occurrences provide us with information on all

police attendances at family violence episodes, and offences provide key information for stakeholders to assess their work towards reducing offending and increasing non-offending.

Client involvement in pre-intake occurrences

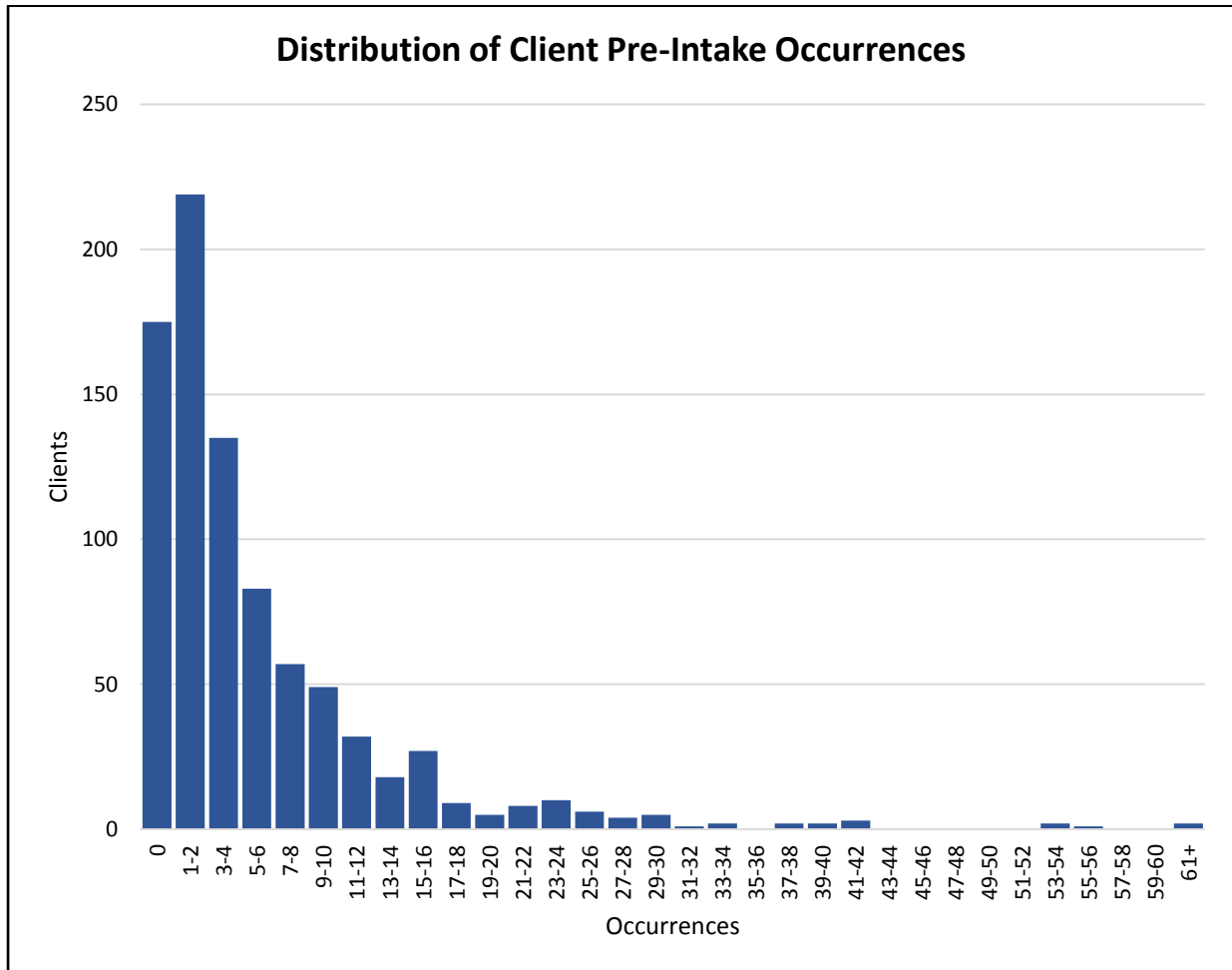
Among the 857 client records there were 4909 occurrences recorded between January 2009 and intake dates at Gandhi Nivas. 840 clients (98.02%) have records of fewer than 30 occurrences and together accounted for 4214 occurrences. A majority of clients (62.77%: 538) have between 2 and 20 pre-intake occurrences, while another 14.93% of clients (128) have records of one pre-intake occurrence. As is the case for the 101 clients with recorded occurrences at intake only, underreporting estimates caution against concluding that clients with one recorded episode of family violence have not otherwise engaged in violence and coercion in their family relationships.

The distribution of client involvement in occurrences recorded between January 2009 and their intake date is provided in Table 16 below and illustrated in Figure 15.

Table 16: Distribution of Client Pre-Intake Occurrences

Pre-intake Occurrences	Number of Clients	Proportion of Clients
0	175	20.42%
1-2	219	25.55%
3-4	135	15.75%
5-6	83	9.68%
7-8	57	6.56%
9-10	49	5.72%
11-12	32	3.73%
13-14	18	2.10%
15-16	27	3.15%
17-18	9	1.05%
19-20	5	0.58%
21-22	8	0.93%
23-24	10	1.17%
25-26	6	0.70%
27-28	4	0.47%
29-30	5	0.58%
31-32	1	0.12%
33-34	2	0.23%
35-36	0	0.00%
37-38	2	0.23%
39-40	2	0.23%
41-42	3	0.35%
43-44	0	0.00%
45-46	0	0.00%
47-48	0	0.00%
49-50	0	0.00%
51-52	0	0.00%
53-54	2	0.23%
55-56	1	0.12%
57-58	0	0.00%
59-60	0	0.00%
61+	2	0.23%

Figure 15:



A relatively small minority of clients (1.87%: 16) have records of 30 or more occurrences, and they accounted for 695 occurrences. The ratio of clients to occurrences for those with less than 30 recorded occurrences is 2.87, while for clients with 30 or more occurrences the ratio is 43.44. Table 17 below, shows the distribution of occurrences involving clients and the ratio of clients to occurrences for five groups of records, those with:

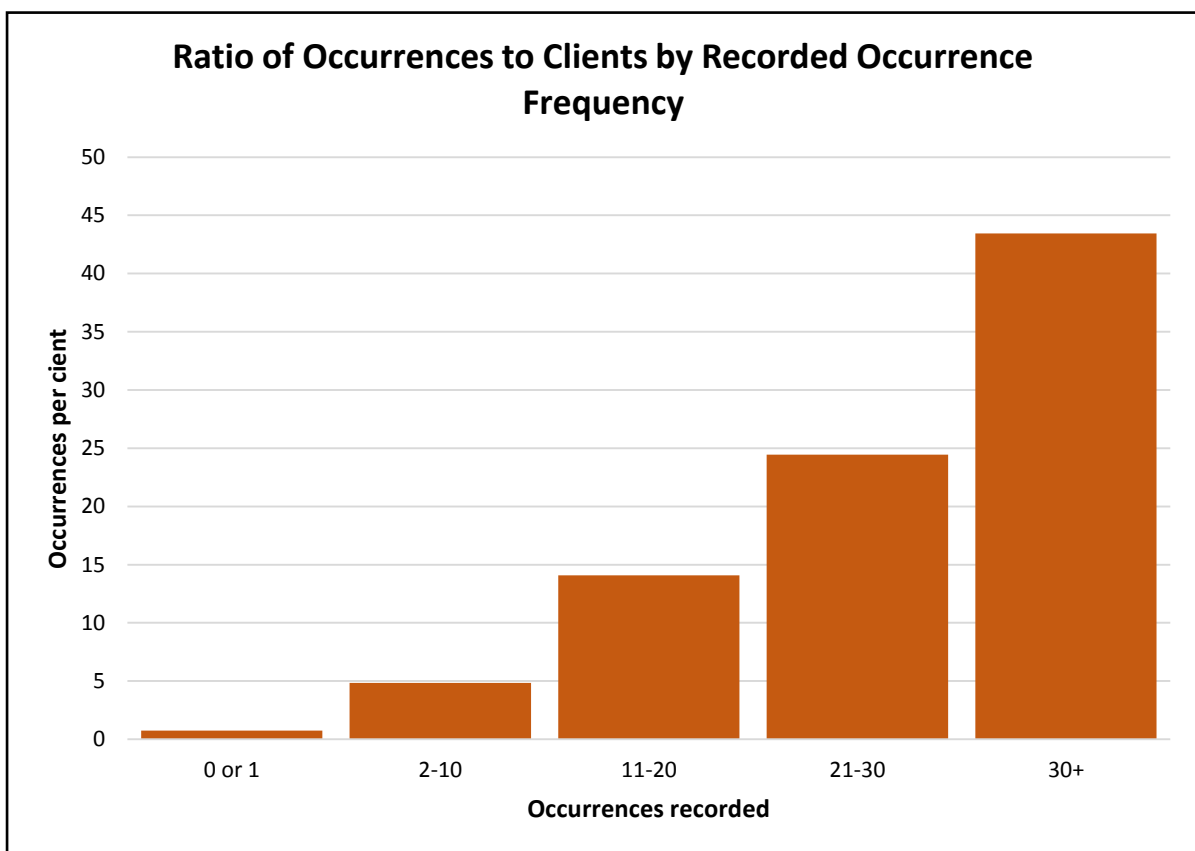
- fewer than two occurrences;
- 2-10 occurrences;
- 11-20 occurrences;
- 21-30 occurrences; and
- 30 or more occurrences.

Table 17: Clients and Occurrences by Occurrence Frequency

Occurrence frequency	0 or 1	2-10	11-20	21-30	30+
Number of clients	175	415	91	32	16
Number of occurrences	128	2012	1283	782	695
Ratio of occurrences to clients	0.73	4.85	14.09	24.44	43.44

Figure 16 below, illustrates increases in the ratio of occurrences to clients.

Figure 16:



Distributions of occurrences across client records show that as the number of recorded occurrences increases, the proportion of clients who are accounting for them decreases: Fewer men are responsible for more recorded pre-intake occurrences, with a small minority responsible for more than 30 occurrences each.

Client involvement in pre-intake offences

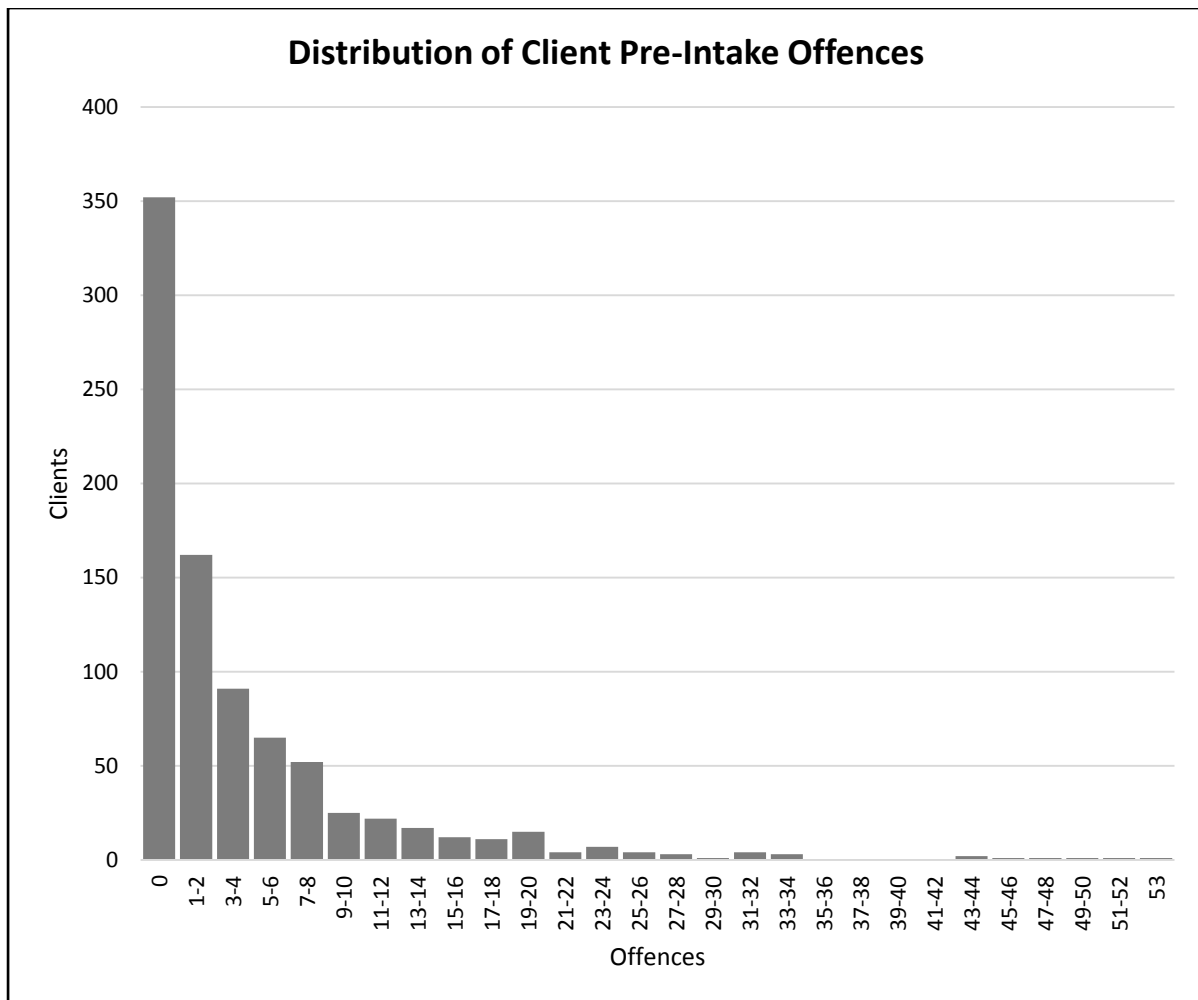
While slightly more than 20% of clients recorded no occurrences prior to intake, a higher proportion of clients (40.07%: 352) recorded no offences prior to intake. The remaining 505 client records (58.9%) accounted for a total of 3,718 pre-intake Family Violence indicated offences, with 98 clients (11.43%) recording one offence and a considerable majority of clients (85.88%: 736) recording fewer than 10 offences. Although fewer occurrences involve offences overall, a similar pattern of fewer clients accounting for proportionally more records is evident for offences. Less than 4% of client records were coded with more than 20 pre-intake offences.

