Remembering a Day with April: Responding to the Entwined Crises of Mental Health and Domestic Violence

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Attuned to a note of peace and dignity, this project joins a chorus formed through the voices of researchers dedicated to transforming the wicked problem of gender-based violence located within the precarious and inequitable material conditions of daily lives that are manifest in and through gendered structural and social power relationships of domination and subordination. Situated both within a psychology discipline in Aotearoa and a collaborative community response to family violence with Sahaayta and Gandhi Nivas, the project stories a process of narrativity as a research practice of response-ability (Haraway, 2016), responding to a call in the violence sector to tell and hear stories differently to transform possibilities for ethical responses. As a mode of bearing witness to the pain of living through violence, the project addresses issues of fragmented and siloed knowledges and responses to gendered violence by remembering and re-telling a moment of response to a woman and her partner – a creative re-telling process that demonstrates how stories are sites where power dynamics can be recognised and challenged (Sonn & Baker, 2016), transforming the way we understand and respond to violence and distress.

Key words: Mental health, domestic violence, community collaboration, early intervention, Gandhi Nivas, Sahaayta

"…it matters what stories tell stories"

- Donna Haraway, 2016, p.39

"affirmative ethics puts the motion back in e-motion, the active back in activism, introducing movement, process, becoming"

- Rosi Braidotti, 2008, p.22

We begin to story a creative research process of narrativity within the gender-based violence sector on a note offered by Donna Haraway (2016, p.39) that *"it matters what stories tell stories"*. Our emphasis on stories recognises them as embodied sites of relational meaning-making that circulate through our encounters with others as a form of negotiating mutual understandings (Coombes et al., 2016); stories move us into relationship, invoking emotion, empathy and connectivity (Sools & Murray, 2015); stories mobilise us politically for transformation (Connor, 2007; Fine, 2017), they are sites for the recovery of historical memory (Sonn et al., 2015) and where social power relationships can be recognised, articulated and challenged (Sonn & Baker, 2016). Our understanding of stories is theoretically informed by feminist scholarship that recognises the *embodiment* of stories, accounting for the specific, situated and limited character of all perspectives (Harding, 1992; Haraway, 1988). This understanding helps us notice the gendered social and structural power relationships of domination and subordination that enable and constrain the ways that stories can be told and

heard (Bartky, 1998; Fine, 2017; Quayle et al., 2016; Waitere & Johnston, 2009), reproducing the insistence of *a single story* as a frame for total understanding (Adichie, 2011). Moving in a mode of resisting the *single story* by recognising the multiplicity and perspectival character of stories opens space to hear creative re-tellings, re-memberings and re-storyings from another perspective. The process of relational re-tellings increases the adequacy of our understandings by thinking with multiple situated stories and knowledges. Such a process of narrativity enables pain and injustice to be heard and responded to in a practice of ethically enabled responses (Haraway, 2016). In other words, creative re-tellings of *stories that tell stories* is a mode of bearing witness to the pain of others (Braidotti, 2010) and making it matter; enabling critical scholarly insights that transform our abilities to respond, ethically.

The New Zealand Family Violence Death Review Committee (NZFVDRC, 2014) emphasises the need to *think differently about family violence,* drawing attention to how the current family violence system operates through single-issue, single-agency practices that fragment complex social issues and patterns of harm into a series of isolated incidents that affect an individual victim. Recognising that different forms of abuse (such as intimate partner violence and child abuse) and social issues (such as mental health, addiction and poverty) are entangled, the Committee remains concerned with how understandings of violence hold individuals responsible for the conditions of their everyday lives. Through meaning-making focused on individual responsibility, understandings of violence are separated and detached from the inequitable conditions of daily lives, fragmenting support to ameliorate the conditions that enable gender-based violence in our homes. Dominant understandings of individual responsibility for victimisation or perpetrating violence shape diverse contexts and experience through the insistence of a single consistent story of how violence and distress are experienced, felt and lived. As a consequence of individualising responsibility, victims of violence are expected to navigate their way through complex system(s) to access support and facilitate safety for which they are held accountable. Emphasising that *"safety is not something individual victims can achieve alone"* (p.14), the FVDR report exposes the narrative of individual responsibility as compounding victims' experiences of distress, violence and pain. Within the fourth report from the Committee, Associate Professor Julia Tolmie articulates a call to "*change the narrative about family violence"* as "*transformational change requires a new story"* (p.13). We connect this call from Tolmie with how it *matters which stories tell stories* (Haraway, 2016) and how we might respond to telling and hearing stories of family violence differently.

