

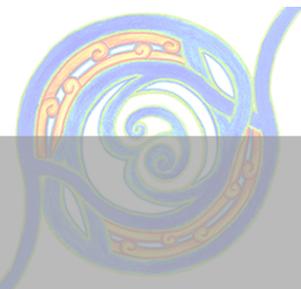
Ethnic perspectives on family violence in Aotearoa New Zealand

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Key Messages

- Violence directed against women in ethnic and migrant communities is prevalent across different age, sexuality and identity groups, but is underreported.
- While there are similarities between violence against ethnic and non-ethnic women, violence in ethnic communities can take particular cultural forms, have distinct profiles of presentation, and arise from a specific constellation of risk factors.
- Risk factors for interpersonal violence against ethnic women are layered and encompass individual (e.g., language barriers, isolation), household (e.g., migration factors, employment conditions), community (gender norms, patriarchal values), and systemic (racism, colonisation, capitalist structures) factors.
- Help-seeking behaviours, along with reporting, are relatively infrequent in ethnic communities. In part, this silence may reflect shame and fear of the stigma from and towards their communities that may be associated with disclosing violence. Low levels of help-seeking may also reflect the limited formal and informal avenues available to ethnic and migrant women where they can safely disclose their experiences.
- Current interventions for violence against ethnic and migrant women take varied forms. Community-based specialist services alongside responsive 'mainstream' services have the potential to form an effective integrated intervention approach to addressing impacts of violence. Increasingly, there is recognition that services cannot be 'one size fits all' across ethnic and non-ethnic communities. Specific culturally-sensitive approaches and techniques need to be utilised to address the unique profiles of violence against ethnic and migrant women.



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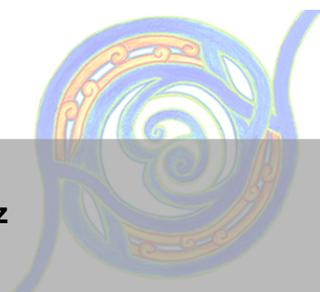
ISSN: 2253-3222 (online)

Recommended citation

Simon-Kumar, R. (2019). *Ethnic perspectives on family violence in Aotearoa New Zealand*. Issues Paper 14. Auckland, New Zealand: New Zealand Family Violence Clearinghouse, University of Auckland.

Acknowledgements

Thank you to Dr Trishima Mitra-Kahn, independent researcher; Anjum Rahman (Trustee, Shama Hamilton Ethnic Women's Centre); Professor Priya Kurian, University of Waikato (Trustee, Shama Hamilton Ethnic Women's Centre); and Silvana Erenchun Perez (Manager, Shama Hamilton Ethnic Women's Centre) for their feedback on earlier versions of this paper.



1. Introduction

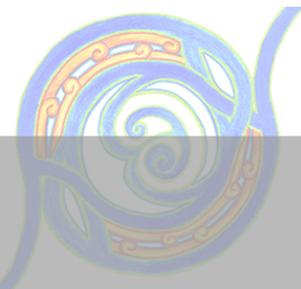
Aotearoa New Zealand is politically a bicultural nation but demographically a multicultural society. European sailors first visited in the 17th century and colonial, particularly British, settlement began from the late 1700s. Following the signing of Te Tiriti o Waitangi and the activities of the New Zealand Company, European (primarily British) settlement increased dramatically over the 19th century; by the 1860s the non-Māori population outnumbered Māori. Indian presence has been documented from as early as the 18th century¹ and Chinese migration from the 19th century. Migrants from Pacific Island nations and Europe arrived in the aftermath of the World Wars of the twentieth century. Immigration reforms in 1987 resulted in significant contemporary demographic diversification with migrants coming to Aotearoa New Zealand from Asia, Africa, the Middle East, Latin America and Africa, shifting the population from predominantly tangata whenua and New Zealand European/Pākehā.^a

According to the 2013 Census, 'ethnic' populations, the majority of whom are from Asia, represent nearly 13% of the New Zealand population.^b Future population projections estimate that this trend in diversification of the population will continue; by 2038, European populations will drop to 66% while other ethnic groups continue to grow (Asian to 22%; Māori to 18%; Pacific peoples to 10%). Chinese and Indian populations, in particular, are expected to double in proportion.² Compared to European populations (median age 41), non-European communities are also relatively young with a median age of 24 for Māori, 31 for Asian, and 22 years for Pacific populations, respectively.^{3,4} Indeed, given that a quarter of New Zealanders (and nearly 40% of Aucklanders) are born overseas,³ we are often considered to be a 'super-diverse' society.⁵

The rise of ethno-linguistically diverse populations across many Western colonial settler societies has drawn attention to the distinctive profile of family and domestic violence in these communities, including the incidence, underlying drivers, patterns of disclosure and non-disclosure, and the development of effective interventions. There is a growing body of international and some New Zealand research that highlights the systemic and structural nature of family violence. In ethnic communities, these systemic risks arise from a combination of drivers including migration and settlement, cultural beliefs especially around gender norms, and socio-economic disparities. The

^a Terminology for this population varies in statistics, research, reports and colloquial use. Terms commonly used in New Zealand include New Zealand European, European, Pākehā and white. This paper retains the original terms used by research where required. For a general term for this population internationally, Anglo-European/white is used.

^b 'Ethnic' here refers to populations who are not Māori, European, or from the Pacific Islands. The population breakdown is as follows: European (74%); Māori (15%); Pacific (7%); Asian (12%); and Middle Eastern, Latin American and African (MeLAA) (1%). Source: Statistics New Zealand. *2013 Census QuickStats about culture and identity*. 2014, <http://archive.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-culture-identity.aspx>



diversity in the population also means there are significant differences in perceptions and attitudes to violence and abuse. However, despite this growing focus, there is still an absence of reliable data on violence in ethnic communities across multicultural societies – and New Zealand is no exception in this. Consequently, the scale and scope of ethnic family violence remains unclear.

This Issues Paper presents the current state of research on family violence in ethnic communities. Summarising evidence from existing scholarship on victims/survivors, it draws attention to emergent issues that are particularly relevant to ethnic communities in New Zealand where there are gaps in our knowledge of and responses to family violence. Methodologically, this issues paper is based primarily on a review of peer-reviewed and grey international and New Zealand literature on family violence in ethnic communities. This literature review was supplemented with consultations on a draft of the Issues Paper with academics and community practitioners connected to a community agency. The academics and practitioners provided feedback and additional insights on the themes from the literature based on their awareness of the New Zealand policy and practice context.

2. Definitions and concepts

As everyday understandings and lived experience of violence differs across communities, it is important to clarify how terminology such as violence, culture, and ethnicity are used in this paper, especially as these concepts vary significantly in international and local research. The definitional and conceptual outline provided here predominantly relates to violence in heterosexual relationships (particularly within marriage) where international and local research has focused for a long time. Where available, research on family violence against people from ethnic communities who come under the LGBTQIA+/Rainbow umbrella and people from ethnic communities with disabilities is included.

Ethnic, ethnic minority

The first definitional clarification relates to the term ‘ethnic.’ In the New Zealand context, there are at least two official usages of this term. According to Statistics New Zealand, ethnicity “is a measure of cultural affiliation (in contrast to race, ancestry, nationality, or citizenship). Ethnicity is self-perceived and a person can belong to more than one ethnic group.”³ (p.13) Statistics New Zealand identifies European, Māori, Pacific, Asian and MeLAA (Middle Eastern, Latin American and African) as New Zealand’s main ethnic groups. The Office of Ethnic Communities, on the other hand, has a more targeted definition: ‘ethnic’ refers to those population groups who are “not Māori, Pacific or Anglo-Celtic/Pakeha New Zealanders”, i.e. “people who identify with ethnic groups originating from Asia, Africa, Europe, the Middle East and central and South America.”⁶ It includes refugees and migrants as well as people born in New Zealand who identify with these ethnic groups.

In practice, the term ‘ethnic’ encompasses considerable heterogeneity. There are at least 200 distinct ethnic groups living in New Zealand, indicating a vast diversity in language, cultural and religious



beliefs and practices among them.⁷ Those who are ethnic include recent migrants as well as established communities who have lived here for generations. Ethnic peoples also hold different legal statuses in the country including as citizens, permanent residents, people of refugee origin, asylum seekers, those on temporary and seasonal work, and on student visas. In generational terms, ethnic populations refer to people born overseas as well as in New Zealand: those who are 'first generation', those who migrated as children with their parents (nominally termed the '1.5 generation'), and the children of migrants and settled ethnic people born in New Zealand. 'Ethnic' people can also include those who have multiple ethnic identities.⁶ While the overarching term 'ethnic' has political advantages for migrant minority communities in New Zealand,⁸ variations in what constitute an 'ethnic' community are also significant, especially from the perspective of violence research.