The distribution of client involvement in offences recorded between January 2009 and their intake date is provided in Table 18 below and illustrated in Figure 17.

Table 18: Distribution of Client Pre-Intake Offences

Pre-intake Offences	Number of Clients	Proportion of Clients
0	352	41.07%
1-2	162	18.90%
3-4	91	10.62%
5-6	65	7.58%
7-8	52	6.06%
9-10	25	2.92%
11-12	22	2.57%
13-14	17	1.98%
15-16	12	1.40%
17-18	11	1.28%
19-20	15	1.75%
21-22	4	0.47%
23-24	7	0.82%
25-26	4	0.47%
27-28	3	0.35%
29-30	1	0.12%
31-32	4	0.47%
33-34	3	0.35%
35-36	0	0.00%
37-38	0	0.00%
39-40	0	0.00%
41-42	0	0.00%
43-44	2	0.23%
45-46	1	0.12%
47-48	1	0.12%
49-50	1	0.12%
51-52	1	0.12%
53	1	0.12%

Figure 17:



Our description of pre-intake occurrences and offences is not sensitive to patterns of police attendance at family violence episodes, over time. For example, those fewer men with more frequent records of offending, may be older or have resided in Aotearoa longer than those with fewer records. Although various unknown conditions of clients' lives may contribute to their records of occurrences or offences, it is evident that a minority of Gandhi Nivas clients have longer histories of police attendance at family violence episodes and more occurrences where offences have been committed.

Identifying early and extended intervention client groups

Our analysis of clients' intake and pre-intake records in the Police dataset included six descriptions of clients' pre-intake and intake involvement in episodes that police indicated as family violence: Occurrences, incidents and offences at intake, and in the previous 10 years. Each of these descriptions identifies a group of clients whose records are anomalous in comparison to those of a sizeable majority. In the case of intake measures, for example, almost 97% of clients' records indicate one intake occurrence yet there are 27 clients (3.33%) whose records included more than one family violence episode that police attended within 24 hours before intake. Police had attended two episodes for 26 of these clients and three episodes for one client on the same day that they were referred to Gandhi Nivas. Multiple police callouts for family harm investigations on the same day suggests an escalation of the episode following the first call-out. These cases raise the question of whether intake at Gandhi Nivas served as an *early* intervention into the episode police were first called to attend. In the case of pre-intake measures, too, there are anomalous records. For example, there are 38 clients (4.97%) whose records indicate more than 20 family violence indicated offences in the previous 10 years. More than 85% of clients (646) have fewer than 10 offences, and of these, 38.85% (251) have no offences recorded pre-intake. The anomalous cases raise the question of whether intake at Gandhi Nivas served as an *early* intervention for the client over the history of police intervention for family violence.

From our previous and parallel studies, we are aware that Gandhi Nivas provides residence and intervention services for clients regardless of whether they were bound by PSOs, on bail, self-referred or persons at risk. In the current study, we identified 10 clients who were either victims or assigned other non-aggressors at intake and they also had access to services. Given the range of services available to clients, we consulted stakeholders to discuss whether the cases we had identified as anomalous would be offered early or extended intervention services. While each case is individually assessed, stakeholders agreed that more complex intake cases or clients with longer histories of police interventions for family violence would be offered services most suited to their needs and it would not be appropriate to regard them as "early" interventions. Stakeholders advised that for the purposes of evaluating early intervention, we should analyse data from clients with anomalous records separately, as "extended" intervention groups. Stakeholders also asked

us to separate clients who were bound by a PSO on intake from those who were referred for other incidents or offences, given the significance of PSOs in the establishment of Gandhi Nivas. On their advice, detailed analysis of client records before and after intervention was conducted on four distinct cohorts: PSO bound early and extended intervention groups, and non-PSO early and extended intervention groups.

The descriptions of anomalous records we provided for consultation with stakeholders served to establish criteria for clients' records to be allocated to one of the four cohorts. Early and extended intervention cohorts were identified by using six criteria for extended intervention, with all clients who did not meet *any* of the criteria forming the early intervention group. Criteria for inclusion in the extended intervention group were records of:

- More than one intake occurrence
- More than 10 incidents involved in an intake occurrence
- Three or more intake offences when only offences are recorded²⁶
- More than 5 offences at intake
- 30 or more occurrences between 2009 and intake
- More than 20 offences between 2009 and intake

In total, 110 unique client records met criteria for extended intervention. Of these, there were 90 clients who met one criterion and 20 clients met more than one criterion. 19 clients met two criteria and one client met three criteria. Table 19 shows the distribution of clients' records across the extended intervention criteria.

²⁶ The criterion covering 'offences only' at intake is set at 3 or more offences because 85% of clients' records showed 0-2 offences at intake.

Table 19: Distribution of Client Records Across the Extended Intervention Criteria

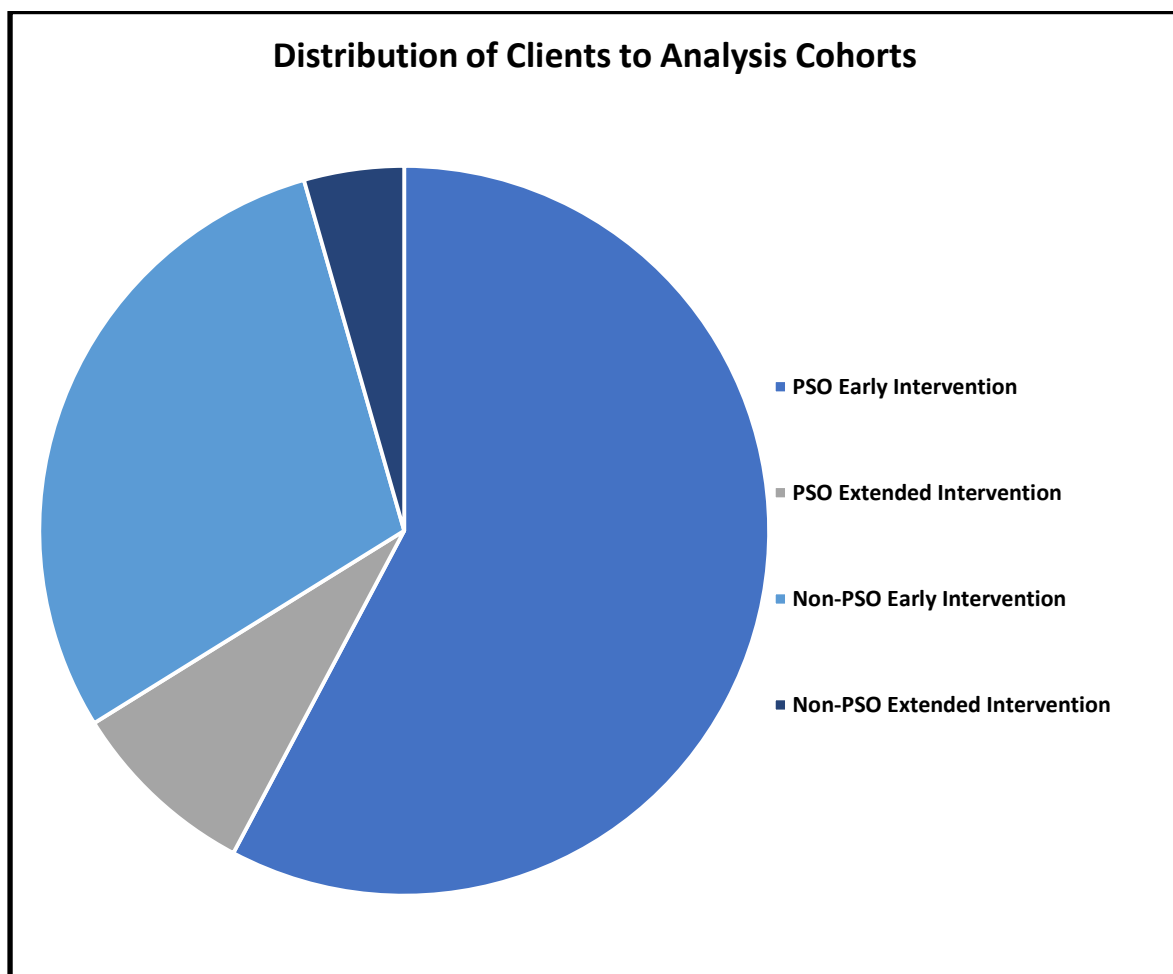
	2+ intake occurrences	10 + intake incidents	Only offences at intake	5+ intake offences	30+ pre-intake occurrences	20+ pre-intake offences
2+ intake occurrences	26	0	0	1	0	0
10 + intake incidents	0	20	0	3	3	2
Only offences at intake	0	0	12	6	0	0
5+ intake offences	1	3	6	19	1	1
30+ pre-intake occurrences	0	3	0	1	16	6
20+ pre-intake offences	0	2	0	1	6	38

The most frequently occurring second criterion is a record of 5 or more intake offences, which coincides with all other criteria for at least one client. Escalation of violence at the intake occurrence is indicated when 5 or more intake offences coincides with 10 or more intake incidents or more than two intake occurrences. Overlap with intake and pre-intake criteria implies that the escalating episode is taking place against a background of police attended family violence episodes. In these circumstances, intervention cannot be regarded as 'early', either in relation to the intake occurrence or in the client's family violence history. As is the case with other analyses, underreporting of family violence to police means that we cannot conclude that the clients assigned to the extended intervention groups are the only clients for whom episodes of family violence take place in the context of an ongoing pattern of violence and coercion.

The early intervention cohort comprised 747 client (87.16%) records that do not meet any of the extended intervention criteria. A majority of clients do not have records suggesting that their intake occurrence involved escalation recorded by police at the time they attended. However, the majority of records that do not meet the pre-intake criteria for extended intervention could include cases of recent migration or underreporting of prior family violence episodes.

Having identified two cohorts based on intervention type, they were further distinguished by whether the client's intake event involved him being bound by a PSO. Of the 857 unique client records, we identified 567 clients (66.16%) who were bound by a PSO at intake. Those whose intake occurrences involved other incidents or offences were assigned to the non-PSO cohort. The Early Intervention PSO cohort is the largest group, with 57.76% (495) of clients assigned to that cohort. 72 clients (8.40%) were assigned to the Extended Intervention PSO cohort. Of the 290 clients (33.84%) whose intake occurrence involved other incidents or offences, 252 clients (29.41%) were assigned to the Early Intervention non-PSO cohort and 38 (4.43%) to the Extended Intervention non-PSO cohort. Figure 18 below illustrates the predominance of PSO and Early Intervention client records.

Figure 18:



Within the four cohorts, clients' records share commonalities that represented stakeholders' interests and concerns with early intervention services offered to men bound by Police Safety Orders. In Part IV of our report, we provide analyses of client records before and after intervention, using measures of reported re-occurrences, re-offending and non-offending.

Part IV: Client involvement in Police records of family violence re-occurrences and re-offending after intervention

Guidelines for measuring re-offending

In our earlier discussions of intake and pre-intake Police records for Gandhi Nivas clients, we drew attention to the complications of interpreting our statistical analyses in the context of widely acknowledged under-reporting of family violence episodes. Under-reporting is one of several known issues that contribute to underestimating recidivism (criminal re-offending) through measures based on records held by Police or courts. In Aotearoa New Zealand, recent analyses estimate that 23% of all crimes are reported to police, with reporting of household offences such as vehicle theft or burglary twice as high (34%) as personal offences such as assault and robbery (18%). Fraud and cybercrime were least frequently reported (7%). Over 80% of respondents to the most recent crime and victimisation survey said they are most likely not to report crime because they do not regard the offence as serious (83.9%) (Ministry of Justice, 2018). For family violence offences in particular, respondents often referred to episodes which could be reported to police as “private” issues. Social and cultural understandings of crime and policing can also influence reporting patterns. Even when crimes are reported, many of those who re-offend evade formal detection or criminal prosecution (Ministry of Justice U.K., 2012).

We have also previously mentioned issues of measurement that arise because of changes to dynamic databases. Notably, for the current study, changes in policing policy for family violence meant we cannot include analyses of clients’ risk assessment scores and we have needed to combine incidents coded as 1D or 5F in our earlier incident analyses. Changes in criminal justice practices and legislation may also affect comparisons of offending pre- and post-intervention. For instance, a recent amendment to the Crimes Act (1961) introduced a new offence of strangulation, which came into effect in December 2018. For the current study, analyses of strangulation re-offending would not provide an accurate measure since police could not record the offence of strangulation before December 2018. Such changes

also complicate comparisons across studies from different time periods or in different social and cultural settings (Sullivan & Povey, 2015).

Along with underreporting and dynamic changes in the content of database records, recidivism measurements are also impacted by difficulties matching offenders between databases (Ministry of Justice U.K., 2012). More broadly, the problem of database matching might involve some offenders being excluded from re-offending data because records in Police and Court databases cannot be matched. In the current study, 47 unique Gandhi Nivas clients (5%) were excluded because their records in the Sahaayta dataset could not be confidently matched with the Police database. We are unable to assess how their pre- and post-intervention involvement with police attended family violence episodes might impact our analyses.

Given these widely acknowledged limitations of comparing pre- and post-intervention offending, as well as the very diverse ways in which recidivism is measured in studies of re-offending, Sullivan and Povey (2015) have recommended guidelines for measuring proven re-offending in Aotearoa New Zealand. Proven re-offending is defined as an offence committed in the follow-up period of a study that receives “a court conviction, caution, reprimand or warning” (Ministry of Justice U.K., 2012, p.4). In this sense, it includes offending that is ‘proven’ in court and explicitly acknowledges that offences which are not reported or prosecuted cannot be measured.

For our purposes, proven re-offending would be vulnerable to changes in legislation during the study period and to judicial practices in response to family violence offending, such as the use of ‘discharge without conviction’ options to divert family violence offenders into stopping violence programmes. Notably, too, since the data concerns convictions, only finalised cases are recorded, which can mean it is necessary to wait at least 6 months after the end of a follow-up period before collecting data (Sullivan & Povey, 2015). Like underreporting, delays in finalising cases may lead to underestimating recidivism. More serious offences are more likely to involve longer court processes, so the offence may have occurred during the follow up period but not be finalised, even 6 months after the follow up period. The complexity of family violence and the ways in which prosecution may be

complicated by perpetrators' continuing victimisation of family members could also contribute to delays in court process or influence prosecution outcomes.