Understanding the need to tell and hear a narrative for transformational change in responses to violence and distress, we recognised how differently a story of intervention for safety from violence might be told from the perspective of a community collaboration inspiring a unique approach to supporting families experiencing violence in their homes. April's story is a specific memory that Hazel brings to our project which connects with other memories we each recall from time spent at police stations or court rooms, bearing witness to the experiences of women victims within the criminal justice system, and in our communities and families. On this day, Hazel felt immobilised and unable to provide an ethical response to April as she was located within an agency dedicated to responding to a single issue – violence. While a response to violence was needed, April was also requesting support for 'mental health' and within a fragmented system, any ethical response to the co-occurrence of the two issues was impossible: her experience of violence was either a criminal justice issue *or* a mental health crisis, for the purpose of intervention.

For the NZFVDRC (2014) the intertwined character of people's health and safety needs integrated family violence and mental health responses. We recognised the need to remember a day with April by re-telling her story from the perspective of a collaborative, dignified response to violence in the home that becomes embedded within a community and inspires a

unique approach to supporting families experiencing violence in their homes. Our narrative account is located in ethnographic research with Sahaayta Counselling Services and their partnership with Gandhi Nivas, a community collaboration with New Zealand Police to respond to family violence in South and West Auckland, Aotearoa New Zealand. Our engagements with the community are made possible through six years of reciprocal and respectful research relationships between us and Gandhi Nivas, and our relational meaning-making is enabled by previous research formed from this partnership (Buckingham et al., 2022; Morgan & Coombes, 2016; Morgan et al., 2020; Rogerson et al., 2020).

April's story of intervention for family harm draws attention to the fragmentation of domestic violence and mental health crises at a location where she must choose which pathway to follow to take responsibility for her victimisation. So far, in our research partnership with Gandhi Nivas, we have both statistical and qualitative data identifying the co-occurrence of crises in family harm and mental health. Our statistical analysis showed that within the New Zealand Police records of 'family harm episodes' among men referred to Gandhi Nivas for early family harm intervention there are frequently recorded, '1M: mental health' and '1X: threatens/attempts suicide' incident codes and the research team has heard stories from women clients about *"alcohol and/or drug abuse within their family; isolation and shame; difficulties accessing adequate social and/or mental health services; precarity and poverty"* (Morgan et al., 2020, p.25). Since Gandhi Nivas is a collaboration with New Zealand Police, it was unsurprising to find that over 95% of recorded police codes involved a family harm investigation (5F/1D) and 58.3% of the remaining recoded incidents were child protection reports or breaches of justice orders. Still, nearly 24% of the codes that were not directly recorded for police as family harm involved mental health crises or alcohol abuse. Even within the data of a criminal justice response, traces of the co-occurrence of family violence and mental health crises are evident. How could such a collaboration tell a different story of intervention in support of April's safety and recovery?

We begin, then, on a day to remember with April…

> *I met April several years ago in a local police station. I was there as a volunteer to support victims of crime, and April was categorised as such that day. I sat with her in the foyer of the station as she (we) waited for her partner who was currently in the cells, awaiting a mental health assessment from the crisis team. April was covered in blood and bruises which she continued to reassure me, and the concerned police officers, were "nothing". She recounted to me her story of 'what had happened' earlier that morning: how her partner woken up, turned to April and told her he was going to take his life that day. This was not an uncommon experience for April; her partner was categorised as 'having' a mental illness, and she had developed skills in responding to what she described to me as "his mental health crises". She supported her partner, listened to him as he spoke, and when she realised the situation was beyond her supportive capacity, she called the crisis team. The crisis team had informed April that they were stretched to capacity but would be there as soon as possible, telling her to "keep him in the house" and to "keep him safe". With the responsibility for both her and her partner's safety returned to April, she had paused to consider what to do next, but by that stage her partner had heard the phone call, assumed the crisis team was coming and was gearing up to leave the house. Panicked, April stood in front of the doorway to prevent him leaving but he used physical force to get past her. She followed him, begging him to stay, and in response she received more pain. Her partner left, April called the police as she was concerned for his safety, and they were (eventually) brought to the station.*
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> *As April told me her story, one of the police officers interrupted us.*

"Please, you need to consider laying a 'male assaults female charge' against him," the officer begged. "I've seen bruises like these before…"

"No no no, he's no criminal!" April cried. "He needs help! The crisis team are here, and they are assessing him, they'll see that he has a mental health history and that what he needs right now is care and psychological support."

The officer looked at me, and then back at April.

"I understand. I understand that he's unwell. But he's still hurt you. And what if the crisis team don't section him and they release him back to you? Please, please consider it. The last woman I saw with bruises like this –," he gently cradled her arms, blotted with fresh blue and green bruises. "Well the last woman I saw with bruises like this, she didn't lay a charge. She didn't get a protection order. And two weeks later we were burying her."