A related term in use is 'Asian.' Given that the largest and earliest settled populations of ethnic groups came from the Asian subcontinent, this term has established popular as well as sector specific usage, often leading to overlapping if not contradictory meanings. For instance, Statistics New Zealand's category 'Asian' is broken down into five main groupings: Asian not further defined; Chinese; Indian; South East Asian (including Filipino, Cambodian, Vietnamese, and Burmese); and Other Asian (including Sri Lankan, Korean and Japanese). In colloquial parlance in New Zealand, Asian refers to people from East and South East Asia whereas operationally, for example, as used by the community and health sector, the term includes people from South Asia as well.⁹ Immigration research further distinguishes North East Asians (including People's Republic of China, Hong Kong, Taiwan, Korea, Japan)¹⁰ whereas in official terminology used by the Ministry of Health, the term includes people who have origins in Asia encompassing the regions including China in the North to Indonesia in the south, Japan in the East and Afghanistan in the West.¹¹

In recent years, the Muslim community has also been recognised as a marginalised minority community. Currently, around 50,000 people of varied nationalities and ethnicities in New Zealand identify as Muslim, comprising around 1% of the population.³ They come from regions such as South Asia, Eastern Europe, Africa, the Pacific and the Middle East but those of Islamic faith are found in Māori communities as well. To study issues for the Muslim population relating specifically to 'ethnic' or 'Asian' communities as defined by existing official geographical, visa-related or generational terminologies can splinter this group further in ways that may be artificial to their sense of identity.

There are also gaps in the literature; a glaring omission is studies on violence against women from refugee backgrounds. Refugee women's experiences of violence within the family or household must be studied with an understanding of trauma they may have experienced prior to and during their journey to New Zealand which can continue to impact on their wellbeing even after resettlement.

Additionally, the overlaps and differences between the terms 'migrant' and 'ethnic' must be clarified. Not all ethnic people in New Zealand are migrants and neither are all migrants of the ethnic backgrounds stipulated by the Office of Ethnic Communities definition. Technically, the status of 'migrant' should culminate once they have entered New Zealand (and indeed is often replaced by



terms such as recent migrant and new settler); however, the term migrant more informally tends to strongly be associated as an ethnic identifier for those from Asian, African, and Middle-Eastern backgrounds rather than Anglo-European/white migrants.

There is also a note to be made about the links between migration pathways and minority status. In New Zealand, almost all migrants enter the country through formalised immigration processes, unlike in countries like the United States or Europe where non-formal and undocumented measures to cross borders are not uncommon. The dangers and forms of interpersonal violence experienced by these groups of migrants can be different.

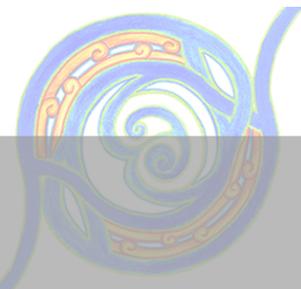
This paper aims to retain and explain the original meanings used by international or domestic author/s as much as possible while the author's use of 'ethnic' is based on the definitions used by the Office of Ethnic Communities.

Culture

Simply put, culture refers to the distinctive practices followed by groups differentiated by race, ethnicity, language, religion, indigeneity, and nationality, among others. Although each of these aspects has unique influences on people's everyday realities, none of these strands operates alone. Culture is also interwoven into socio-cultural, political and historical contexts and is intersected by class, geography, generation, and gender, among others.¹² It defines institutionalised systems, and is manifest as everyday practices and in individual meaning-frameworks. The influence of culture is ubiquitous, governing everything from birth, marriage, inheritance, law, leisure, death, food, work, worship, dress preferences, politics, and polity, to name a few. While, at one level, this makes culture seem straightforward, in reality what constitutes the legitimate practices of a cultural group are highly contested. Thus, as much as culture has the capability to define and differentiate unique characteristics of a group, it also has the ability to suppress and delegitimise aspects of culture that are not deemed to be 'authentic'. In other words, uneven power is prevalent within, as much as between, cultural groups.

Understanding cultural diversity is among the foremost pressing social and political issues in multi-ethnic, Western settler colonial societies. Despite intentions at creating pluralistic societies, cultural diversities are not evenly recognised. Dominant, often settler, cultures set the standards against which 'Other' (often, minority) cultures are adjudged.

In the context of violence and ethnic communities in New Zealand, culture is intertwined with the processes of migration and subsequent processes of resettlement, acculturation and integration into a new country. Thus, although culture has coherent and enduring features, it is also continually evolving in time and space, shaped by human history.



Violence

There are also differences in the understanding of violence as a term. The profile of violence against women among ethnic minority populations has been noted as different from Anglo-European/white women. While intimate partner violence (IPV) is the dominant form of family violence against women in Anglo-European/white groups, in many ethnic communities, particularly of Asian origin where multiple families may cohabit in one household, it is not uncommon that the violence is expressed through members of the family rather than only the spouse or partner; these might include parents and in-laws, brothers and sisters-in-laws, siblings especially brothers, and uncles etc.^{13,14}

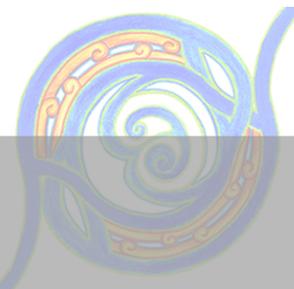
Generational familial dynamics can also shape the nature of violence. Older women in the family such as mothers-in-law, often occupying a key role of power in the household, can be responsible for violence on younger women in the household – be it new brides who enter the household or young women in the household who are required to marry according to their family’s choices. The term family violence also encompasses the growing concerns around elder abuse, often older women.^{15,16} The diagram below sets out forms of gender violence that may be perpetrated across the lifetime.

Figure 1: Lifetime Spiral of Gender Violence



Source: Asian-Pacific Institute on Gender-based Violence, 2010

<http://www.apiidv.org/about-gbv/our-analysis/lifetime-spiral/>



In addition to specific types of violence such as physical, sexual, financial and emotional violence as comprehensively outlined in the WHO definition,¹⁷ in ethnic communities, violence can take distinctive cultural forms including as dowry-related violence, 'honour'-related violence, forced and under-age marriage, and female genital mutilation.¹⁸⁻²⁰ Migrant women may also be threatened with loss of legal status and deportation.²¹ Fu²² points to intergenerational abuse in ethnic families where young people are alienated from their communities or abandoned by their family if they challenge normative cultural practices. Fu describes how generational and age relationships can operate together with gender as a basis for assertions of power and control.

Lightfoot and Williams²³ note that distinct forms of violence against women with disabilities can include withholding medication and assistive devices and placing barriers to their movement or moving them without consent. Ortoleva and Lewis,²⁴ in their paper on disabled minority women and abuse, describe discrimination and lack of access to quality education, employment, justice, housing, and health care as instances of systemic violence. As in the case of all groups of women, there are overlaps and differences between sexual and intimate partner violence.²⁵

In acknowledgement of the diversities of expression of violence experienced by ethnic women, this paper refers to 'intimate partner', 'domestic violence', 'family violence', 'elder abuse', violence in heterosexual and same-sex relationships and 'violence against women' variously depending on the context.

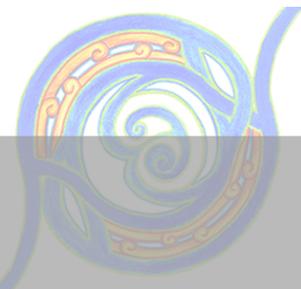
3. Prevalence

There is a significant gap in substantive research on the prevalence of family violence in ethnic communities in the New Zealand context. In this section, some key international research is summarised as a reference framework for future local research. The international research outlined here pertains to, and has implications for, first and subsequent generations of migrant and ethnic women.