Sullivan and Povey (2015) argue against using 'convictions only' as a measurement of re-offending because the measure is vulnerable to legislative change. In Aotearoa New Zealand family violence convictions are not comprehensively indicated in Ministry of Justice data on charge outcomes because the Ministry uses a restricted range of offences to represent family violence. Since the introduction of the Family Violence Act (2018), three new offences are now included: Assault on a family member; Coerced into marriage/civil union; Strangulation/suffocation. Between 2009 and 2018, three offence types represented family violence: Breach of a protection order, Male assaults female and Common assault (domestic). The Ministry explains that by restricting their data to specific offences they are able to make more robust comparisons over time (Ministry of Justice, 2019). They acknowledge that the three offence types used previously represent approximately 50% of family violence related offences. Given the scope of family violence offences recorded for clients before intake at Gandhi Nivas, and across the whole dataset, such restricted conviction data would not be suitable for the current study, nor would it address stakeholders' interests in how their early intervention partnership influences client re-offending.

By focusing on family violence episodes reported to police, we have the broadest scope for inclusion of data from available datasets to examine patterns of pre- and post-intervention reporting that are most relevant to the partnership between Sahaayta and Police. We have adapted guidelines recommended for measuring **proven re-offending** (Sullivan & Povey, 2015) to measure **reported re-offending** and **re-occurrences** of clients' family violence Police records. Consistent with the guidelines for proven re-offending, we acknowledge that we are unable to include episodes of violence that are not reported to police, and so our measures potentially underestimate re-occurrences and re-offending. We are aware from Study 4 that some clients' family members had experienced previous harms and risks of harms that they had not reported to police. From Study 2, we are also aware that some clients did not recognise the harms they had previously perpetrated on family members as

immoral or criminal acts. These studies provide testimony of underreporting among those receiving services provided through Gandhi Nivas.

Recommendations for measuring proven re-offending cover: the choice of index offence for categorising subsequent data as “re-offending”; the measure of offending that best fits the definition of “proven”; the kinds of offences that are suitable to include in analysis; how the analysis should be conducted and reported; and various exclusions that are recommended to address potential ambiguities in interpreting data. The goal of these recommendations is to ensure measurement of re-offending is more a reflection of offender behaviour than an indication of legislative, policy or socio-political change affecting the criminal justice system. We have previously discussed the kinds of issues that arise for research using data from dynamic operational databases. The databases of court records which are often used for recidivism studies are also susceptible to social and systems changes that affect how offending data is recorded. In the following sections, we discuss how we have adopted and adapted the recommendations for proven re-offending studies to measure reported re-occurrences and re-offending recorded for Gandhi Nivas clients in Police records.

[Adapting the guidelines for reported re-offending](#)

For any measurement and analysis of **re-offending** it is necessary to identify an index offence that categorises data as a measure of offending again. How the index event is decided depends on the research questions to be addressed. For example, if the purpose of the study is to determine how many proven re-offences have been committed by those who were also offending in the previous twelve months, the index offence would be the first conviction recorded anytime in the preceding year. Since our research concerns early interventions for police attended family violence episodes, we have used occurrences that lead to intake at Gandhi Nivas as index occurrences. For our pre- and post-intervention analysis, intake and pre-intake occurrences and offences are measures of “pre-intervention” records. The index occurrence serves as the boundary between pre- and post-intervention records, since at the time of the intake occurrence, the client had not yet been referred to Gandhi Nivas. For those client records excluded from intake analysis because their intake occurrence was ambiguous, we have used the intake date as the boundary for separating pre-intervention occurrences and offences from those recorded after intervention.

With regard to measures of offending, Sullivan and Povey (2015) argue for reporting percentages of offenders who offend rather than rates of offending or total offences. Offending rates are affected by a small number of offenders who commit a larger number of offences, as we found for both intake and pre-intake client records. As measures of re-offending, volumes and rates of offences may vary depending on how multiple offences during a particular occurrence are counted (e.g. whether as a raw score of offences or a rate of offence per occurrence). In previous analyses, we have found it useful to provide frequency analyses of the total volume of occurrences, incidents and offences in the dataset, to illustrate the scope and range of client involvement in family violence indicated Police matters. We have also analysed the total rates of offending per occurrence to illustrate how a slight minority of clients account for disproportionately more recorded offences per occurrence. These analyses provide the basis for our consultations with stakeholders about the suitability of some clients for early intervention services, and subsequently separating client records into four cohorts. Two cohorts of extended intervention clients were created on the basis of their disproportionately frequent records of occurrences and offences. In preparation for analyses of re-occurrences and re-offending, we used three measures of the volume and rate of occurrences and offences pre- and post-intervention to see whether disproportionate records were still evident in their distribution patterns. We were able to conclude that it was still appropriate to follow the recommendations for measures of proven re-offending, because there were still disproportionate distributions within each cohort. We discuss the results of our measures of volumes and rates, below, before we begin reporting on measures of reported re-occurrences, re-offending and non-offending for each cohort.

The principal, recommended measure of re-offending is *the proportion of offenders who re-offend*. Given stakeholders' interest in early intervention, we also provide analyses of *the proportion of clients who have records of re-occurrences*, since occurrences provide evidence of all family violence episodes attended by police regardless of whether offences are recorded. Stakeholders also have a particular interest in the proportion of clients who either become or remain non-offenders after intervention and the proportion who have no further recorded occurrences.

The follow-up period in which re-offending is measured would ideally be two years, but as Sullivan and Povey (2015) acknowledge, such a length of time to gather post-index offending data is often not feasible for studies under time constraints. They recommend a minimum follow-up period of 12 months. In our study, client records that ranged from 6 months to 54 months of post-intervention data were available. The majority of clients (719: 84%) were more than 12 months post-intervention and over 20% (172 clients) were more than 3 years post-intervention. We have included the relatively small proportion of clients (15.86%) who are between 6 and 12-months post-intervention in our analysis.

Measures of proven re-offending are premised on intent to measure recidivism, and therefore the baseline is the offenders in a particular cohort and whether they re-offending. Since stakeholders had an interest in non-offending, we have included measures of proportional change in client non-offenders before and after intake, using compatible intervals for comparison. This enables us to provide evidence of non-offending in each cohort. Rather than using a 12-month minimum or standard 24-month period, we decided to create 12-monthly follow up periods that enabled a consistent approach to comparing pre- and post-intervention records in the Police dataset. We were aware that our analyses needed to be time sensitive because of the way in which clients' pre-intervention histories of police attended family violence episodes varied, with fewer clients having longer records of family violence indicated occurrences. Comparing pre- and post-intervention records for all clients across the whole of the dataset does not allow comparisons that are sensitive to variations in the time between clients' first recorded occurrences and their intake at Gandhi Nivas or between their intake date and the time the Police dataset was drawn down. Confining our measures to re-offending would not allow us to take account of clients whose first offence is recorded after intake. Therefore, we compared the proportional change in the number of offending clients before and after intake, within each cohort and across all clients' records within 12 monthly follow up intervals.

The guidelines for measuring proven offending recommend counting *cases* of offending rather than charges for an offence, since the latter may involve multiple records for the same offence at the same occurrence. Since the Police dataset we analysed does not detail charges leading to convictions and because recorded offences may involve multiple

relationships that are relevant to stakeholders' concerns with client offending, we have counted all recorded offences.

Guidelines for proven re-offending usually recommend excluding offences that are not prosecuted by Police (those that result in a warning, for instance) (Sullivan & Povey, 2015). Our analysis of Police recorded occurrences and offences does not include data indicating whether offences are prosecuted or the charges and charge outcomes for prosecutions. Stakeholders' interest in early intervention focuses our attention earlier in the process of criminal justice interventions into family violence. We have included all offence types and all occurrences indicated as family violence by police, acknowledging that the outcomes of subsequent criminal justice processes are excluded from the current study.

Proven re-offending guidelines also recommend excluding offences categorised as minor because they do not carry a prison sentence and breaches of custodial and community-based sentencing orders (Sullivan & Povey, 2015). Such offences are regarded as susceptible to legislative and policy changes and more serious offences are likely to be of more concern. For the current study, offences that do not carry custodial sentences have been included because we are not concerned with categorising seriousness in relation to incarceration. Sullivan and Povey (2015) recommend that proven re-offending measures need not be concerned with seriousness or severity of offences. In the current study, seriousness of offending is relevant in relation to understanding the kinds of violent episodes that police attend. In the Police dataset, seriousness of offences is organised hierarchically in the offence code series, with the highest numbers (7000 level) indicating the least serious offences. While organisation of the offence series is also based on potential sentencing outcomes, it is more nuanced and consistent with the policies and practices of policing family violence. We have not excluded minor offences, including those related to the administration of justice, or breaches of orders, because they are relevant to the ongoing patterns that characterise violence within family relationships. Breaches of protection

orders and non-compliance with PSOs are offences specific to family violence and enable us to analyse Police records of particular importance for interventions²⁷.

In our context, it is more serious offences that have been susceptible to changes in legislation. New offences introduced in December 2018, include strangulation/suffocation as one of the most serious acts of physical violence, coded by Police within the 1400 series: Grievous Assaults. "Assault on a family member" is classified as a Serious Assault, in the same series as Male Assaults Female offences. We identified 7 records of 1475 offences (e.g. Impedes breathing/ blood circulation), and 1 record of 1545, Assault on a person in a family relationship. We acknowledge the significance of strangulation offences as indicators of lethal risk and have not excluded them from our analysis of post-intervention offending, even though they are offences that could only have been recorded since late 2018. Where the new offence affects our analysis, we provide case descriptions to account for the context of family violence occurrences and offences in which the new offence is recorded and discuss the implications for measures of re-offending in the clients' cohorts.

With our focus primarily on measures that would meet stakeholder's interests in re-offending and non-offending after intervention, we did not analyse the re-occurrence of specific incidents in clients' records. For the purpose of examining the effect of the 5F Family Harm Investigation policy on pre- and post-incident records, we analysed changes in incident codes across the whole dataset. This analysis is not included in measures of re-offending that follow. However, we provide a summary discussion of the results of the incident analyses as background information on the changes in the dynamic database from which our dataset is drawn.

There are also proven re-offending guidelines relating to youth records and statistical adjustments that are relevant for discussion in the context of our study. The guidelines recommend that young people, who are likely to be diverted from court or appear in youth court, are not included in studies alongside adults (Sullivan & Povey, 2015). The difference in

²⁷ Six driving offence codes have been excluded from the offending analysis because they occur too infrequently to be included. Pre-intervention there are a total of ten Family Violence indicated driving offences. Post-intervention, there is one.

youth and adult justice systems and outcomes usually makes comparison invalid. In the current study, 6 clients were youth under 17 at intake and 12 clients were seventeen-year olds. We did not exclude any client records on grounds of age, since both youth and adults resided at Gandhi Nivas and were offered intervention services. In this context, there are no systems differences based on age that invalidate comparisons.

Various statistical adjustments to data are sometimes practiced in recidivism studies to account for the characteristics or the circumstances of the offenders in the study. Sullivan and Povey (2015) note two of relevance to our study: adjustments to account for offenders' imprisonment during the follow-up period, and often complex models of statistical adjustments to account for demographics such as age, ethnicity and employment status. While we are unable to adjust for imprisonment because we do not have data on prosecution, conviction or sentencing outcomes, we acknowledge the possibility that sudden declines in post-intervention occurrences and offences for some offender records may be an artefact of imprisonment for an earlier, serious offence. Statistical adjustments for demographic characteristics of sub-groups are not recommended unless they are a focus of attention for re-offending analysis. The description of demographics available for Gandhi Nivas' clients has been provided in Part I of this report. Since we are not aiming to compare offending rates among subgroups, no adjustments are required for the current study.

In the following sections, we report on measures of re-occurrences and re-offending for each of the PSO and non-PSO intervention cohorts. We begin with summary reporting on changes in pre- and post-intervention incident reports, to discuss the distributions of the 1D and 5F incident codes in the dataset. We also provide a summary report on the frequency of pre- and post-occurrences and offences to show that within cohorts there are disproportionate distributions that would compromise measures of the volume or rates of offending.

Pre- and post-intervention incidents, occurrences and offences: Summaries

5F Family Harm Investigation Policy: Incident code changes in the dataset

We commented earlier on the advice we were provided by police for dealing with the influence of the 5F Family Harm Investigation strategy as we considered the incidents in which clients were involved. In the intake analyses, incidents were crucial to identifying clients who were not (or not only) bound by PSOs. We are aware that the 5F code has been in use in Counties Manukau district since 2016, and we identified the first recorded 5F incident code in April 2016. Although we did not include incidents when adopting measures of re-occurrence and re-offending we conducted, we analysed pre- and post-incident codes to identify how separate records of 1D and 5F codes were changing across the whole dataset.

Among the incident records the 5F code was one of three incident codes showing an increase post-intervention. We would expect less frequent records post-intervention, since the timeframe for post-intervention is considerably shorter than the 10 years of pre-intervention records in the dataset. Unlike most other codes, which were recorded less frequently post-intervention as we would expect, the 5F code increased slightly by 0.65% post-intervention (from 2726 before to 2907 after). While there were 7419 1D codes recorded pre-intervention, post-intervention they had dropped to 1274 records: a decline of 82.83%. Combined, the codes were the most frequent in the dataset, with 10,145 pre-intervention records and 4181 post-intervention records and declined post-intervention by 58.79%. We interpret the increase in 5F codes post-intervention as evidence of the dynamic change in the database that relates to Police strategy and not necessarily changes in the attendance of police at domestic dispute incidents. 1D codes declined and so did 1D and 5F codes combined, as we would expect in the shorter timeframe post-intervention. Of the other 24 codes that declined across the post-intervention timeframe, the range is 22.64% to 100% with a mode of 100%. The lowest decrease is in the 6S: Safety Order Breach code (22.64%). 16 codes were infrequently recorded pre-intervention and not recorded at all, post-intervention. These decreases are likely related to the shorter post-intervention timeframe.

The only codes other than the 5F that showed an increase post-intervention were the 6C: Child Protection Report code (15.4%) and D201: Driving in a dangerous manner²⁸.