I locked eyes with the officer and saw the fear, care and determination in his eyes.

"I won't. I won't do it. He doesn't deserve a criminal record. He deserves help." April maintained. The officer sighed, suggested she "think about it" and left us to it.

The mental health team didn't section April's partner that day. They decided that the 'crisis' was a "domestic violence issue" and not mental health. Here, the response system I was part of made a clear delineation; if it was not a mental health crisis but a domestic one, it became the territory of police, and me, rather than psychologists and psychiatrists. April had denied the help of the police, as they could only offer her legislative instruments that would criminalise her partner for his actions.

The responsibility for safety and service provision was left with me. I talked April through a safety plan I had been trained how to construct, but that seemed redundant in these circumstances, given it was a plan for her to leave her partner during his crisis and April had made it clear that would not happen. I reminded her of the crisis team which seemed similarly problematic given what had ensued that day. What I had left was to stay with April, to hear her, care for her and to acknowledge her experience that the system could not see. But as my space of response-ability remained in the police station, I had to (eventually) return the responsibility for safety (both her's and her partner's) to April.

As April and her partner left the police station that day I was troubled. I worried about April, I worried about her partner. I wondered if April or her partner would become 'just another statistic' in domestic violence or suicide reporting, and I worried about my complicity as a service provider if that were to be the case.

Hazel's worry for April's safety and her care for her partner, moved her from volunteering at a police station, to joining a research programme focused on dignified and ethical responses to domestic violence. Joining us in our collaboration with Sahaayta and Gandhi Nivas, Hazel began reading a literature rich with stories from families, clinicians and domestic violence practitioners (see for example Black et al., 2020; Bunston et al., 2017; Humphreys et al., 2022; Humphreys & Thiara, 2003; Short et al., 2019; Wilson et al., 2019). We discussed April's story, and remembered other stories, from the literature, our previous research and the lives of women we know and love. We recognised that the experience of witnessing April's experience was among many recollections of incidents that appear as isolated in the moment we experience them, yet our collective stories assure us that there are patterns in the incidents, and neither the event nor the women involved as victims or witnesses are alone with experiences of fragmented services in response to violence in the home. From our positions as researchers, we recognise how April's story also speaks to us of the gendered

social power dynamics operating through fragmented knowledges and responses to women in her situation: women from various communities, ethnicities, or generations, who care for their partners and understand the complexities of their mental health struggles from their everyday domestic experience of living with him. In re-telling April's story through our ethnographic collaborations with Sahaayta and Gandhi Nivas, we offer a different story of responsibility for family harm, challenge assumptions that women are responsible for their own safety in their homes, and suggest alternatives to fragmentation in community-led interventions for family harms.

As we are remembering April's story, when she sought help for the entangled crises that she and her partner were experiencing, she was responsible for the criminal justice decision: whether or not to charge her partner with a specifically gendered assault. She carried this responsibility after the experts of the psychological crisis team decided on whether or not her partner was experiencing a mental health crisis. Responses to April's situation were fragmented into *either* a 'mental health crisis' *or* a 'domestic violence crisis', yet from her perspective her partner was experiencing a mental health crisis that required support and care beyond her capacity. However, the police officer had noticed the blood and bruises on April's body and was concerned about her safety in the relationship – from his vantage point, he had recognised April as a 'victim' and (therefore) her partner as a 'perpetrator' in a domestic violence crisis. April's partner was released from his mental health assessment with no follow up or support for the 'mental health crisis' that April recognised from her everyday experience of loving and living with her partner. Yet, the system from which she has sought help, has decided her experience is mistaken. The only avenue available for April for intervention, required her to see herself as a 'victim' and recognise her partner as a 'perpetrator' instead of someone who was unwell and needing support.