Prevalence and data

It is widely recognised that there is serious underreporting of all types of violence, therefore an accurate profile of prevalence rates in ethnic minority communities is difficult to establish. In their Australian research on domestic and family violence and sexual assault for women from diverse groups (including 'culturally and linguistically diverse' women), Mitra-Kahn, Newbiggin, and Hardefeldt²⁶ point out that current data on violence suffers from the following limitations:

- *Design and methodological gaps in data sources*, including lack of representativeness in samples; lack of comparability across surveys; surveys conducted without interpreters or support from affected populations;



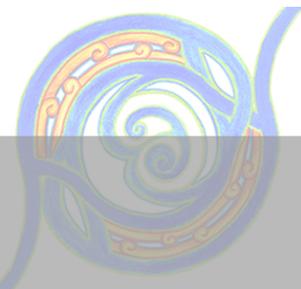
- *Definitional complexities within data sources*, leading to lack of consistency in the information collected;
- *Gaps in the quality of existing data sources* including lack of comparability across sources, the unique information management systems used by different agencies, differences in what is expected to be collected and what is to be submitted to funding agencies;
- *Gaps in the recording and reporting of data* given barriers to disclosure resulting in severe under-recording;
- *Gaps in the leveraging of existing data to create new statistical information* including lack of efforts to consolidate, integrate, inter-link and adequately utilise existing data.

Hence, interpreting prevalence data among and within groups must be undertaken with care and caution.

Prevalence across groups

This sub-section highlights the findings from select studies on patterns of prevalence in international literature.

- *Comparisons between Anglo-European/white and ethnic minority groups*: Research comparing the prevalence of violence in Anglo-European/white populations with the prevalence among ethnic minority groups varies.²⁷ In Canadian research, the rates of violence against immigrant women from 'developing' countries have been reported as much higher.^{28,29} Violence against ethnic minority (including Native American and Pacific) and 'foreign-born' women is also more frequent, has higher victimisation, greater severity, injury and associated guilt for women.³⁰⁻³⁵ Even where similar rates were reported, ethnic minority women are more likely to experience physical force.³⁶ One United States study of disabled women found that race/ethnicity was not a significant factor in predicting experience of violence; however, further research was recommended to examine the influence of race/ethnicity on abuse and disability among women, and the combined effect of abuse and disability for women in ethnic minority groups.³⁷
- *Comparisons among ethnic minority groups*: There are also variations among ethnic minorities; in the United States, Native American, African-American and Latin American women in heterosexual relationships had the highest prevalence rates for sexual and intimate partner violence, and Asian-Americans the lowest.^{32,33} Morris and Balsam³⁸ also found parallel patterns among lesbian, bisexual and gay women with similar high reported rates of violence in these ethnic groups. The low rates among Asian women have been questioned, with some seeing the lower prevalence as a greater reluctance to disclose violence rather than a true picture of their experiences.^{33,34}



- *Socio-demographic profiles and prevalence*: Research also examines intersectional differences among minority groups; that is, it is not enough to simply compare Asian, African-American etc as static identities but rather locate them simultaneously also against other social dimensions. As Sokoloff³³ says, “there is no generic battered immigrant woman.” (p. 251) Thus, research shows higher prevalence when minority ethnic women are younger, less-educated and from a poorer background.³⁹⁻⁴¹ On the other hand, Nilsson’s study⁴² among Somali women in the United States found that acculturation and greater facility with the English language was associated with higher prevalence of violence. There is also evidence that exposure to violence from an earlier age among African-American and Latin American women added to the risk of further exposure to violence in later years.³³

The racial and migrant backgrounds of partners can also contribute to differences in rates. Asian women were found to be at higher risk of sexual violence if their partners were non-Asian.³³ Research from Norway, similarly, found violence to be of longer duration for immigrant women if the partner was Norwegian.³¹

New Zealand prevalence

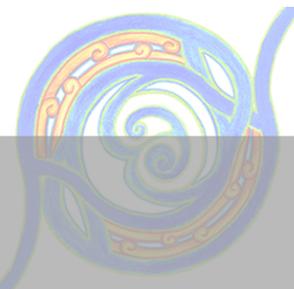
In New Zealand, among the major ethnic groups, Māori women had among the highest lifetime prevalence of physical and/or sexual IPV (57%, more than 1 in 2) and Asian women reported the least at 11% or 1 in 10. Women from Pacific communities had a prevalence rate of 32% or 1 in 3 and Pākehā/New Zealand European women reported at 34% or 1 in 3.²⁵

A social issues reporter from the New Zealand Herald reported⁴³ on additional data from the *Learning from Tragedies* report from the Ministry of Social Development⁴⁴ which suggested that Asian and Pacific women born overseas had a higher risk of being killed by their partners compared with Asian and Pacific women born in New Zealand. Updated analysis of data from more recent years would be useful in assessing this.

Culturally-specific forms of violence

Ethnic women also experience forms of violence sanctioned by traditional practices that are endorsed by cultural conventions of particular groups. These are often insufficiently understood, reported or addressed. The Immigrant Power and Control Wheel (adaptation by the Domestic Abuse Intervention Project in Duluth, Minnesota) (see Figure 2) describes some of these forms of violence. Two such practices – forced and underage marriages, and female genital mutilation – are discussed in further detail here:

- (a) *Forced marriages*: One form of culturally-specific violence is forced marriage. Forced marriage has some commonalities with, but is also different from, the cultural practice of arranged marriages. In the latter, marriage partners are often selected by families who seek



compatibility of social class or caste, religion, and cultures. Arranged marriages are in principle conducted with consent of the person who is to be married. Although arranged marriages are associated with minority ethnic groups, they are also practiced in non-ethnic groups (for example, among the Amish people, Orthodox Jewish communities, and even among some European royal families). While forced marriages are also arranged, the difference is that the former is enforced on the person to be married against their will.

Forced marriages imposed on underage girls have particularly drawn concern globally and also in New Zealand. NGOs have reported cases.⁴⁵⁻⁴⁷ In response to active lobbying by non-government and human rights groups, the Minors (Court Consent to Relationships) Legislation Act was passed in 2018. The Act replaces parental consent for the marriage of 16- and 17 year-olds with a requirement for consent from a Family Court Judge.

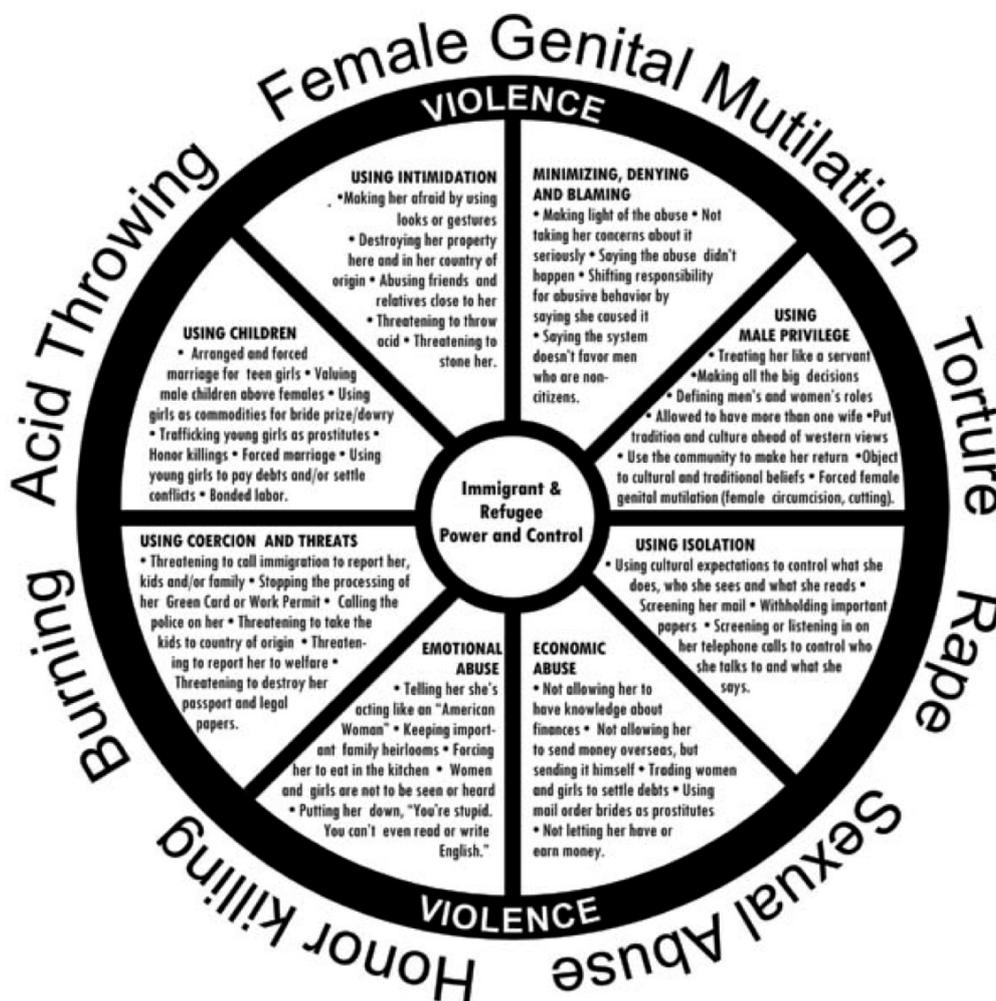
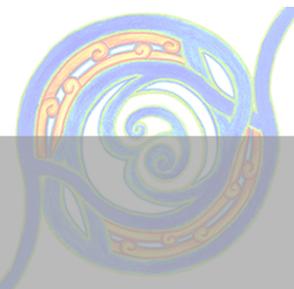