Recordings of 6C codes increased by 38.27% after intervention (from 97 before to 112 after). It is possible that increases in Child protection reports are also a consequence of Policing strategy that increases attention to the whole context in which family members are at risk of harm. Table 20, following, shows the frequency of incident codes pre- and post-intervention:

Table 20: Frequency of Incident Codes Recorded Pre- and Post-Intervention

Codes & Description	Pre-Intervention	Post-Intervention
1D: Domestic Dispute	6290	1275
1H: Drunk Home	26	3
1J: Juvenile Complaint (Action Taken Under CYP & F Act)	8	0
1K: Drunk Custody/Detox Centre	25	0
1M: Mental Health	34	5
1R: Breach of the Peace	43	0
1U: Traffic Incident	3	0
1X: Threatens/Attempts Suicide	55	21
2C: Civil Dispute	1	0
2D: Official Information Request	5	0
2I: Information	5	0
2O: Court Orders	29	16
2P: Public Relations	14	0
2Z: Other Service Request Response	1	0
3C: Crime Prevention Advice	1	0
3Z: Other Preventative Task	1	0
5F: Family Harm Investigation	1665	2907
6C: Child Protection Report	97	112
6D: Bail Breach	149	3
6S: Police Safety Order Breach	53	41
A518: Breath Alcohol level Over 400 mcgs per litre of Breath	2	0
A530: Drove with Exs Breath Alcohol 3rd or Subsequent	3	0
B184: Unlicensed Driver Failed to Comply with Prohibition	2	0
D201: Driving in a Dangerous Manner	0	1
L201: Driving while Disqualified	2	0
L230: Drove while Disqualified 3rd or Subsequent	1	0

²⁸ There was one recorded D201 code, post-intervention and none previously.

While we have chosen not to include incidents in our analysis of clients' involvement in pre- and post-intervention family violence episodes attended by police, our decision is based on the recommendations not to include less serious Police matters and stakeholders' particular interests in offending patterns. The summary analyses here, though, suggest that incident code changes may be related to changes in Policing policy that could also be affecting re-occurrence and re-offending analyses in ways we cannot identify with the data currently available.

Volume of pre- and post- intervention occurrences and offences: Summaries

Within each of the four client cohorts, we examined the volume of occurrences and offences, and the rates of offending per occurrence before and after intervention. We conducted the analyses to check whether separating the groups into cohorts had changed the pattern of disproportionate distributions across client records that we had used to create the cohorts. We consistently found a pattern of disproportionately fewer clients recording more occurrences, offences and offences per occurrence than the considerable majority within each cohort.

Within each cohort, clients' records with no pre-intervention occurrences varies from zero (PSO cohorts and Non-PSO Extended Intervention cohort) to 4 (Non-PSO Early Intervention cohort). As with earlier analyses, we find that as the number of occurrences increase, the proportion of clients involved in them decreases. Clients recording more than 30 occurrences pre-intervention have already been excluded from the two early intervention cohorts, yet there is still a very small proportion of clients (PSO Early 1.62%) and (Non-PSO Early 2.38%) who record between 21 and 30 occurrences, and another small proportion (PSO Early 4.24%) and (Non-PSO Early 4.73%) who record between 15 and 20 occurrences before intervention.

Separating the clients with disproportionately higher pre-intervention occurrence records into extended intervention cohorts did not mean that within those cohorts, occurrences were evenly distributed pre-intervention. In the PSO Extended Intervention cohort, the proportion of clients with more than 30 occurrences recorded is 9.72%. Almost 60% of clients in this cohort have fewer than 10 recorded occurrences. In the Non-PSO Extended

Intervention cohort, although the proportion of clients with more than 30 pre-intervention occurrences is higher at 21.05%, more than 40% recorded fewer than 10 occurrences.

After intervention, between 21.05% (Non-PSO Extended cohort) and 38.18% (PSO Early Intervention cohort) of clients' records show no further occurrences. While the time period after intervention will vary among these clients²⁹, the proportions indicate that overall more clients are *not* coming to police attention in the follow up period after their residence at Gandhi Nivas within each cohort. However, here too, we see that there are still a small minority of clients who are coming to police attention more often than the majority of the cohort. For example, while more than 70% of PSO Early Intervention clients record fewer than 3 occurrences post-intervention, 2.83% record more than 10 occurrences. In the Non-PSO Extended Intervention cohort, more than 84% record between fewer than 12 occurrences, while just over 5% record more than 20 occurrences, there are no records of more than 30 occurrences post-intervention.

While there are reductions in post-intervention occurrences for all cohorts, we need to also acknowledge that the longer pre-intervention time period may affected our findings on post-intervention occurrences. As time passes post-intervention, the minority of client cohorts who recorded higher numbers of occurrences before intervention, may come to police attention more often for family violence.

As is the case with occurrences, the timeframe of recorded offences is much longer than the timeframe after intervention. Here, too, our summary analyses are provided as context for understanding whether a small minority of offences are influencing the overall volume of offences before and after intervention, even though extended intervention clients are allocated into separate cohorts.

Offences occur less frequently than incidents in the overall dataset. In the PSO Early Intervention cohort, there over 25% of clients who had no recorded pre-intervention offences and in the Non-PSO Early Intervention cohort, the proportion is close to a third.

²⁹ We have not calculated rates of change before and after intervention in this report, since the time periods vary so much. Rates of change are provided in the time-sensitive re-offending and non-offending analysis in the final section of this report. They have also been provided, separately, to the stakeholders as high level, preliminary findings.

Some clients have already been excluded from these cohorts because they have records of more than 20 offences before intake³⁰. As we would expect, in the PSO Extended Intervention cohort, the proportion of clients with no previous offending is lower, at 12.50%. All of the clients in the Non-PSO Extended Intervention cohort had previous offence records of at least 3 or 4 offences. Across the other cohorts the range of records with one or two previous offences is 12.5% (PSO Extended Intervention) to 30% (PSO Early Intervention).

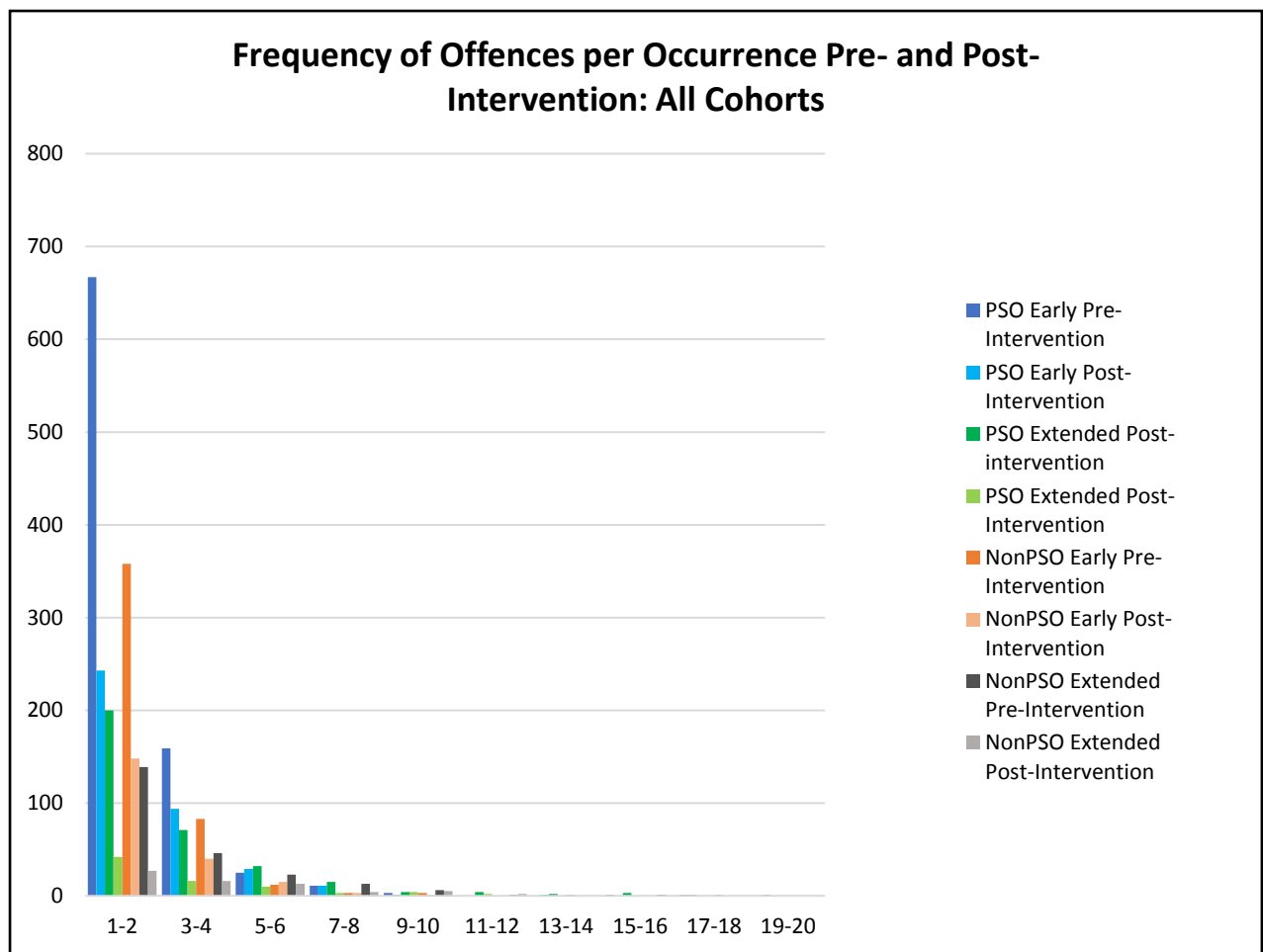
In a familiar pattern, the higher frequencies of offences are recorded for a smaller minority of clients in the Early Intervention cohorts. For the PSO and Non-PSO Early Intervention cohorts, 8.28% and 10.32% of records, respectively, show more than 10 pre-intervention offences. For the Extended Intervention cohorts, we expect higher records of offending since clients with fewer than 20 pre-intake offences would not be included in the groups. Here, we identified almost 30% of clients in the PSO cohort and 37% in the Non-PSO cohort with more than 20 pre-intervention offences. For Extended Intervention cohorts, higher levels of offending include records of 40-60 offences. In these cases, too, a minority of clients' records, 6.96% in PSO cohort and 10.54% in Non-PSO cohort, account for the higher levels of pre-intervention offences.

Post-intervention, the proportion of clients with no recorded offences in the Early Intervention cohorts rises to 60.20% for the PSO cohort and 63.89% for the non-PSO cohort. The proportion of clients with more than 10 offences recorded post-intervention declines to 4% for the PSO cohort. In the Non-PSO cohort, however, this proportion rises to 16.7%, while the proportion of clients recording one or two offences declines to 16.67%. In this cohort, post-intervention offending declines from nearly 30% to 15% in the range between 3 and 10 offences.

For the Extended Intervention cohorts, where offences are recorded at higher levels, the proportion of clients with no recorded offences increases post-intervention, to almost 45% in both the PSO and Non-PSO cohorts. No clients' records show more than 30 offences in the PSO cohort and in the Non-PSO cohort, the proportion declines from nearly 37% to

³⁰ Clients may have more than 20 pre-intervention offences recorded, and still be included in this cohort so long as they do not have more than two intake offences and no records of intake incidents.

Figure 19:



We are aware that the pre- and post-intervention analysis of the volume of occurrences and offences and the rates of offending per occurrence do not enable us to provide robust calculations of changes before and after intervention because of the differences in timeframes from which the pre- and post-data is drawn. As with our previous inclusion of measures of volume, however, they do indicate that a small number of clients will disproportionately influence measures that are calculated to show changes in volume and rates of re-occurrences and re-offences. Therefore, we focus our attention on measures of re-occurrences and re-offending that remove their influence by focusing on the proportions of clients who do come to police attention or record offences before and after intervention. In the following sections we provide the measures of re-occurrences and re-offending for each cohort. We also report on time-sensitive analysis of changes in re-offending and non-offending for each cohort. We begin with the PSO cohorts, Early and Extended Intervention before considering the Non-PSO cohorts.

PSO Early Intervention cohort

The PSO Early Intervention cohort includes 495 clients whose records of pre- and post-intervention occurrences and offences were analysed to provide proportional measures of re-occurrences and re-offending. The volume of occurrences or offences is not considered here. We will discuss cases of offending relevant to considerations of seriousness in the context of newly introduced offences in the Grievous and Serious Assault offence code series.

Proportional measures of reported re-occurrences and re-offending

All clients in this cohort have records of a prior occurrence. For some, it may be only their intake occurrence that includes them in the group. Since all clients could potentially record re-occurrences after intervention, all post-intervention records of police attending a family violence episode in which the client was assigned an aggressor role are included in re-occurrence analysis.

After intervention, the proportion of clients with no recorded occurrences increases from zero to 38.1% (189 clients). Therefore, the proportion of clients with re-occurrences is 61.82% (306 clients). Since all clients in the cohort had pre-intervention occurrence records, there could not be any clients in the cohort who recorded their first police attendance at a family violence episode after intervention. The decline in the number of clients coming to police attention for family violence after intervention is equivalent to the increases in client records with no occurrences in the overall follow up period. Table 22 shows the proportional measures for re-occurrences in the PSO Early Intervention cohort.

Table 22: PSO Early Intervention Cohort: Measures of Reported Re-occurrences

Proportion of clients with prior occurrence records who have post-intervention occurrence records (re-occurrences)	61.82%
Proportion of all clients who have post- intervention occurrence records	61.82%
Proportion of clients with pre-intervention occurrence records who have no post-intervention records	38.18%

In the Early Intervention PSO cohort, 133 (26.87%) clients had no recorded offences prior to residing at Gandhi Nivas. Re-offending in this case is measured by the proportion of clients who have prior offence records and also have offence records after intervention. There were 362 clients (73.13%) who had records of prior offences in this cohort. Of these clients, 155 (42.81%) had recorded offences post-intervention. Thus, the proportion of re-offenders in this cohort is 43.93%. Of all clients in the cohort, just under 39.8% recorded offences after intervention. Of the 133 clients with no prior offences recorded, 41 (30.82%) recorded offences after intervention. Therefore, 69.18% of non-offending clients continued their non-offending records after residing at Gandhi Nivas. Of the total cohort, 18.59% were non-offenders across the whole dataset. Table 23 shows the measures of reported re-offending for the PSO Early Intervention cohort.

Table 23: PSO Early Intervention Cohort: Measures of Reported Re-offending

Proportion of clients with prior offence records who have post-intervention offence records (re-offenders)	42.82%
Proportion of all clients in the cohort with post-intervention offence records	39.80%
Proportion of clients with no prior offence records who have post-intervention offences	31.34%
Proportion of clients with no prior offence records who have no post-intervention offences	69.17%
Proportion of all clients in the cohort with no prior offences and no post-intervention offences	18.59%

Overall, for the PSO Early Intervention cohort, there was a 45.48% decrease in offenders after intervention and clients without offending records increase from 133 to 298, a rise of 124.06% in post-intervention non-offenders.