Figure 2: Immigrant Power and Control Wheel. Design adaptation of the Power & Control Wheel by Domestic Abuse Intervention Project in Duluth, Minnesota

Source: <https://dvrp.org/immigrant-power-and-control-wheel/>



- (b) *Female genital mutilation/cutting* (FGM/C): FGM/C refers to “all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.”⁴⁸ FGM/C is deeply rooted in cultural and patriarchal norms. FGM/C is illegal in New Zealand as per a clause inserted in the Crimes Act 1961 (Section 204A) and a person found guilty of practising, encouraging or convincing someone else to practice it can be jailed for up to seven years. In New Zealand, there is no officially documented evidence that FGM/C is practiced but the numbers of women who arrive from countries where it is the norm implies that there are ‘cut’ women living in New Zealand.⁴⁹ The Ministry of Health supports the *FGM Education Programme* that started in 1996 in the wake of immigration of Somali refugees into the country. The programme is aimed at improving awareness of the issue among community and health professionals^{50,51} Recent research points to some limitations in the existing programme: that it is not available outside Auckland and that the training to provide specialised care is insufficient. Further, it points to the need for greater dialogue with communities to develop inclusive research and prevention programmes that recognise the complexities and diverse values around FGM/C.⁵² While FGM/C as a cultural practice is strongly resisted and seen to be on the decline, there is now a rise of elective cosmetic genital surgery among women in the West that rests in the grey area between female ‘empowerment’ and subscription to societal/masculinist ideals of beauty.^{53,54}

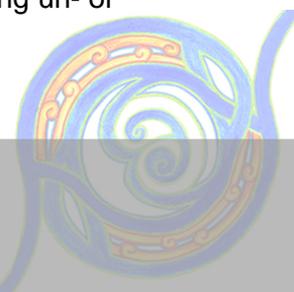
Overall, there is need for development of tools and techniques to better understand and measure violence against ethnic women.

4. Risk and protective factors: An ecological frame

Globally, studies have largely acknowledged a complex layering of factors that influence and shape violence. Poverty, gender norms of societies, constructions of male identity and challenges to their power are among the factors that galvanise or perpetuate violence.^{55,56} In ethnic and migrant communities specifically, as Brownridge and Halli^{28,29} point out, risk factors are ‘nested’ in socio-ecological contexts. At the same time, researchers also call for greater intersectionality in the framework to understand risks of violence for women defined by multiple identities and structures including disability, race, religion, class, gender, sexuality and so on.^{13,14,21,57,58}

This section adapts and acknowledges both the nested ecological model (various contexts) and an intersectional approach (various identities and structures) to examine risk factors for violence in ethnic migrant communities. It examines these factors as part of an ecological frame layered as individual, household, community, and in wider socio-historical and political systems. Its focus is to demonstrate the links between family and systemic violence.

At an individual and household level, violence can be the experiences of migration. Alongside individual male factors which may be associated with use of violence, post-migration factors, e.g. perceived loss of authority, status and self-esteem, and of control over their lives and being un- or



underemployed, have been noted as factors potentially associated with men's initiation of violence.⁵⁹⁻

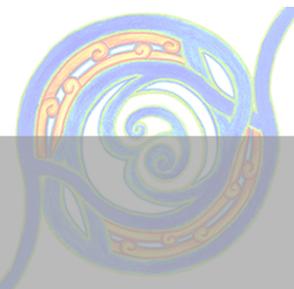
⁶¹ For women, on the other hand, migration can bring with it isolation, loss of social capital and networks, language barriers, and increased dependence on their spouses/husbands following resettlement into their new country.⁶²⁻⁶⁴ Abraham⁶¹ notes that migrant women can experience three types of isolation: their relationship with their spouses/husbands, their social networks, and participation in community and 'mainstream' life. Tensions can also arise when women acculturate, i.e., gain language skills, networks and employment, before their husbands acquire them or when they gain freedoms (such as learning to drive etc) as these can be seen to destabilise normative male-female power relationships.⁴²

Ethnic women's immigration status can also place them at risk, especially if their legal status is tied to their husband's status.^{21,62} There is also often a lack of awareness of the legal rights available to them.²¹ In view of migrant women's experiences in this regard, the New Zealand government issues permanent residencies to women in some migration categories who are exposed to violence; in 2014-15, 56 such visas were granted.⁶⁵

At the next level, violence is seen as part of societal structures of gender inequality. Culture is seen as a key social determinant of violence against women.^{61,66,67} In many ethnic minority cultures, women are traditionally constructed as inferior to men who are given socially-sanctioned power and control. In these collectivist communities, men are often heads of households and communities, and expect absolute obedience. As Chaudhri et al⁶⁸ note, normative cultural practices – even when not overtly abusive – such as arranged marriages, dowry, moving into the house of the husband (patrilocality), and compulsory motherhood reinforce the structural 'worthiness' of men and masculinities while relegating women and femininities to a marginal status. Failure to subscribe to these norms can lead to violence. These norms can hold sway among migrant communities sometimes generations after they have left their countries of origin; in fact, the pressure to subscribe to traditional gender values can underpin the perpetuation of violence towards and among children of first-generation migrants.^{18-20,22}

Finally, at the level of the community, researchers increasingly point to poverty and socio-economic status as well as culture or patriarchy as impacting violence against ethnic minority women. They point out that ethnic differences around intimate partner violence exposure can decrease or disappear when socio-demographic status was taken into consideration.^{12,27,35}

A third level of risk factors refer to systemic inequalities – referred to by Kasturirangan et al⁶⁹ as 'socio-political dynamics' or Bryant-Davis et al³³ as 'societal trauma' – that are maintained through historical and current legacies of colonialism, racism and capitalism in ways that maintain power inequalities experienced by ethnic women. Explanations of violence against minority women as something about 'their' culture perpetuate colonial views that keep women in their unsafe circumstances.⁷⁰ Capitalist economic structures that locate minority ethnic women in certain types of jobs, often low paying and menial, can not only make it impossible for women to leave abusive



relationships but also reinforce representations of women as among the least valued in society.⁷⁰ Similarly Bryant-Davis et al draw attention to the concept of “societal trauma” or “intergenerational trauma, race-based trauma, sexism, racism, classism, heterosexism, historical trauma, insidious trauma, cultural violence, political and racial terror, and oppression... Societal traumas are viewed as interpersonal and systemic emotional, verbal, and physical assaults by those with power and privilege against members of marginalized group[s].”³³ (p.331)

The intersections of these diverse contexts impact on the prevalence and profile of women who experience violence in complex ways. However, while lower socio-economic status is a risk factor, there is also significant research that points to pervasive violence outside of poverty. South Asian communities, which are largely a professional middle-class group, are an example.^{61,71}

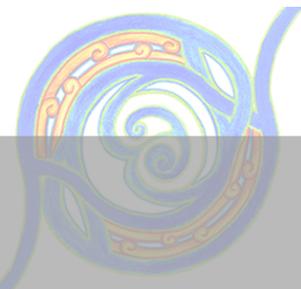
5. Barriers to reporting and disclosure

There is persistent underreporting of violence against women and children. Underreporting in this context pertains to *formal* disclosure (e.g. social services, health practitioners, justice systems and even researchers or agencies for accuracy in data collection) and *informal* disclosure (family and friends). As in the case of risk factors, there are multiple layers of barriers to reporting and disclosure of violence at each of the levels outlined above: (a) personal, (b) family, (c) community, (d) system factors.

At a personal level, ethnic women are often not aware of the legislation and processes around violence against women and their rights under law.^{21,72} Amanor-Boadu et al⁷² suggest that ethnic women assess risk in distinct ways; they were less likely to be concerned about future risk for themselves; instead their decisions to stay on and be silent were directed by their appraisal of beneficial outcomes for their children, including to have a father, and the importance of having married parents. Personal factors such as education, language skills, occupation and income levels of both the individual woman and the husband/partner were also likely to influence disclosure.⁷² Given cultural socialisation, women from some ethnicities were less likely to perceive certain actions as abusive.

“I grew up in a country where every second day someone would grab my ass, you know, and that here is definitely sexual violence. In my country, it was just men being disrespectful.”
~ NGO worker cited in Kumar, 2016⁷³

Lack of trust in systems are another barrier to reporting.³³ A history of abuse, including childhood abuse, especially if that has led to addiction or dependency behaviours further act as barriers to reporting.^{33,36}



“In my experience you need to divide the ethnic community into two: the Indian sub-continent & the black African & South Americans, they both have different understanding. The 2nd group - the women are fearful because the social worker represents authority & authority represents the Police & they think they are going to lose their children. The 1st group think more that authority is corrupt & we are not there to help them, just to tell them what to do or ignore them ... not to help or be empathetic or understand them.”

~ Social worker working with ethnic women survivors of violence

(Unpublished data from research conducted by the University of Waikato (2014), Simon-Kumar, Kurian, Silcock and Narasimhan, “Mobilising Culture for Strategising Responses to Ethnic Violence”)

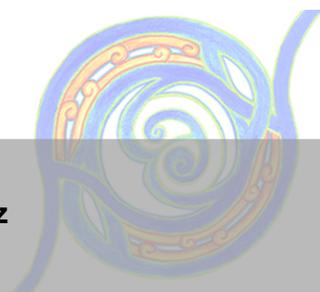
At an intra-familial level, the shame and stigma associated with divulging family matters publicly and its consequences are a prime barrier to reporting among ethnic minority women.^{18,71,72,74,75} Studies among ethnic minority communities in the United States revealed that many Asian women internalised strict gender roles in marriage and were likely to reflect cultural values that held women liable for sexual violence or ‘negative rape myths.’^{33,76} In the context of sexual violence, there is the added taboo of upsetting idealised norms around virginity and purity that can be common in many Asian cultures.⁷⁴ Economic dependence on the husband, the husband’s migrant status, his economic stability, and the concern that he would be imprisoned or deported can be among other factors in lack of disclosure.

“Family violence is a private matter. When arguments happen with my husband, I think it’s the saddest thing in my life. We are human beings – arguments occur when two people live together, but it’s a private business”

~ Research participant cited in Tse, 2007⁷⁷

“Main thing is because the shame and stigma related to it. The other thing is if the offender is inside the home or like a relative or family friend, they don’t want for him to face those charges because of the family values.”

~ NGO worker, cited in Rahmanipour, 2016⁷⁵



“Yes, it’s hard to get them to talk ... especially with all the different cultures & some of them it’s not OK to talk outside of the family group ... so with some of the cultures if they do talk outside of the family, you know that it’s quite a big thing for them ... but some of them there could be stuff happening & we don’t know...”

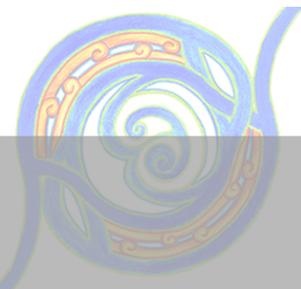
~ Social worker (unpublished data from research conducted by the University of Waikato (2014), Simon-Kumar, Kurian, Silcock and Narasimhan, “Mobilising Culture for Strategising Responses to Ethnic Violence”)

At the community level, concern around stigmatisation and fear of being ostracised as a family is a major issue;^{63,77} this includes concerns of stigmatisation against the woman who complains and also against her children and potentially their future prospects within the community. Migrant communities typically entrench a ‘defensiveness’ around their cultural practices in an effort to maintain cultural ‘purity’ against the dominance of the host Anglo-European/white culture.⁷⁵ These standards of cultural purity are often imposed on girls and women in the form of restrictions in relation to mobility, the kinds of activities and jobs they can do and who they can socialise with especially when it involves men. To disclose violence is deemed to rupture that wall of defensiveness and established standards of purity as it can lead to negative perceptions and stigmatisation of the community as a whole. Indeed, women’s fear that outsiders will stigmatise their communities in ways that have material consequences can be well-founded.⁷⁸

In a wider context of colonisation, racism and prejudice, communities may also have concerns of negative comparisons in relation to other minority communities. Particularly in South Asian communities where there can be a push to uphold an image of being high achieving, upstanding and aspirationally middle-class, to report gender violence could be seen to equate these ‘model minority’ communities with minorities they associate with low socio-economic standing and a high degree of social dysfunction.^{13,14,61} Furthermore, in many of these cultures, there is no room for single women; hence, there is greater reluctance to leave the abusive relationship as it can mean being cut off from their other social networks as well.^{13,14}

“... It’s really hard to get the mainstream community to realise the damage they’re causing by the stereotyping and discrimination at all levels ... that feeds into this, this culture of defensiveness and needing to try and be perfect so that you don’t get attacked”.

~ Service provider, cited in Rahmanipour, 2016⁷⁵



“We also have this side where it is swept under the carpet. We don’t want anyone else to know. Things are happening but it’s not spoken about because of the shame of the family. And we don’t want other people to know and other non-Muslims to know that it’s happening in our Muslim community. Sex is very private in our community.”

~ Begum and Rahman, 2016⁷⁸

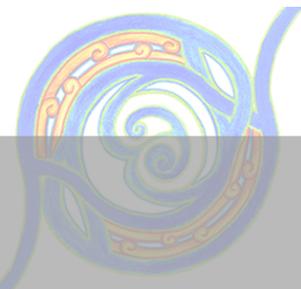
Finally, a range of structural norms and values at a broader systems level also pose barriers to reporting.⁵⁸ Ethnic women can perceive systems of authority such as the police, case workers, hospital doctors to be racist; for example, officials in the system may frame violence as a problem of a particular minority or cultural group rather than a problem across cultures, making it harder for women to disclose violence. Thus, violence against Anglo-European/white women may be considered more seriously by authorities whereas ethnic minority women experience further victimisation by authorities.⁷⁹ Further, women were also likely to superimpose experiences with other government departments, often immigration services, that inform their impression of the services open to them. Underreporting was also linked to fear of loss of (their husband/spouse’s) income where this was their main source of financial support, and unwarranted official intrusion into their lives.⁸⁰ Disabled ethnic women may not report violence out of fear of sexism, racism, classism and ableism present in systems including the police, social service providers and justice systems.²³ Disabled ethnic women who seek appropriate services experience multiple barriers; often, they have to ‘choose’ between their diverse identities as services are set up to address either disability, domestic violence or cultural needs, or some other targeted social service programme. Further, layers of isolation and shame are a deterrent to help-seeking.

“... so those women think no-one will help them... immigration status & community stigma [are the] biggest barriers to reporting... they want to keep it in the family & behind closed doors.”

~ Research participant (unpublished data from research conducted by the University of Waikato (2014), Simon-Kumar, Kurian, Silcock and Narasimhan, “Mobilising Culture for Strategising Responses to Ethnic Violence”)

“Due to the lack of confidentiality that exists within many communities, most Muslim women would be reluctant to seek advice from the Imam or want them involved”

~ Begum and Rahman, 2016⁷⁸

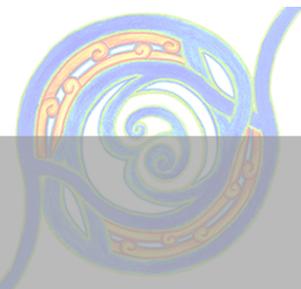


In sum, the literature points to complex intersections of internalised norms, social perceptions, and structural constraints that act as barriers to reporting. It also highlights the need to consider strengthening formal as well as well as non-traditional avenues for ethnic migrant women to disclose violence. Research from New Zealand mirrors some of these international findings.