In consideration of the seriousness of offending, we identified one client in this cohort with two 1475 (strangulation) offences recorded post-intervention, both are recorded for the same occurrence although they involve different relationships. Prior to coming to Gandhi Nivas, the client has no recorded occurrences. His intake occurrence involved two PSO records, in which he is bound for the safety of two of his family members, and two records of Male Assaults Female (MAF) offences, also involving two family members. The MAF charges are in the 1400 series, so categorised as less serious than the grievous offence

category in which strangulation is now included. Evidently, the two 1475 offences post-intervention will influence the number of recorded grievous assaults. None-the-less, these two offences account for 3.6% of the 1400 code series post-intervention.

In this cohort there is also one record of a homicide offence, post-intervention. We carefully examined the client's record to see if there was any recorded data that could help us to interpret this most serious post-intervention offence in the dataset. The client's record showed only an intake incident, where he was bound by a PSO that was protecting members of his family with whom he had two different relationships. The protected persons were not intimate partners. There are no records of the client coming to police attention until more than 18 months after intake, at which time the single homicide offence is recorded. The relationship in this matter is recorded as involving a former intimate partner. In these circumstances, it is likely that the person at risk of his later offence was unaware of the services offered to the client's family members at his PSO intake, since the latter relationship was independent of those involved in his intake occurrences. Earlier, we discussed the single homicide offence recorded pre-intervention, noting that service providers will not necessarily learn of clients' previous offences. Nor will they necessarily learn of changes in clients' circumstances and relationships, even if family members engage with services they are offered.

Proportions of recorded non-offenders at 12 monthly follow-up intervals

The guidelines for recommended re-offending suggest a follow-up period of at least 12 months. All clients in the cohort at least 12 months post-intervention, so we included the shorter 6 to 12-month timeframe to ensure a comprehensive account of client records, recognising that the shorter time frame would be unsuitable on its own. The dataset available to us allowed us to divide the records of the PSO cohort into four follow-up intervals: pre- and post-records of non-offending up to twelve months from intake; between 13 and 24 months from intake; between 25 and 36 months from intake; and between 37-48 months after intake.

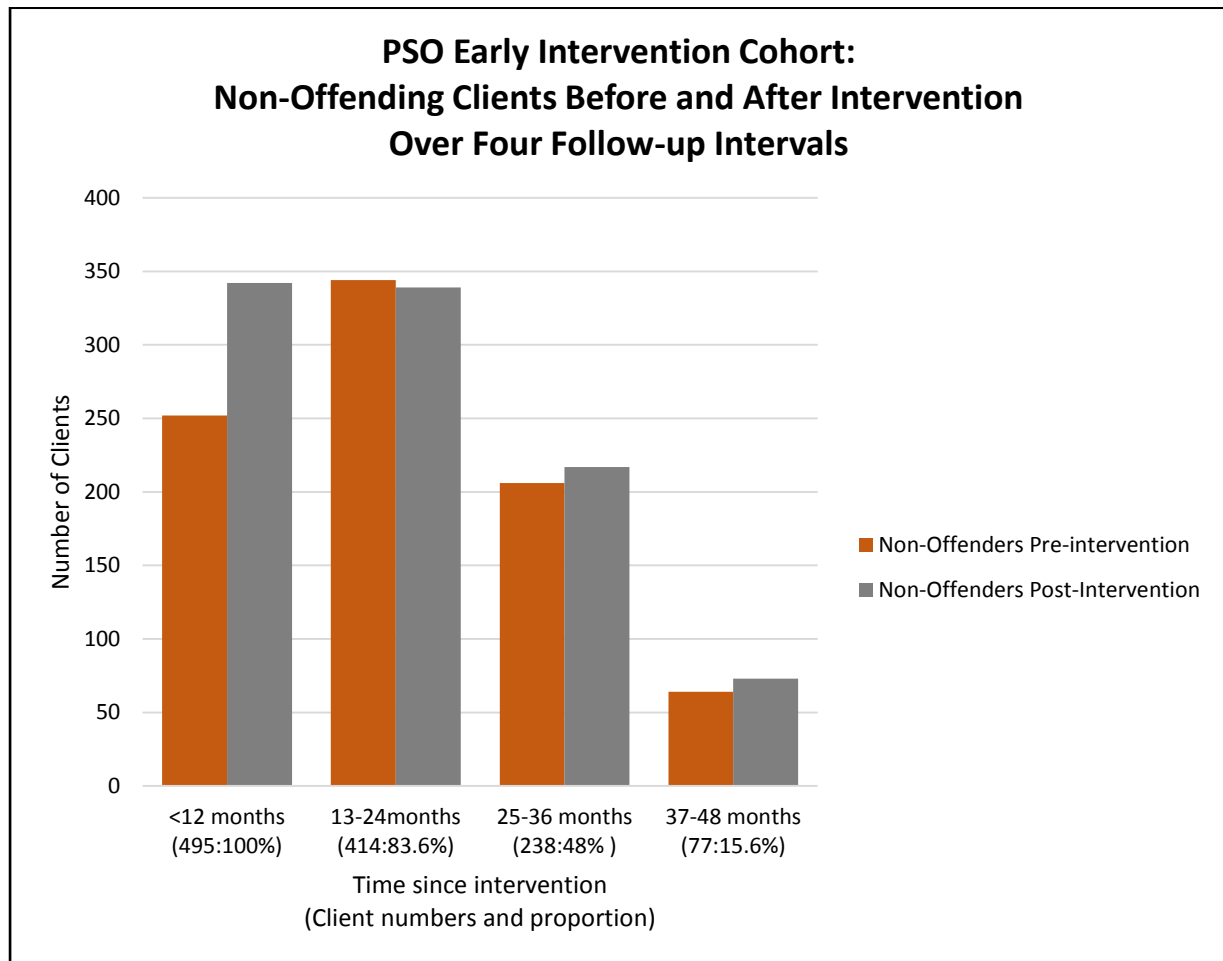
Client records were organised so that any client record whose index offence occurred within the follow-up interval was included for analysis of non-offending during those intervals. For

example, all clients' records are at least 12 months post-intervention, so they are all included for analysis in that interval. After 36 months, 77 client records are included. The distinct follow-up periods enabled us to examine the proportion of change in the number of non-offending clients at 12 monthly intervals post-intervention in comparison to those recording no offences in the same interval pre-intervention. Table 24 shows the proportional change in non-offending records pre- and post-intervention in each follow-up interval for the PSO Early Intervention cohort. The proportions are illustrated in Figure 20.

Table 24: PSO Early Intervention Cohort: Client Non-offending within 12-monthly Follow-up Intervals

Time Since Intervention (Client numbers & proportions)	Pre-intervention Non-offenders	Post-intervention Non-offenders	Proportional Increase in Non-offending within Follow-up Intervals
<12 months (495:100%)	252	342	35.71%
13-24months (414:83.6%)	344	339	-1.45%
25-36 months (238:48%)	206	217	5.53%
37-48 months (77:15.6%)	64	73	5.78%

Figure 20:



Compared with the first twelve months before intervention, there is a 35.71% increase in clients with no recorded offences. In the period between 13 and 24 months, the proportion of non-offending records declines slightly by 1.45%. In this time period, there were 5 more offenders than in the 13-24 months pre-intervention. While very few clients have influenced the decrease in non-offenders in the 2 year after intervention, any decrease suggests that clients in the cohort may be unable to sustain changes made over the first 12 months without ongoing support. In the 3rd and 4th year follow up periods, the proportions of non-offenders increase, modestly, by 5.53% and 5.78%. Notably though, the decrease in offenders continues over these longer periods since intervention, suggesting that following the second post-intervention year, there are increasingly more clients non-offending in comparison to those offending over similarly long periods before intervention.

The PSO Early Intervention cohort, post-intervention

The measures of reported re-occurrences and re-offending we have adapted from the measure of proven re-offending (Sullivan & Povey, 2015; Ministry of Justice U.K., 2012), have consistently shown that a lower proportion of clients come to police attention and re-offend after intervention in the PSO Early Intervention cohort. Examining proportional changes in clients with non-offending records over 12 monthly follow-up intervals, found an increase of more than 35% in the first 12 months after intervention, but more modest, stable increases over the longer term. In the second year after intervention, the slight rise in offenders post-intervention draws our attention to the challenges some clients face in sustaining change. Overall, there were a minority of clients, fewer than 10% of the total cohort who were non-offenders prior to intervention, who also recorded offences post-intervention. The majority of non-offenders continued non-offending.

Our consideration of the influence of new offences in the dataset drew our attention to the post-intervention Grievous Assaults recorded for clients in this cohort. Across the whole dataset, we would expect declines in offence code series post-intervention, as we found when examining the changes in the 1D and 5F codes for incidents. However, for this cohort Grievous Assaults after intervention increased. Since the new offences included in the post-intervention records for this cohort account for very few of the post-intervention offences in the Grievous Assault offence series, the increase suggests that further investigation of changes in the seriousness of offences across time may provide information about the situations and timeframes in which clients' family members may need follow up safety assessment. Even for a small proportion of clients, the benefits of follow up for family members are significant.

PSO Extended Intervention cohort

There are 72 clients who were bound by PSO at intake and whose pre-intake and intake-records met criteria for extended intervention. As for our analysis of the Early Intervention Cohort, we do not consider volumes of occurrences or offences among these clients. There are no cases relevant the introduction of new offences in this cohort that would affect post-intervention offending.

Proportional measures of reported re-occurrences, re-offending and non-offending

As with the other PSO cohort, clients in the Extended Intervention cohort all recorded pre-intervention occurrences. While for many of the Early Intervention cohort, their intake occurrence may be their only record of occurrence before residing at Gandhi Nivas, for the Extended Intervention cohort, higher volumes of pre-intervention occurrences were criteria for inclusion in the group. In this cohort too, there are no clients without pre-intervention occurrence records, so all records of post-intervention occurrences were included in the re-occurrence analysis.

A quarter of clients in the Extended Intervention cohort had no occurrence records after intake, while the other 75% came to police attention again for subsequent episodes of family violence. Similar to the PSO Early Intervention cohort, the declined proportion of clients coming to police attention after intervention is the same as the proportional increase in clients with no post-intervention occurrence records. Table 25 shows the proportional measures for re-occurrences in the PSO Early Intervention cohort.

Table 25: PSO Extended Intervention Cohort: Measures of Reported Re-occurrences

Proportion of clients with prior occurrence records who have post-intervention occurrence records (re-occurrences)	75%
Proportion of all clients who have post-intervention occurrence records	75%
Proportion of clients with pre-intervention occurrence records who have no post-intervention records	25%

Since the extended intervention cohort is formed through client records with higher volumes of occurrences and offences than the Early Intervention cohort, we expect that this cohort comprises clients with fewer non-offending records overall. Before intervention, there were 9 clients (12.5%) who did not have offence records and were assigned to the cohort based on extensive pre-intervention occurrence records. There were some non-offenders before intervention, and their records have been excluded, since any post-intervention offences they recorded would be first offences, post-intervention. Re-offending for this cohort is measured by the proportion of the 63 clients (87.5%) who were pre-intervention offenders, who also have post-intervention offences. There were 36 clients recorded as previous offenders who also recorded post-intervention offences, so the proportion of re-offenders is 57.15%. Of all clients in this cohort, there were 40 (55.56%) who re-offended after intervention. While there were very few clients who had not offended before intervention, 4 of them recorded post-intervention offences, accounting for 44.45% of pre-intervention non-offenders in the cohort. The other 5 clients (55.55%) continued to record no offences after intervention. As expected for an Extended Intervention cohort, the proportion of the whole cohort who were non-offenders and continued to have no reported offences after intervention was slightly less than 7%. Table 26 below, shows the measures of reported re-offending for the PSO Extended Intervention cohort.

Table 26: PSO Extended Intervention Cohort: Measures of Reported Re-offending

Proportion of clients with prior offence records who have post-intervention offence records (re-offenders)	57.15%
Proportion of all clients in the cohort with post-intervention offence records	55.56%
Proportion of clients with no prior offence records who have post-intervention offences	44.45%
Proportion of clients with no prior offence records who have no post-intervention offences	55.55%
Proportion of all clients in the cohort with no prior offences and no post-intervention offences	6.95%

There were 27 clients with pre-intervention offence records among those with no recorded offences after intervention. They comprise 42.85% of those with previous offence records and 37.5% of all clients in the cohort. Across the whole dataset for the PSO Extended Intervention cohort, there was a 36.15% decrease in offending clients post-intervention and an increase in non-offending clients of over 250%. While the number of clients involved in the non-offending increase is relatively few, they are clients who have previously recorded very high volumes of offences and occurrences.

While we did not find any clients in this cohort who had recorded post-intervention offences introduced through the Family Violence Act (2018), we did locate the one record of a pre-intervention homicide discussed in the previous section on offence code series recorded across the whole dataset. On closer examination of this case, we identified the offence as the first recorded occurrence in the Police dataset for the client from January 2009. However, the client is not the primary aggressor, and the offence has been included in our analysis because of his otherwise long history of clearly assigned aggressor roles. It is possible that the client has earlier Family Violence indicated occurrences and offences that were not included in the dataset that could have provided further information on his historic offences. Earlier, we commented that Sahaayta is only provided with police information about active Family Violence indicated matters that come to their attention at the time of intake. In his case, the service providers would not have had information about the client's previous involvement in a recorded family violence homicide offence.

Proportions of non-offenders at 12 monthly follow-up intervals

In providing our analysis of reported non-offending after intervention, we have included records of clients who had no recorded offences pre-intervention. In this cohort, there are 9 clients (12.5%) with no previous offence records in this cohort, and fewer than half of them (4: 44.44%) recorded first offences post-intervention. They comprise 5.55% of the total number of clients in the PSO Extended Intervention cohort. All nine previously non-offending client records are included here to provide pre-intervention frequencies from which changes in the proportion of non-offenders post-intervention can be measured.