6. Help-seeking behaviours

International literature also highlights some interesting patterns in help-seeking behaviours by victims beyond disclosure and reporting. Evidence suggests that ethnic minority women delay help-seeking and seek lower levels of help compared to Anglo-European/white groups.^{76,81,82} When confronted with a violent partner, the usual coping strategies were to tolerate, accommodate and appease.⁷¹ It was only when there were serious concerns of impacts on physical and mental health that women sought help.⁷⁶ In this section, some of the key findings around help-seeking from a selection of studies are outlined:

- There is a complex relationship between help-seeking and ethnicity. As with women from other ethnic groups, for ethnic women, family and friends were often the first point of help-seeking. In some instances, ethnic women also turned to religious leaders to help deal with their partner's violent behaviour.^{71,77,83}
- Ethnic minority women may also prefer to go to the police rather than use social services; recent migrants, African-American and Latina women were among the examples highlighted in some studies.^{82,84} The rationale underlying these help-seeking behaviours for these different minority groups, however, can be distinct. Recent migrant women who have no established networks or adequate independent funds may have little option but to approach the police for immediate support. In the case of African-American and Latina women, the higher severity and frequency of violence may underpin contacting the police.³¹
- Among those who sought formal help with their situation, their needs entailed more than therapeutic support for trauma. Ethnic minority women who were victims of intimate partner violence were also more likely to need social service support such as social work assistance, welfare, housing, healthcare, and legal aid.⁸² Lipsky et al⁸² also found that higher acculturation and higher educational levels were more likely to be positively associated with the use of services.
- Perceptions around mental health services are also a barrier to seeking clinical assistance and in some communities there is greater reliance on informal help. Asian women, for example, were more likely to use prayer and faith as a means to recovery.^{33,71} However, reluctance to use services could also be related to lack of awareness and access to resources. In the United States, lack of medical/health insurance were particularly a barrier to the use of services.⁸¹



- The ethnicity of the service provider is also important in help-seeking. The evidence from international research suggests that ethnic women were more likely to use same-ethnicity services.^{82,85} Among African-American women, for example, it was more likely that they would drop off therapy if the therapist was not the same racial background.^{32,33} Whether similar barriers exist in New Zealand deserves exploration.⁸⁶
- Categorisation of population groups in service provision could also act as a barrier to help-seeking. Although agencies with specialist focus are important, often even they fail to recognise the intersectional locations of victims/survivors and are unable to provide services for them. As an example, Lightfoot and Williams²³ found that ethnic women with disabilities who experienced violence preferred to, in the first instance, seek help within disability agencies, rather than domestic violence agencies largely because they did not find that domestic violence agencies were able to offer them good quality, disability-appropriate services. On the other hand, disability agencies were not set up to deal with violence; hence, often ethnic disabled abused women fell between the gaps.²³
- Feelings of heterosexist-based and racism-based shame were reported among lesbian ethnic women as a reason for not seeking help; for many of them, being a lesbian meant being ostracised from their families and communities. To acknowledge violence would then be seen as losing face in front of others. Again, this speaks to the barriers of navigating multiple socially stigmatised or minority status identities.⁸⁷

7. Interventions and responses: Victim-focused initiatives

Anti-violence interventions typically entail government (legislative and justice) and local community-based responses. Interventions for minority women who experience violence must recognise the unique circumstances that lead to acts of violence in these communities. Thus, 'mainstream' anti-violence strategies are unlikely to address the intersectional lives of ethnic, migrant women.⁸⁸ Just as drivers are multidimensional and intersectional, so also must interventions be multi-layered.^{13,14,70} Government responses that focus on 'culture' separately from economic and poverty issues are also short-sighted.¹²

Further, in ethnic and migrant communities, women are often abused not only by husbands or intimate partners but by other members of the family.^{13,14} In mainstream intervention, 'leaving', removal or incarceration from the violent relationship is a prominent strategy.^{13,89,90} While there are some interventions that work with a similar logic within the ethnic communities,⁹¹ research with front-line workers in family violence have consistently noted that some processes used in 'mainstream' interventions may not be appropriate for ethnic women.

Haldane, for instance, interviewed an Asian refuge worker in New Zealand who noted that in more collectivist cultural contexts, contacting agencies if women need help may not be effective, as they



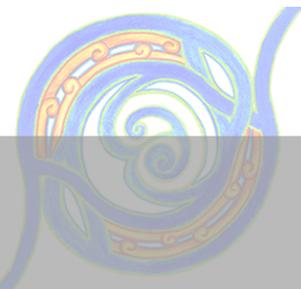
frequently do not do “what is in [their/her] best interest’ rather [they/she] will continue to do what [they/she] thinks is best for [their/her] family ... Fate is what they rely on, they do not think of themselves as individuals, thus the idea of doing something for themselves is very alien. They think of themselves as a family.”¹² (p. 484) Nair’s⁸⁶ research with immigrant women survivors of Asian, African and Middle Eastern origins living in New Zealand similarly found an incongruence between the cultural obligations and compulsions that can accompany collectivist traditions and the individualistic forms of counselling they had experienced from largely Anglo-European/white counsellors.

Simon-Kumar et al⁶³ in their research with community-based practitioners found that they intuitively utilised an array of culturally-oriented intervention techniques. Among these techniques include: using visual aids to address language barriers, using emotional support and social networks, using ‘micro-intervention’ education, and considering ‘family-oriented solutions’. Internationally some interventions have also been developed that seek to engage multiple members of families and communities, provide education and build support.^{70,80} These have been described as seeking to mobilise culture and its strengths for family violence interventions^{63,92} (see also Box 2 on Mimi Kim’s Creative Interventions below).

It must be noted that these ideas and approaches are not used or supported by all providers of ethnic family violence services in New Zealand. Some providers note there is a danger that family-oriented approaches can compel women to reconcile and continue in relationships and situations that are abusive. Further, family-oriented approaches can risk prioritising the needs of men. Thus, the approaches and underlying rationale of family-oriented approaches are contested and require further discussion by ethnic family violence service providers and communities in the country before best practice guidelines can be developed.

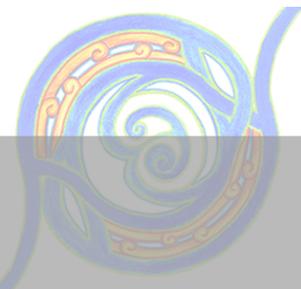
Overall, an ideal cluster of responses to family violence in ethnic communities must address intrapersonal-psychological, interpersonal-relational, socio-cultural and normative inequalities; and systemic biases in health care systems, the legislation and the economy, to name a few. Ethnic women often do not seek ‘mainstream’ refuge services or pursue processes of incarceration⁸⁰ but rather instead require a host of culturally-sensitive social services such as community housing, employment, education, immigration services, interpreter and language services, as well as ethnic specific domestic violence support.

Several studies have shown that ethnic women prefer working through violence in culturally-similar and safe environments.⁹³ However, some women will not use these services for fear that they might meet others in the community who might make their private family issues known to the rest of the community⁷³ so it is important that women have both options: ethnic specific services and ‘mainstream’ services able to provide culturally responsive support.



In the last 30 years, community-based agencies have been set up by women's collectives in countries like the United States, United Kingdom, Australia and New Zealand using an 'ethno-gendered' framework, namely "how gender relations are constructed and how cultural concerns are articulated at the individual, organizational, community, and societal level."⁸⁵ (p.251) These community-based interventions typically offer a range of multi-dimensional services:

- *Personal development*: this includes counselling as well as training in empowerment and personal development
- *Life-skills training*: including in English language, awareness of legislation, financial management, or what has been called 'micro-interventions' – "where they are taught to be confident and assertive, through the introduction of seemingly small changes into their lives."⁶³ (p.1393) This could be learning budgeting or financial skills; learning about their rights; or knowing which formal agency or service provider to approach for matters that they need help with.
- *Social work support*: these involve in-house social workers who assist women in dealing with government agencies such as immigration, or housing.
- *Building networks*: opportunity to meet other women from similar backgrounds and build friendships and support networks. Networks are often built around 'life skills' classes, such as cooking or parenting programmes (for example, see Box 1 below) but can be pivotal in creating a support group for them in contrast to the isolation they experience.
- *Lobbying and advocacy* for social change: these community organisations usually lobby government for better services and resources to support ethnic women's needs.
- *Informal refuge services*: Singh⁸⁰ notes the development of 'informal' community-based refuges in Toronto, Canada, largely as a result of people freely offering their homes to women escaping violence, because it was felt that they would feel more comfortable among members of their own community rather than in using 'mainstream' refuge services.



Box 1: Shakti’s educational, vocational and life skills programme

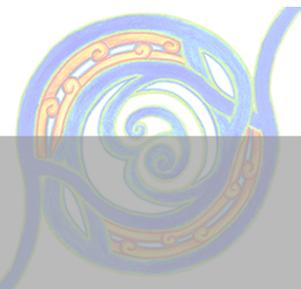
Shakti Education & Training Advisory Company (SETAC) runs an NZQA certified 20-week course, covering topics such as English, Art Therapy, Group Therapy, Exercise, Family Violence Awareness, Diet and Nutrition, Assertiveness, Sustainable Living, Positive Parenting, Managing Finances, Computer Skills, Career Planning, and Road Safety and Learner Licensing. Shakti says:

“Through service delivery, it was found over 80% of the survivors are state beneficiaries with little hope of becoming self-reliant, due to the barriers faced as ethnic migrants/refugees, exacerbated by experiences of prolonged abuse. Consultation with victim-survivors showed that many of them are genuinely keen to up-skill, find employment and become self-reliant, but are not sure if they have the necessary aptitude, confidence or skills for employment in New Zealand. These factors emerged as major deterrents in the rehabilitation process. As a NZQA accredited PTE, SETAC delivers free educational, vocational and life skills programme to victim-survivors, supporting learners to foster wellbeing and facilitate empowerment, achieving self-sufficiency in the pursuit of lives free from fear and violence.”

Source: <https://shakti-international.org/member-org-services/>

Although community-based specialist interventions are favoured, there are variations in the approaches among them. Some situate ethnic women as ‘clients’, supporting them with clinical and social work support whereas others espouse feminist empowerment models that position them in more radical roles as ‘organisers’ of anti-violence and social change movements.^{13,14}

Other community-based responses include ‘creative intervention’ strategies.^{88,94} This approach adopts a ‘community engagement continuum’ and an approach mobilising the participation of community, not only family, members. Communities are invited to come together, and by using innovative techniques like story-telling, identify problems and jointly seek solutions to violence among members (see Box 2 below).



Box 2: Community-based interventions to address interpersonal violence

Creative Interventions (CI), established in California in 2004, provides resources to facilitate community-based solutions to addressing interpersonal violence, particularly domestic, family and sexual violence. Founded by second generation Korean domestic violence activist and scholar Mimi Kim, the fundamental goal of CI is to seek “alternative responses to violence – a response that turns towards communities and away from policing and prisons to address interpersonal violence.” (preface, p.2)

The CI approach focuses on shifting violence interventions from “individual solutions which rely on separation and incarceration” to those that involve communities to create “more holistic approaches to provide safety, justice and healing.” The organisations involved in establishing CI had years of experience working in mostly immigrant communities on the issues of domestic violence and sexual assault and were interested in coming together to try to create different options.

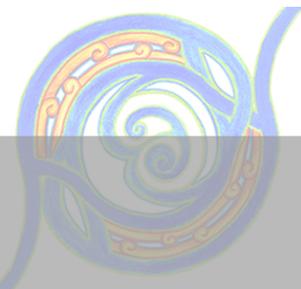
CI is premised on the understanding that people experiencing violence may need to or want to remain in their relationships or community. It focuses on community responses (e.g. friends, family, neighbours, co-workers, community members) and supports people to take collective actions towards safety, support and transformation. Ultimately it seeks to build towards long-term community self-determination, health and sustainability.

CI is founded on key principles that include: (a) **Creativity**, where solutions emerge from community engagement around issues of violence rather than through application of a fixed set of initiatives; (b) **Holism**, or interventions that consider the health and well-being of everyone involved in and affected by violence; (c) **Community responsibility** for undertaking collective actions that help to end the violence; (d) **Action-oriented**, consisting of specific activities and actions that will be transformative; and (e) **Co-ordination** so that all the actions are aimed at achieving agreed goals.

Creative Interventions provide practical tools as guidelines to support community initiatives. These tools include checklists, schedules, mapping techniques and charts that assist with various stages of action, including: Mapping Allies & Barriers; Naming the Harm; Goal Setting; Supporting Survivors; Keeping on Track; and Working Together as a Team.

Source: *Creative Interventions Toolkit: A Practical Guide to Stop Interpersonal Violence* (2012)

<http://www.creative-interventions.org>



Services in the context of New Zealand

Community-based specialist services for ethnic women have been present in New Zealand for over two decades. Existing agencies started out as independent feminist entities and over time have developed strong collaborative links with local anti-family violence systems. Collaborations between specialist ethnic women's NGOs and government agencies such as Police, child protection and Corrections have operated for years, assisting with call-outs and responses.

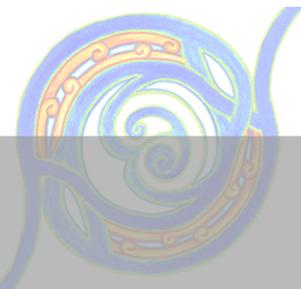
Primary prevention strategies are still underdeveloped for ethnic communities. In 2015, an Inquiry into funding of specialist sexual violence social services conducted by the Social Services Committee⁹⁵ recommended that primary prevention for ethnic communities could be addressed through the following means:

- Using ethnic media
- Integrating information about domestic violence into other programmes for ethnic groups
- Using prenatal care services as a means for making contact
- Providing information early in the immigration process
- Emphasising positive concepts such as family harmony rather than directly referring to violence.

Some of these strategies may lend themselves more to early identification and intervention than primary prevention. The extent to which these recommendations have resulted in primary prevention initiatives is still unclear.

Despite these advancements, there are several gaps in interventions. Among them are:

- (a) *Better resourcing of ethnic specialist services against violence.* Resourcing needs to be made available for the further development and provision of culturally and linguistically appropriate models of intervention, not merely to be a conduit for 'mainstream' services.
 - i. Greater investment into life-skills programmes is necessary as these are 'upstream' preventative strategies for empowerment for ethnic women. Social work support to address individual cases is separate to these.
 - ii. Funding in these organisations is very often tagged to specific services that do not correspond with the 'wrap-around'/'woven-around' approaches to intervention – these require more flexible funding.
 - iii. There is also the need for specialist skills within ethnic agencies to work with particular groups of ethnic women such as young women, those with disabilities, or ethnic women from the Rainbow community.



(b) *Better supporting of the collaborative relationships between ethnic community providers and 'mainstream' services.* There are existing programmes, such as the Integrated Safety Response (ISR), that bring mainstream providers into working relationships with ethnic providers; however on the ground these could be strengthened and made more efficient with adequate human and financial resourcing and through working in more integrated ways.

(c) *Improved responsiveness within 'mainstream' agencies.* Alongside ethnic specific community-based organisations, there needs to be better cultural and linguistic responsiveness within 'mainstream' anti-violence organisations that deal with gender violence: these include 'mainstream' refuges, police, social workers, social development officials, and immigration officials, to name a few.

(d) *Increased accessibility of services to all groups of migrants:* The migrant composition of New Zealand is changing with greater numbers of temporary migrants and international students arriving into the country. Their access to free existing services is limited.

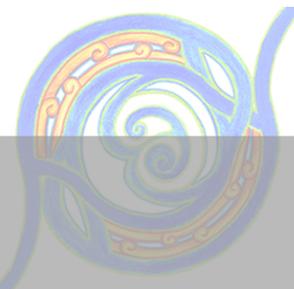
Box 3: Examples of two community-based specialist services in New Zealand

Shakti is a community organisation that serves migrant and refugee women and young women of Asian, African and Middle-Eastern origin, with its main office in Auckland and subsidiaries located in other parts of the country. Shakti was founded in 1995; today, it comprises 8 member organisations and 14 centres across the country. As an organisation "led by ethnic women for ethnic women", it offers 24-hour services for domestic violence along with outreach, educational, life skills programmes and advocacy services. Shakti has represented ethnic women's issues at national (e.g., former Taskforce on Family Violence overseen by the Ministry of Social Development) and international forums (the NGO group at United Nations' Committee on the Elimination of all forms of Discrimination Against Women).

<https://shakti-international.org/member-org-services/>

Shama, or the Hamilton Ethnic Women's Centre is a community-based NGO founded in 2002. Its aim is to be a "vibrant, sustainable social service organisation that provides culturally appropriate support, advocacy, and programmes to ethnic women, their children and families, and to be a source of strength and empowerment for ethnic women of all ages." Shama programmes include life skills courses, support programmes for ethnic families (school holiday programmes), young ethnic people's leadership programmes, and individual support. Shama also leads local sustainability and community housing projects that are inclusive of all ethnic groups.

<https://shama.org.nz/>



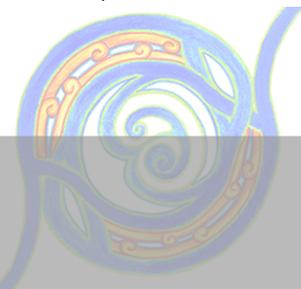
9. The way forward

The complexity of violence in ethnic and migrant communities demand action that is multi-faceted. In particular, action needs to focus on three areas: (a) research and data; (b) organisational and sector responsiveness; and (c) the policy context. In this section, some of the key issues that deserve attention, and pathways for action to improve responsiveness in New Zealand are noted.