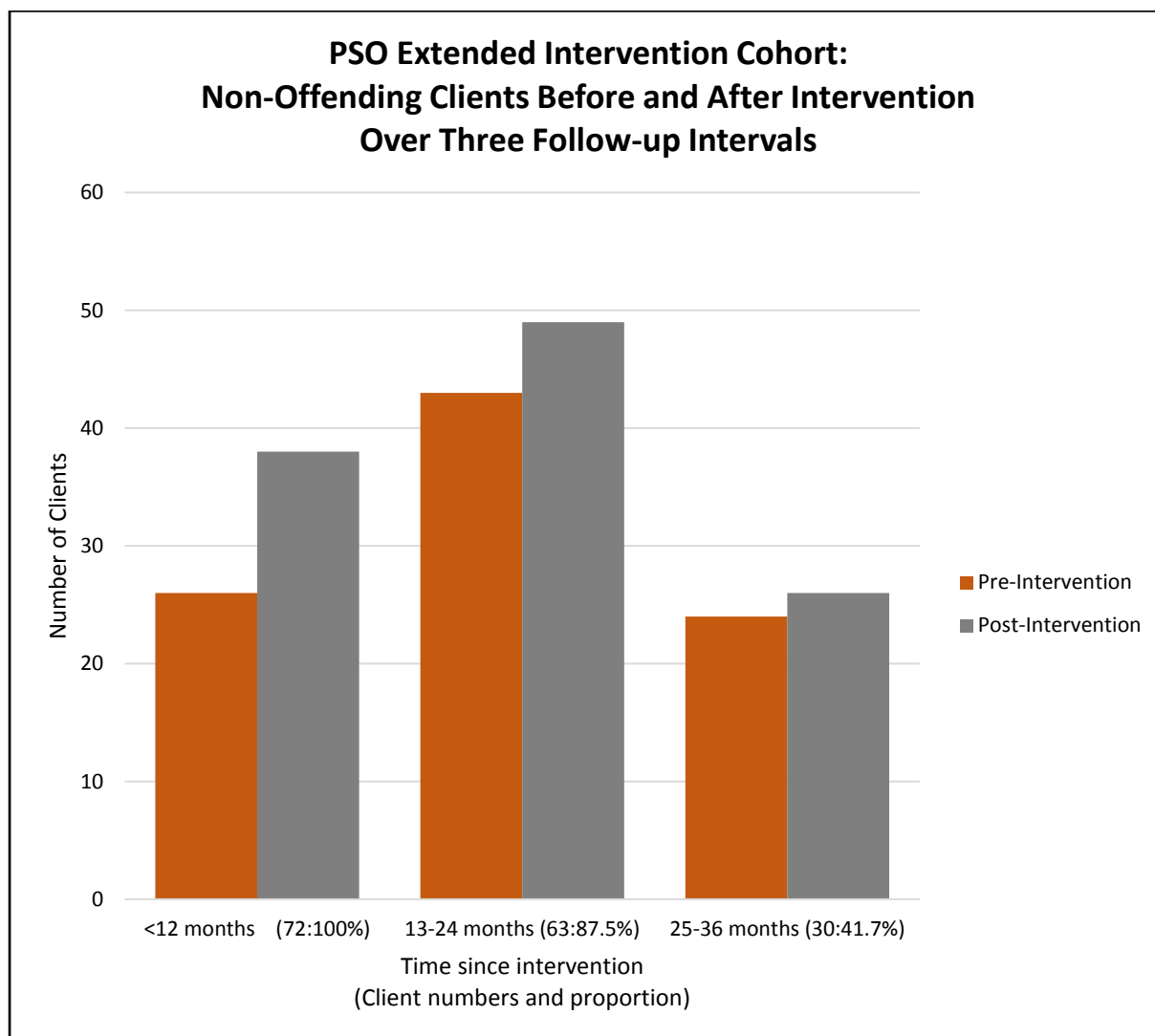
In the PSO Extended Intervention cohort, there was an overall increase in non-offending of more than 250%. In the first twelve months after intervention, the proportion of non-offenders increases by 46.15%. A less substantial increase follows in the 2nd year after intervention, where there are 6 more clients recording no offences than in the 2nd year before intervention. By the third year, the increase in non-offenders is a more modest 8.33%.

Table 27 shows the changes in numbers of non-offending clients before and after intervention, and the proportion of change in non-offenders within each twelve-monthly follow up interval. Figure 21 illustrates the change.

Table 27: PSO Extended Intervention Cohort: Non-Offending Clients within 12-monthly Follow-up Intervals

Time Since Intervention (Client numbers & proportions)	Non-Offenders Before Intervention	Non-Offenders After Intervention	Proportional Increase in Non-Offenders After Intervention
<12 months (72:100%)	26	38	46.15%
13-24 months (63:87.5%)	23	32	13.95%
25-36 months (30:41.7%)	20	34	8.33%

Figure 21:



Given that this cohort was formed by including client records that were higher in volume of occurrences and offences before intervention, the overall proportional change in non-offending is affected by the 12.5% of clients who had no recorded offences pre-intervention. As is the case in the PSO Early Intervention cohort, the increased proportion of non-offenders in the post-intervention interval up to twelve months (46.15%) may be an artefact of including records of clients with little time since intervention. Even so, in a cohort defined by a small minority of clients with higher volumes of offending pre-intervention (12.69% of PSO clients), increases in non-offending after intervention compared to similar time-periods

pre-intervention are valuable evidence of post-intervention non-offending among Gandhi Nivas clients.

The PSO Extended Intervention cohort, post-intervention

For this cohort, we were not expecting that measures of reported re-occurrences and reported re-offending would show consistent reductions of the proportions of clients who record re-offences after intervention. The client records in this cohort show long histories of Family Violence indicated occurrences and offences, so they are a cohort for which we might expect little or slow change towards non-offending. Measures of reported re-occurrences and re-offending overall, and evidence of non-offending within 12 monthly follow-up time intervals, indicate that proportionally more clients have no offences recorded post-intervention.

Non-PSO Early Intervention cohort

There are 252 clients whose pre-intervention records met criteria for early intervention, but who had not been bound by a PSO at intake. Their records are included in our analysis of pre- and post-intervention re-occurrences and re-offending for this cohort. As with the PSO Early Intervention cohort, we will consider offending relevant to the introduction of new offences after the Family Violence Act (2018).

Proportional measures of reported re-occurrences, re-offending and non-offending

Unlike the PSO cohorts, where all clients necessarily recorded occurrences prior to intervention, in this cohort there are 4 clients (1.59%) who have no pre-intervention recorded occurrences as aggressors. Each of them was a non-aggressor in any pre-intervention occurrences on their records and assigned roles as aggressors post-intervention. Clients in this group meet the criteria for early intervention, so none had records of more than 29 occurrences before intake. 6 clients (2.38%) had between 20 and 29 pre-intervention occurrence records.

Post-intervention, 99 clients (39.29%) had no occurrences recorded. The proportion of clients with no occurrences recorded increases from just under 2% to almost 40%. 149 clients' (59.13%) recorded re-occurrences. The four clients who were not assigned aggressor roles prior to intervention all recorded their first occurrence in an aggressor role, post-intervention. Post-intervention, the number of clients coming to police attention in the Non-PSO Early Intervention cohort as aggressors declines from 248 clients (98.41%) to 153 (60.71%). Table 28 shows the measures of reported re-occurrences in the Non-PSO Early Intervention cohort.

Table 28: Non-PSO Early Intervention Cohort: Measures of Reported Re-occurrences

Proportion of clients with prior occurrence records who have post-intervention occurrence records (re-occurrences)	59.13%
Proportion of all clients who have post-intervention occurrence records	60.71%
Proportion of clients with pre-intervention occurrence records who have no post-intervention records	39.29%

Of the 252 Non-PSO Early Intervention clients, 110 (43.65%) had no recorded offences before intervention. Re-offending is measured by the proportion of clients who do have pre-intervention records and then record offences after intervention. Of the 142 (56.35%) who had recorded offences pre-intervention, 74 clients (52.11%) were recorded as re-offending. Of all 252 clients, 90 (35.71%) clients had records of offences post-intervention. Thirty-seven (33.63%) of clients with no prior offence records had a post-intervention offence record and the other 63 (57.27%) continued without any offences recorded. In total, a quarter of the Non-PSO Early Intervention cohort were non-offenders both before and after intervention. Table 29 shows the measures of reported re-offending for the Non-PSO Early Intervention cohort.

Table 29: Non-PSO Early Intervention Cohort: Measures of Reported Re-offending

Proportion of clients with prior offence records who have post-intervention offence records (re-offenders)	52.11%
Proportion of all clients in the cohort with post-intervention offence records	35.71%
Proportion of clients with no prior offence records who have post-intervention offences	33.63%
Proportion of clients with no prior offence records who have no post-intervention offences	57.27%
Proportion of all clients in the cohort with no prior offences and no post-intervention offences	25%

Across the dataset, there was a decrease of 36.62% in clients who recorded offences before and after post-intervention. Clients with non-offending records increased, post-intervention, by 47.27%, from 110 non-offenders before intervention to 162 after.

In the Non-PSO Early Intervention cohort there is also one client record of a strangulation offence (1475), post-intervention. There are no pre-intervention assault offences in any code series recorded for this client, who recorded no other family violence indicated offences prior to his intake occurrence. At the same post-intervention occurrences where there is a record of grievous assault, there is also a record of the new series assault offence, Assault on a Person in a Family Relationship. Both post-intervention offences record harm for the same person in the client's family relationships. While it is unlikely that these 3 records for one client disproportionately affect measures of post-intervention offending, the offences account for two of the Grievous Assaults and one of the Serious Assaults in Offence Code series that otherwise declines post-intervention for this cohort.

Proportions of non-offenders at 12-monthly follow-up intervals

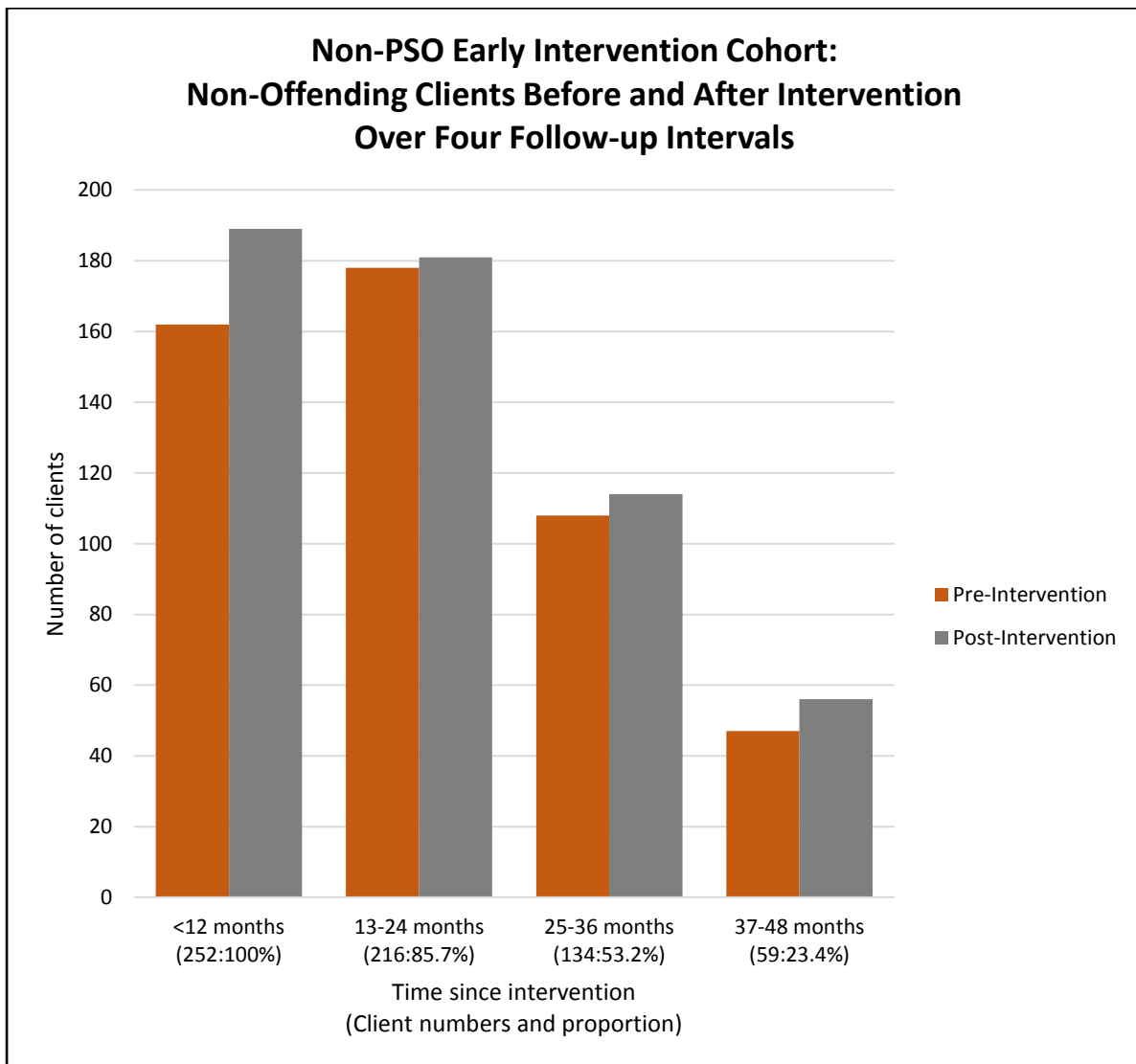
In this cohort, as with the previous cohorts, we have included the records of clients who did not offend pre-intervention as the baseline for proportional changes in records with no offences post-intervention. There were 110 clients (42.65%) without offence records pre-intervention and 63 of them (57.27%) recorded no offences after intervention. Over the whole post-intervention dataset, 18.65% of clients in the cohort recorded their first offence after intervention.

All clients were more than 6 months past their intake date and their records were included in the first time-interval used for pre- and post-intervention comparisons in the proportions of non-offenders after intervention. There are 216 (85.71%) client records in the 2nd year after intervention and 134 (53.2%) included in the 3rd year interval. By the fourth year, the Non-PSO Early intervention cohort included 59 client records (23.5%). The proportional change in non-offending, pre- and post-intervention is shown in Table 30 and illustrated in Figure 22.