Research and data

In general, research on violence among ethnic communities in New Zealand is growing but is still in a fledgling state. An understanding of the complex facets of violence through the gathering of research evidence is needed. Existing research is almost entirely small-scale, cross-sectional or qualitative. Alongside descriptive rich qualitative data there needs to be the development of large-scale, quantitative research. This includes, but is not limited to:

- *Life-cycle analysis of violence* against women in ethnic communities covering an age spectrum from young girls to elderly women. There is need for more information on the profiles and risks at every stage of development. An analysis of risk should include not only risk of direct violence but broader structural contexts that can expose women to a range of harmful behaviours including violence.
- *Risk factors*: research exploring differences in the experience of violence associated with factors such as ethnicity of partner, degree of acculturation, length of residence in New Zealand (whether first, second generation etc), profile of profession, urban/rural residence, among others.
- *Intergenerational impacts of violence*: Research shows that children in ethnic families are more likely to witness violence at home.⁹⁶ Further research into the generational impacts of family violence in the New Zealand context is required.
- *Group-specific research*: there is need for better ethnicity and community-specific information (e.g. Chinese, Indian etc). Equally, there is a need for a focus on particular groups of ethnic women: sex workers, adolescents and young people, temporary migrants in workplaces, and the Rainbow community are among a selection of specific groups of ethnic and migrant women that deserve focus.
- *Type-specific violence research*: there needs to be better understanding of the mechanisms of various types of violence: family, intergenerational, interpersonal, structural violence, workplace, sexual violence, among others. These would also include the 'geographies' of violence: where are different groups of women and girls most at risk – public or private spaces, at home, school, community locations, work places, mobile vehicles such as taxis or vans, or others?
- *Impact studies*: Much of the current research on ethnic violence focuses on risk factors. There is also a need to better understand the impacts of violence on mental and physical health,



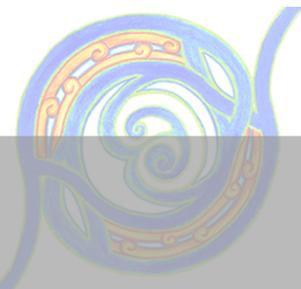
including reproductive and sexual health, work productivity as well as behaviours that can increase harm and risk.

- *Public discourses and representations:* Research into (negative) constructions and (mis)representations is also important as these significantly influence women's decisions to disclose violence in their lives. In particular, constructions of women/men, femininity/masculinity within their communities, and of ethnic and migrant communities more broadly in wider society would illuminate the discourses that potentially facilitate risk factors in family violence. Similarly, media reporting of violence and policy construction of violence in ethnic communities also deserve critical analysis.

Organisational and sector responsiveness

A second focus is on improving sector responsiveness to violence in ethnic communities. This includes resourcing for community organisations that deliver specialist services, development of specialist teams within 'mainstream' organisations, improved data gathering and recording techniques, improved systems for reporting; and improved integration of services across the sector.

- *Data and ethnicity recording:* There needs to be better data capture and recording. Among others, this would involve more precise categorisation of ethnicity/ethnicities; better development of processes to capture data at various sources (General Practices, Non-Government Organisation level, schools, other points of capture); the dangers of over-collapsing too many ethnicities into one label; the dangers of ethnic-specific data, including stereotyping; constructing intersectional data sets; and better categorisation of family violence.
- *Systems for reporting:* measures to improve reporting and help-seeking (formal and informal) are needed including the points at which they are best captured.
- *What works?* There is a smorgasbord of programmes, initiatives, and approaches to working across types of agencies (government and non-government). An across-the-board evaluation of these programmes' effectiveness for ethnic women in order to better tailor services for ethnic-specific groups is needed.
- *Programmes for perpetrators:* Greater focus on perpetrators of ethnic gendered violence. Given the strong linkages to structural factors (migration, unemployment, loss of social networks and racism), better understanding of the drivers of violence would help develop appropriate and targeted programming.



There are some programmes for perpetrators, as for example offered by Gandhi Nivas^c or Sahaatya^d in Auckland. Gandhi Nivas offers free counselling, emergency housing, and referral to social services for men who have issued with a Police Safety Order or are involved in police matters related to family violence. The service was initially established for South Asian and Fijian Indian men but has been used by men with a range of ethnicities. A preliminary statistical description of the demographic characteristics and patterns of family violence and associated occurrences and offences for clients referred to Gandhi Nivas in 2014-15 found a reduction in family violence-related offences recorded by New Zealand Police.⁹⁷ It must be noted that recorded violence-related offences is only one statistic that seeks to describe a complex picture of violence. Further evaluations exploring women's perspectives of men's behaviours following completion of programmes need to be conducted. Sahaatya runs the Ahimsa Non-Violence Programme for men; there is no record of an evaluation of its effectiveness.

Public policy responsiveness

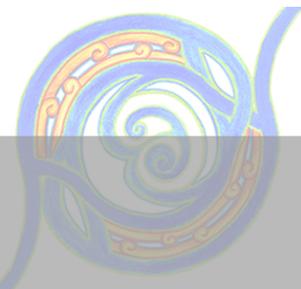
The third area for action is in broader public policies that shape the lives of women from ethnic communities. These include migration policies that determine opportunities and entitlements for ethnic and migrant women in the country. Some areas of migration policy have undergone amendments aimed at improving conditions for migrant women, but others remain unaddressed. Temporary migrants, spouses of temporary migrants, and international students are among those who are unable to access subsidised or free health and social services. Alongside improvements in migration policy, the literature shows that independent access to social and community services is an essential part of interventions for women who experience violence. Policies that improve women's economic security, such as wages and working conditions are also integral to supporting them to move out of violent relationships.

There is also work to be done in relation to creating responsive policy approaches to ethnic family violence, keeping in view commitments to Te Tiriti o Waitangi. This is especially necessary in the context of official interventions where the relationship between New Zealand's bicultural framework and multicultural service demands are increasingly pertinent issues.

Shakti is currently working on the development of an Ethnic Domestic Violence Response Framework. Its development has included consultation with communities and government and non-government agencies as well as with victims and people who offend. The work is expected to be completed in 2019.

^c <https://gandhinivas.nz/>

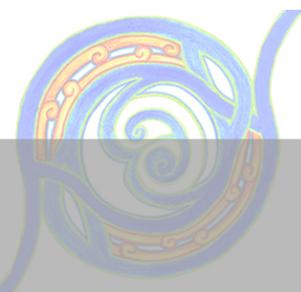
^d <http://sahaayta.org.nz/>



10. Conclusion

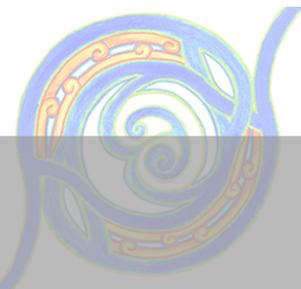
This Issues Paper has sought to highlight the particularities of family violence within ethnic minority communities. Drawing on international and New Zealand-based research, it has drawn attention to the complex and intersectional nature of violence experienced by women who are from ethnic communities. There are similarities across countries but learnings that are specific to New Zealand. The rapidly changing demographic composition, the use of Te Tiriti frameworks, diversification of migration policies that impact on accessibility of services to all ethnic women, a lack of understanding of the diverse and intergenerational nature of violence, are among the issues that stand out foremost in our context.

The paper has also noted individuals and groups within ethnic minority communities - those with disabilities and from the Rainbow communities are examples - who are further marginalised. However, the paper reflects the fact that the vast majority of the research is on men's violence against women in heterosexual relationships (and more specifically, within the context of marriage). What this suggests is a need for improved understanding of the experience of family violence within these other groups so as to develop interventions that address the diverse needs of all ethnic individuals, families, and communities.

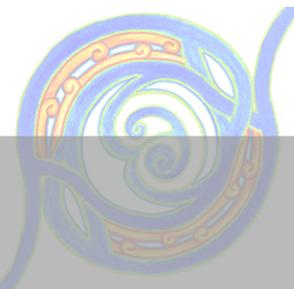


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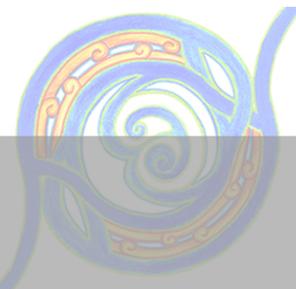
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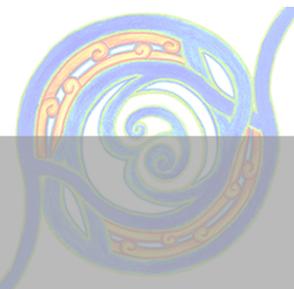
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