Table 30: Non-PSO Early Intervention Cohort: Client Non-offending within 12-monthly Follow-up Intervals

Time Since Intervention (Client numbers & proportions)	Pre-Intervention	Post-Intervention	Proportional Change in Non-Offending Post-Intervention
<12 months (252:100%)	162	189	16.67%
13-24 months (216:85.7%)	178	181	1.68%
25-36 months (134:53.2%)	108	114	5.56%
37-48 months (59:23.4%)	47	56	19.15%

Figure 22:



Across the whole dataset, the proportion of client records with no offences for the Non-PSO Early Intervention cohort increased 47.27%. Within discrete follow up intervals, pre- and post-intervention, non-offending records increased by 16.67% in the first 12 months post-intervention. In the 2nd year follow up period, the increase in non-offenders is a very modest 1.68% increase. Compared to the same period pre-intervention, 3 more clients recorded no offences after intervention. In the 3rd year after intervention, there is another modest rise of 5.56%, with a more substantial 19.15% increase among the 59 client records available for the 4th follow-up interval. In this cohort, as with the PSO Early Intervention cohort, there is an increasing proportion of clients who are not recording offences within periods that are longer follow-up intervals pre- and post-intervention.

The Non-PSO Early Intervention cohort, post-intervention

For the cohort of clients who were not bound by PSOs when they resided at Gandhi Nivas, there were 252 (86.90%) who met criteria for early intervention. The measures we have used for reported re-occurrences and re-offences show that after intervention lower proportions of clients are recording occurrences and offences. Consistently, proportional increases in clients records with no recorded offences within comparable 12 monthly periods were found within the four follow-up intervals for this cohort. While the increase in the 2nd year was very modest, by the 4th year, there were nearly 20% more clients without offence records than in the same time period pre-intervention. A considerable majority of non-offenders pre-intervention continued to have non-offending records after intervention. In this cohort, fewer than 6% of clients recorded offences for the first time, post-intervention.

As for the PSO Early Intervention cohort, we identified one client with records of new offences introduced in 2018. In this case, too, the offences were recorded post-intervention. We investigated the change in post-intervention Grievous and Serious Assault Offence code series for the cohort and found that these charges were among fewer offences in these code series after intervention. While we would expect fewer offences post-intervention because of the shorter time frame over which data was collected, further investigation of code series changes over discrete time periods would provide a more comprehensive

understanding how the new offences have affected offence code changes. The client recording the new offences had not recorded any offences pre-intake, so he is one of the few clients recording first offences post-intervention and his record may disproportionately affect records of new offending, since they are proportionally low numbers in the cohort.

Non-PSO Extended Intervention cohort

The Non-PSO Extended Intervention cohort is the smallest of the four groups to separately analyse the records of clients bound by PSOs and clients likely to need more extended intervention services than the considerable majority, regardless of whether they were bound by PSOs. There are 38 clients in the cohort. One of the clients in this cohort also recorded a new offence of strangulation, post-intervention, so his case is considered in view of the seriousness of offences in the Grievous Assault offence series.

Proportional measures of reported re-occurrences and re-offending

All of the clients in this cohort have previous offence records and therefore previous records of occurrences. All client records in the Non-PSO Extended Intervention cohort are included for re-occurrence analysis.

This small group of clients are identified through higher volumes of occurrences and offences than a large majority of the clients who came to Gandhi Nivas without being bound by a PSO. Even so, there are reductions in the client records showing police attendance at family violence episodes. After intervention, 8 clients (21.05%) have no occurrence records. Almost 80% of clients record re-occurrences within this cohort. Table 31 shows the proportional measures for re-occurrences in the Non-PSO Extended Intervention cohort.

Table 31: Non-PSO Extended Intervention Cohort: Measures of Reported Re-occurrences

Proportion of clients with prior occurrence records who have post-intervention occurrence records (re-occurrences)	79.95%
Proportion of all clients who have post-intervention occurrence records	79.95%
Proportion of clients with pre-intervention occurrence records who have no post-intervention records	21.05%

All of the clients in this cohort had previous records of offending. After intervention, 17 (44.74%) clients from this cohort recorded no further offences. An overall increase in non-offenders after intervention cannot be calculated since the baseline of non-offenders is zero. In such situations, researchers need to decide how to represent the change from lower to higher value. For more than 20% of clients among a cohort of previous offending clients

with high volumes of occurrence and offence records, to record no further offences represents success in non-offending after intervention. When reporting increases in non-offending, our decision is to regard the increase in clients who do not offend after intervention in this cohort as 100%. Table 32 shows the proportional measures of re-offending for the Non-PSO Extended Intervention cohort.

Table 32: Non-PSO Extended Intervention Cohort: Measures of Reported Re-offending

Proportion of clients with prior offence records who have post intervention offence records (re-offenders)	55.26%
Proportion of all clients in the cohort with post-intervention offence records	55.26%
Proportion of clients with no prior offence records who have post-intervention offences	NIL
Proportion of clients with no prior offence records who have no post-intervention offences	NIL
Proportion of all clients in the cohort with no prior offences and no post offences	NIL

In this cohort there is also a client who records the new strangulation offence of Impeding Breathing/Blood circulation. He is suspected of the offence against four members of his family, including his partner. No other grievous assault charges are recorded post-intervention, although he has several other records, as an offender, that are in the serious assault offence range and involve his partner and others. There are other serious offences recorded at the client's intake occurrence, involving the same relationships. Previously he has no offences, so he has been included in the extended intervention group because of the volume of offences he recorded at intake.

For this cohort we also identified an expected decrease in Grievous and Serious Assaults, post-intervention. In the category of Grievous Assaults, the client with no previous records in the offence code series, accounts for 20% of the increased offence volume and could be disproportionately affecting measures of post-intervention offending in this offence series. However, the strangulation offences are not the only offences recorded by the client post-intervention, so he would be among the re-offenders in the cohort even without the introduction of the new offence.

While it is unlikely that these 3 records for one client disproportionately affect measures of post-intervention offending, the offences account for two of the Grievous Assaults and one of the Serious Assaults in Offence Code series that otherwise declines post-intervention for this cohort. Further investigation of changes in the Offence Code series post-intervention would be helpful for further understanding the impact of the new offences on the Police dataset.

Proportions of recorded non-offenders at 12-monthly follow-up intervals

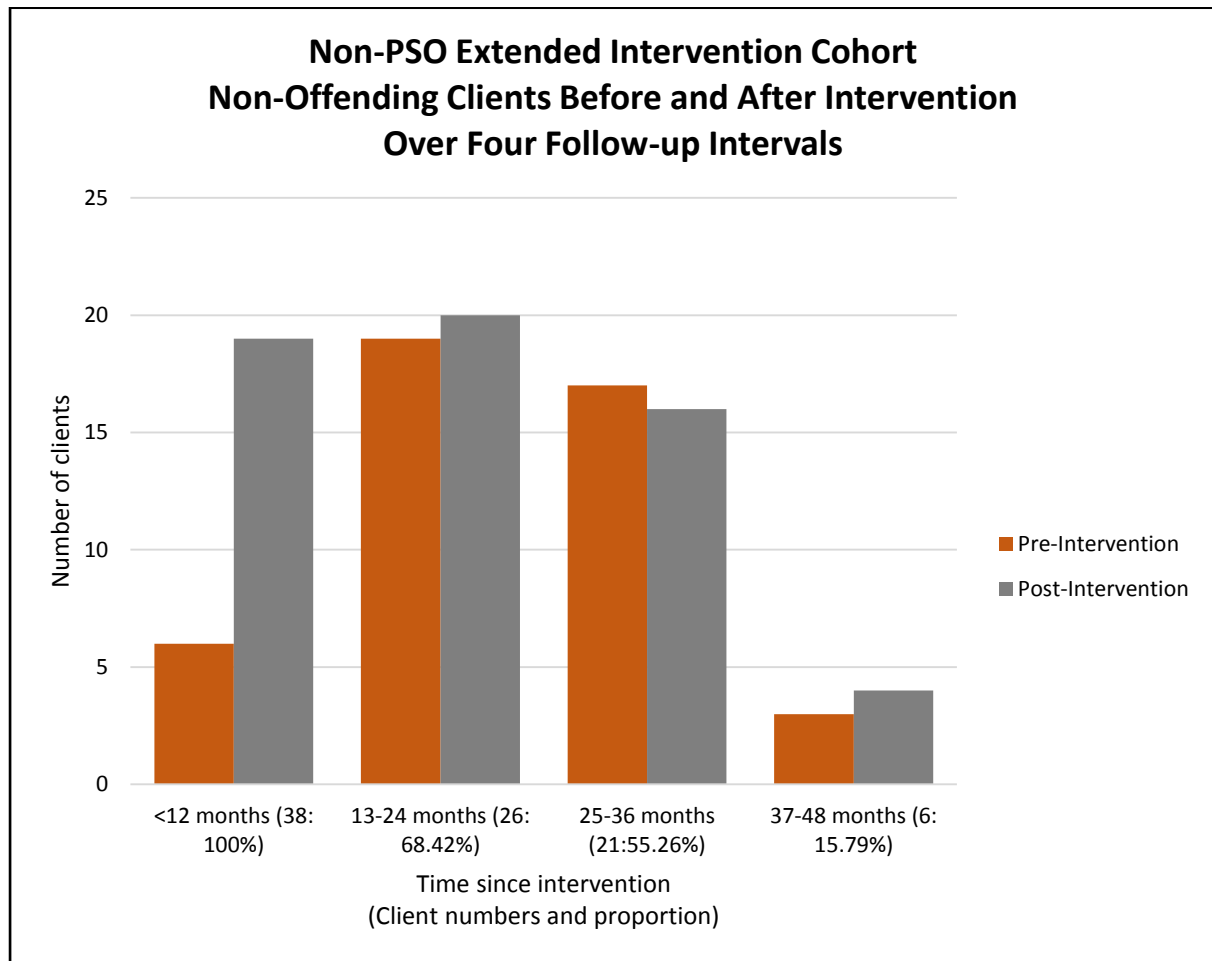
As with other cohorts, all clients' records in the Non-PSO extended intervention group were included in the first 12 monthly follow-up interval for analysing changes in non-offending post-intervention. The proportion of the cohort who had records in the 2nd year interval dropped to 68.42% and in the third interval, was 55.26%. In the final interval, between 37 and 48-months post-intervention, there were 6 client records included; fewer than 20% of the whole cohort. In Table 33 we show the proportion change in non-offending client records pre- and post- intervention, over four follow-up intervals. Figure 23 illustrates the changes.

There were no clients in this cohort who had not offended before intervention. Previously we discussed how the increase from no pre-intervention non-offenders to 17 post-intervention offenders would be reported as a 100% increase in non-offending for this cohort.

Table 33: Non-PSO Extended Intervention Cohort: Client Non-offending within 12-monthly Follow-Up Intervals

Time Since Intervention	Pre- Intervention	Post- Intervention	Proportional Change in Non-Offending Post-Intervention
<12 months (38: 100%)	6	19	216.67%
13-24 months (26: 68.42%)	19	20	-5.26%
25-36 months (21:55.26%)	17	16	5.88%
37-48 months (6: 15.79%)	3	4	33.33%

Figure 23:



Within the Non-PSO early intervention cohort, there are non-offending clients within each of the 12 monthly intervals, up to 4 years before intervention. While we could not calculate the proportional changes in non-offending across the whole dataset, within the four follow-up intervals, the proportions of change are calculable. In the first 12 months after intervention, there is a 216.67% increase in non-offenders, with 19 clients in the cohort recording no offences between intake and their first year after intake. 6 clients (15.79%) had no offending records in the 12 months before intake. In the 2nd-year interval, post-intervention non-offenders decline by 5.26% compared to the second-year pre-intervention. The decline represents a relatively slight change in non-offenders since there is one more client recording an offence than in the 2nd year before intervention. As is the case for the PSO Early Intervention cohort, we expect that change may be difficult to sustain without ongoing support. It is also possible that by the 2nd-year post-intervention, family members

have greater trust in the Gandhi Nivas collaboration and are more confident to report episodes of family violence in their homes.

Given the pre-intervention volume of offending among clients in this cohort we considered whether Sullivan and Povey's (2015) observation that if follow-up periods for proven re-offending are too short, criminal court proceedings may still be underway and offences may not be proven until after the follow-up period. For the current cohort, we needed to consider the possibility that intake offences had resulted in charges serious enough for the courts to remand offenders in custody, subsequent to their initial bail conditions. In this case, incarceration could impact previous offenders' records of subsequent offending while they are remanded or if they are convicted on pleading guilty within the first 12 months after intake. In this cohort, 20 clients had offences recorded at intake. Among these clients, there were 6 records with offences in the Series Assault series and 5 with records in the Grievous Assault series. In total, 4 clients were recorded for these offences and it is possible that a period of incarceration prevented further recorded offences, for at least some of them. However, since non-offenders in the follow-up interval closest to intake would increase by 150% without taking those 4 client records into account, there is still a considerable increase in non-offending records in the first twelve months after intake.

As previously discussed, the slight decrease in non-offenders in 2nd year interval, suggests that maintaining non-offending in the 2nd year post-intervention may need ongoing support from services. In the 3rd and 4th year follow-up periods, there are fewer client records available, and in each post-intervention period, there is one client more than at the same pre-intervention period, with a non-offending record. As the number of records declines, the proportion of non-offenders increases, so that one client represents a 5.88% proportional increase during the 3rd year, and a 33% increase during the fourth year. None-the-less amongst a group of clients defined by higher volumes of offending pre-intervention, these unique clients represent increasingly more clients non-offending than at similarly long periods before intervention. This may indicate that even with clients who are not suitable for early intervention and not issued with PSOs, there may be benefits for themselves and their families from residence at Gandhi Nivas.

The Non-PSO Extended Intervention cohort, post-intervention

For this cohort, measures of reported re-occurrences and re-offending have shown that fewer clients come to police attention and recorded offences after intervention. All clients were previous offenders and the proportion of re-offenders after intake is just over half (55.26%). The proportional decline in re-offenders has a direct relationship with non-offending in this cohort, because there were no records of first offences after intervention and no clients who were previously non-offenders to continue non-offending.

Although the overall increase in non-offending for the Non-PSO Extended Intervention cohort could not be measured because all clients were previous offenders, our analysis shows that non-offending in these clients records post-intervention increases overall, and during three of the four post-intervention follow up intervals. Even though the number of clients in this cohort is relatively small, non-offending post-intervention suggests that when clients are not suitable for early intervention and not issued with PSOs, there may also be benefits for themselves and their families from residence at Gandhi Nivas and extended intervention services provided by Sahaayta.

As with two of the other cohorts where we identified clients with records of new offences introduced with the Family Violence Act (2018), we considered the potential influence on post-intervention offending on clients' records of new offences. In the context of relatively high volumes of Grievous and Serious Assaults within the cohort, the offences may not disproportionately affect re-offending measures. However, since the client had only intake offences recorded previously, the new offences records may indicate improved trust in reporting episodes of family violence for the client's family members.

Reviewing the statistical evidence

In this section we discuss how the evidence provided by statistical descriptions of the records of Gandhi Nivas' clients held by Sahaayta and Police address our research aims. Our study set out to provide analyses that enable stakeholders to assess the suitability and successes of intervention services offered through Gandhi Nivas.

The Sahaayta dataset provided us with demographic information for 921 unique clients. We were able to confidently match 95% of Gandhi Nivas clients with Police records. The identification of records to include in our analysis alerted us to 15.42% clients with more than one recorded intake at Gandhi Nivas. We found records of clients who had self-referred for their intake (5.23% of intake cases) as well as clients who returned subsequently, either with or without another Police recorded occurrence. We interpret repeat intakes as evidence of client confidence and trust in the service that Gandhi Nivas provides. Although they are referred by police, residence at Gandhi Nivas is not mandated so even when clients are referred by police on a second or subsequent occasion their intake into residence is voluntary. In future research, the 15.42% of repeat intake clients could serve as a baseline for assessing how often former clients and community members access services for ongoing support to prevent family violence.

Since 5% of clients' records couldn't be matched with Police records, we appreciated that any statistical evidence of proportional descriptions within our analysis could be affected by their missing data. As Sullivan and Povey (2015) remind us, exclusions based on database matching mean that we cannot assess the recidivism of some clients. Overall in our study, the missing data is unlikely to disproportionately affect measures of reported re-occurrences or re-offences. However, missing information from even a few clients constrains service providers from the opportunity to review their cases after considering the research findings.

Both the Sahaayta and Police datasets were drawn from dynamic databases. In both datasets we encountered challenges related to their operational purposes. In the Sahaayta

dataset, there were 7 intake dates missing and multiple descriptors used for describing clients' ethnic identifications. The missing intake dates resulted in excluding another 7 clients' Police records from intake and post-intervention analyses. Gandhi Nivas provides services for all those who are referred, including self-referrals. We matched 10 clients with Police records that showed they were not aggressors in recorded family violence occurrences. Their records were also excluded for analysis, since our focus was on reductions in offending and increases in non-offending. The Police dataset was affected by policy changes that initially meant that client risk scores for family violence were unavailable. Policy and legislation changes were evident in the distribution of 1D and 5F incident codes across the whole dataset and the recording of new offences, post-intervention for three clients. The implications of the changes for results in the current study relate specifically to identifying a need for further analysis of the Offence code series before and after client intake. Comparing changes in offence series during 12-monthly-pre and post-intervention follow-up intervals would provide better understanding of the way that new offences, introduced with the Family Violence Act (2018), influence clients' records of the most serious offending.

With the limitations of dynamic databases in mind, we turn our attention to evidence that Parts I – IV of our study provide for the suitability and success of Gandhi Nivas' intervention to reduce family harm in the communities of Counties Manukau.

In Part I we provided demographic statistics for clients of Sahaayta services. Clients are diverse in their ethnic identifications, the languages they speak and their ages. It is evident that the diverse ethnicities of counsellors and social workers in the service, and the many languages they speak are well suited for the ethnic and linguistic diversity of their clients. Sahaayta counselling and social work services is well suited to the needs of clients and family members whose everyday conditions are precarious, including those whose employment is casual or temporary, as well as those who are unemployed.

The diversity and scope of Sahaayta intervention services provides clients' residing at Gandhi Nivas with opportunities for initiating and sustaining change towards non-violence. They and their families can be supported to address often complex social problems to achieve more security and safety in their homes. In 2019, for example, clients and families

from the Ōtāhuhu residence were provided with 1946 counselling hours and 343 social support hours. Sahaayta conducted 316 home visits and ran 44 intervention groups (Personal communication, Sucharita Varma, Director, Sahaayta). It is feasible that improving trust and confidence in policing and intervention services will increase demand to house men bound by PSO, or otherwise referred to Gandhi Nivas, as well as the services offered for their family members. In their evaluation of PSOs, Kingi et al., (2012) found that one of the unintended consequences of PSOs was to reduce the burden of family violence on Police resources and increase it for community service organisations. To continue providing ongoing, diverse intervention services, stakeholders in the collaboration between Gandhi Nivas, Police and Sahaayta need to be able to sustain growth in services with stable, secure resources that do not increasingly burden community service organisations.

A different kind of question about suitability arose from our analysis of the records of client involvement in family violence episodes that were attended by police, in Parts II and III of the current study. In this context, suitability referred to the fit of clients' records to early intervention services. Early intervention is an intent of PSOs and of the Gandhi Nivas collaboration with Police. Our analysis of the volume of occurrences, incidents and offences in clients' records preceding their residence at Gandhi Nivas, including the occurrence for which they were referred, drew our attention to a pattern of the disproportionately fewer men accounting for higher volumes of offences. In some cases, clients' prior records of occurrences and offences suggested that early intervention services from Sahaayta would not be appropriate for them. The volume of their prior family violence Police records suggest that intervention through counselling and social services offered by Sahaayta, would not be early intervention into their personal experiences of family violence episodes. When police attended family violence episodes and issued PSOs to those few clients (8.2%) with longer or more extensive pre-intervention records, they are intervening, early, in an episode that could escalate to serious harm without intervention. Thus, some clients arriving at Gandhi Nivas may have needs for more extended intervention services following their residence, just as some may need respite from risks of harm at home and ongoing safety planning.

When we consulted with stakeholders about the small group of clients with the highest volumes of occurrences and offences in their Police records and whether they would be

suitable for early intervention, it was agreed that the clients would more likely be provided with extended intervention services when their circumstances were known to providers. We agreed to separate the client records into four cohorts, to better understand the patterns of client involvement in pre- and post-intervention family violence episodes attended by police. This allowed us to separately analyse the records of clients who were suitable for early intervention and those more suited to extended intervention for both clients bound by PSOs when they came to Gandhi Nivas and those whose intake occurrence involved another kind of family violence incident or offence.

Separating Early Intervention and Extended Intervention clients' records on the grounds of six measures of pre-intervention occurrences, excluded the clients with the highest volumes of occurrences and offending from each of the PSO and Non-PSO cohorts. Recommended guidelines for proven reoffending, discourage the use of measures of volume or rates of offending for recidivism measures. Such measures risk a smaller number of clients who offend more often than the majority, skewing the distribution of the records. In consideration of these concerns, we checked to see whether our measures of the volume of occurrences and offences pre- and post-intervention within each cohort were showing evidence of skewed distributions. When we saw the evidence that higher volumes of occurrences and offences were still disproportionately recorded for very few clients, we proceeded to use the adapted recommended guidelines for proven offending to measure and report recorded post-intervention re-occurrences, re-offenders and non-offending. We used the proportions of those with prior records of occurrences and offences to measure the proportion of recorded *re*-occurrences and *re*-offenders after intervention.

Part IV of our report provides detailed evidence of reductions in recorded re-occurrences and re-offences as well as increases in non-offending post-intervention for all clients. Regardless of whether clients came to Gandhi Nivas bound by a PSO or were suitable for early intervention services, the results provide evidence of stakeholders' work towards successfully decreasing offending and increasing non-offending.

For clients who had not previously recorded offences, issuing a PSO served as an early intervention into the episode of family violence that police attended and an opportunity for clients' and their families to engage with services to sustain non-offending in their homes.

For both PSO cohorts and both Early Intervention cohorts, the majority of the non-offending clients continued non-offending after intervention³¹. Nearly 70% of non-offenders in the PSO Early Intervention cohort, 56% of the clients in PSO Extended Intervention cohort and 57% in the Non-PSO Early Intervention cohort maintained their non-offending records after coming to Gandhi Nivas. The statistical evidence suggests that PSOs are serving their intended purpose to intervene early in episodes of family violence and prevent subsequent offending.

However, under-reporting is an important consideration in drawing conclusions for the evidence of *reported* occurrences and offences. In the current study, non-offending records may be artefacts of previously unreported or ambiguous episodes of family violence rather than evidence that clients have not previously harmed family. We are aware from Study 4 that some clients' family members had experienced psychological, physical, sexual and physical assaults without reporting them to police, over many years before their family members were referred to Gandhi Nivas. We are also aware from Study 3, that some clients regarded physical violence against their partners and children as a necessary form of moral discipline, for which they are responsible. In such situations, assaults may not be recognised as crimes nor disclosed to others.

The evidence from the current study cannot provide any insights into episodes of family violence that are not reported and therefore not recorded. We are also aware that in some cases, recorded non-offending prior to intervention may be related to the recent migration of some clients to Aotearoa New Zealand. Those who have not been living here over most of the time covered by the pre-intervention dataset could not have Police records here during that time. None-the-less, even in cases where non-offending records before intervention could be artefacts of underreporting or recent migration, it remains the case that issuing clients with a PSO is associated with the majority of non-offending clients continuing to have no offences recorded after intake.

A clear difference between previous offenders and non-offenders who offend after intervention is that non-offenders have not *recorded* offences. Re-offenders are those who

³¹ The Non-PSO Extending Intervention cohort did not include any pre-intervention non-offenders, so no clients within the cohort could *continue* not offending after intervention.

have prior offending records and first-time offenders are those who have no prior offending who offend until after intake. Post-intervention non-offending measures include both prior offenders who have not recorded re-offences and non-offenders who continue to have no recorded offences. In the current study we did not separate these two groups of clients while measuring proportions of non-offending over 12 monthly follow-up intervals. After completing analysis of proportional changes in non-offending for all cohorts, we noticed that except for the PSO Extended Intervention cohort, there were either very modest proportional increases or declines in non-offending records in the 2nd year after intervention. While clients' records influencing the decrease in non-offenders were few, we suggested that in their second-year post-intervention some clients may face challenges sustaining non-violence in their homes without ongoing support. However, considering overall decreases in re-offending for all cohorts that ranged from 36.51% to 45.48%, we wondered how the minority of both re-offenders and those with first offences recorded post-intervention, contributed to records of offending between 13 and 24-months post-intervention.

As a brief check on how re-offending and first offending influenced changes in non-offending during the second-year post-intervention, we examined two of the cohorts of Early Intervention client records to specifically identify whether patterns of re-offending in that time period contributed to lower increases in non-offending. In both cohorts we found that the majority of those with offences recorded post-intervention were previously non-offenders. In the PSO Early Intervention cohort, 62 clients (82.7%) who recorded post-intervention offences were previous non-offenders. Re-offending clients in this period declined 81.43% from 70 to 13, contributing 17.3% to the total of 75 clients who recorded offences in the 2nd year from intake. For the Non-PSO Early Intervention cohort in the same follow-up interval, re-offending clients contributed 25.71% to the total of 35 clients recording offences post-intervention. Nearly three quarters of post-intervention offence records were recorded by previous non-offenders during the second-year follow-up interval.

While there is evidence from both cohorts that previous non-offenders who do not sustain non-offending records account for the majority of recorded offenders in the 2nd year after intervention, we also acknowledge that at this follow-up interval first time offenders post-intervention are only 12.5% of the total PSO Early Intervention cohort and 10.31% of the

Non-PSO Early Intervention cohort. A considerable majority of both previous offenders and non-offenders in the Early Intervention cohorts did not record offences after intervention.

In the context of reporting the non-offending results, we raised the possibility that clients recording offences in the second-year post-intervention might find it challenging to sustain non-violence at home without ongoing support and intervention services, regardless of prior offence records or the occurrence that brought them to Gandhi Nivas. However, having briefly examined two cohorts for the contributions of re-offenders to the second-year post-intervention interval where non-offending either declines or very slightly increases, it seems unlikely that re-offenders would find it less challenging to sustain non-violent change over time than previous non-offenders. Further investigation of patterns of re-offending, first offending and non-offending would help to clarify the consistency of our brief examination across all cohorts of Gandhi Nivas clients.

While we are aware that Sahaayta counselling and social work services are available to clients and their families in the longer term, we do not have evidence of the proportion of clients and family members who continue to engage with services beyond the first year after intake at Gandhi Nivas. It is possible that previous offenders, and their family members are more likely to engage longer term than those who have no previously recorded offences. However, it is also possible that the intervention offered through Gandhi Nivas provides opportunities for building trust and supporting clients' family members to report episodes of family violence. If this is the case, then family members of clients who have no previously recorded offences may be increasingly reporting episodes of family harm so that offences come to police attention. Participants in Study 4, have provided their testimony of the ongoing professional support they received from Sahaayta counsellors to report family violence episodes, use Protection Orders for their own safety and the safety of their children and prioritise safety in their homes. While we lack statistical evidence of the way that the collaboration between Police, who are referring men to Gandhi Nivas for family violence episodes, and Sahaayta, who provide intervention services for both clients and their families, separately contribute to reduced re-offending and offending after intervention, the current study shows successes in reducing offending and improving non-offending that follow collaborative early and extended intervention.

Neither the Gandhi Nivas dataset nor the Police dataset provided records of client participation in intervention services. Lacking suitable measures for engagement with services, we are unable to account for variations in engagement that influence post-intervention measures of recorded offending, re-offending and non-offending. We are also unable to account for the way in which clients' family members engaged with services offered for them. Both engagement with services and underreporting of family violence episodes may ambiguously influence comparisons between clients' pre- and post-intervention Police records. Of particular interest for us, is the evidence that most previous non-offenders issued with a PSO or referred to Gandhi Nivas for another family violence indicated incident continue non-offending after intervention. Further investigation to distinguish artefacts of improved reporting from challenges sustaining non-violent change would provide useful information to stakeholders about how intervention through Gandhi Nivas affects reporting.

Our qualitative studies with residents and their family members, provide nuanced ideographic understandings of participants' experiences at Gandhi Nivas and with Sahaayta Social Services. However, we do not have testimony from others who experienced family violence policing under the 5F Family Harm Investigation policy. It is likely that they are also experiencing improved safety from family violence harms as a consequence of changes in Police policy. We will continue working with Sahaayta to provide qualitative research that helps them to assess and improve the services they offer to Gandhi Nivas clients and their families. We are also planning a subsequent statistical study in which we will have the opportunity to compare Gandhi Nivas clients' Police records with a matched sample of non-client records. In the next study, we will specifically address questions of whether Gandhi Nivas clients' reductions in recorded re-occurrences, and re-offending, and increases in non-offending records after intervention are distinctively successes of the Gandhi Nivas collaboration.

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