The fragmented either/or understanding of 'mental health' and 'domestic violence' crises witnessed with April is addressed in the specialist domestic violence literature by recognising these experiences within the social entrapment of western gendered power relations that individualise complex social issues (Short et al., 2019) through a story of individual deficit and/or disorder. With a focus on issues of crises of mental health diagnosed as illness or disorder, a clinical understanding of pathology detaches experiences of distress from the inequitable conditions of daily lives and emphasises a pathology inherent within an individual as a site of intervention to relieve distress (Hodgetts & Stolte, 2017; Rose, 2019; Walker et al., 2015a). From here, a dominant story operates that suggests a causal relationship between two separate crises of mental health and domestic violence, where mental health is sometimes a potential cause of violence (e.g., Kageyama et al., 2015; Kessler et al., 2001; Labrum et al., 2021; Labrum & Solomon, 2016; Onwumere et al., 2019; Oram et al., 2014; Sediri et al., 2020; Shorey et al., 2012; Solomon et al., 2005; Spencer et al., 2019; Yu et al., 2019), and sometimes mental health issues are a result of violence (e.g., Alejo, 2014; Bunston et al., 2017; Ellsberg et al., 2008; Fergusson et al., 2005; Fischbach & Herbert, 1997; Hegarty, 2011; Howard et al., 2010; Humphreys & Thiara, 2003; Karakurt et al., 2014; Khodarahimi, 2014; Kim et al., 2009; Knight & Hester, 2016; Kumar et al., 2005; Liu et al., 2021; Mezey et al., 2005; Romito & Grassi, 2007). The imposition of categorical understandings of two separate crises and an insistence on a causal relationship, one way or another, produces responsive practices that seems blind to violence when mental health issues are present (Humphreys et al., 2022; Trevillion et al., 2012). The fragmentation we witness in the literature is supported by a narrative of causality in which either one *or* the other is attributed as the cause: the original problem which caused the harm. The separation involved conceptualising crises as causally connected, underlies assumptions that violence is either a mental health or criminal justice issue and facilitates responses that address *either* 'mental health' *or* 'domestic violence'.

The either/or framework imposed by a causal relationship between two categories eclipses possibilities to recognise the co-occurrence of the two crises within the inequitable conditions of daily lives, dis-abling possibilities for ethical responses to the both/and character of the crises often experienced, in situations like those in April's story. Mental health practitioners suggest difficulties in their practice for addressing family violence with those they are working with, with some explaining their boundary of expertise is only 'mental health' not violence (Humphreys & Thiara, 2003; Rose et al., 2011; Trevillion et al., 2012). Some report not knowing how to or feeling unable to provide safety responses for those they are working with when violence is reported or recognised (Nyame et al., 2013; Short et al., 2019). Similarly, family violence practitioners explain they are afraid to discuss mental health issues with those they are working with, feeling unable to provide responsive responses and worried about doing more harm (Mengo et al., 2020). Mental health issues may also justify women being excluded from refuge when fleeing a family violence crisis (Hager, 2007; 2011). Violence and mental health understood through singular stories reproduces fragmentated understandings and services, and families like April and her partner fall through gaps and cracks within system responses. Without the opportunity within mental health and domestic violence specialist services to hear and address the both/and character of crises, families like April's are drawn into the justice system through the policing of mental illness *or* domestic violence. However, police officers report experiencing frustration and powerlessness within the current lines of response that locate them as first responders to both mental health and domestic violence crises, feeling they are not adequately trained, supported or resourced to respond (e.g., Fry et al., 2002; Holman et al., 2018; Maple & Kebbell, 2021; McLean & Marshall, 2010; Marsden et al., 2020; Ogloff et al., 2020; Segrave et al., 2018; Wells & Schafer, 2006).

As the story of fragmentation circulates through domestic violence, mental health, policing responses and the research literature, it has inspired an emphasis on integrated, shared and/or collaborative responses to violence and distress (e.g., Humphreys et al., 2022; McLean & Marshall, 2010; Meyer et al., 2022; NZFVDRC, 2014, 2020, 2022; Polaschek, 2016; Short et al., 2019; Stanley & Humphreys, 2017; Trevillion et al., 2012). Repairing fragmentation in our knowledge and in the sector involves working with *families* to keep those experiencing violence at the heart of our responses while keeping those enacting patterns of harm in view for accountability (e.g., Heward-Belle et al., 2019; Humphreys et al., 2022; Stanley & Humphreys, 2017; Tolmie, 2020). Remembering April's story within a narrative of fragmentation that keeps individuals responsible for their safety at home reminds us to connect with Gandhi Nivas for her and her partner and re-tell her story differently.

Through a collaborative partnership between New Zealand Police and the South Asian community in South Auckland, Gandhi Nivas contributes to repairing the fragmentation of our knowledge and sector with *homes of peace* – places of residence where men can be brought by police officers (in the aftermath of a family violence event) for temporary accommodation and 24/7 social and cultural support from specialist domestic violence practitioners. Their contribution also entails a practice of movement as relational caring expertise; the Gandhi Nivas team move through community to connect with women and children and work with them to facilitate their safety – a movement of responsible others who will tell and hear the stories of women and children living through the storm of violence differently and with dignity.

Connecting April with Gandhi Nivas

We all have been welcomed into Gandhi Nivas as colleagues in a research collaboration with the community initiative. When we first meet with the Founder, the Director, the Board, the Team Leaders or Police with strong commitments to the collaboration, we talk and share meals and cups of tea in community spaces. From the beginning of our collaborations, we share the stories of our experiences, interests and commitments, forming stronger understandings of

our different locations. At one of our meetings we shared stories of our experiences of responding to the both/and character of mental health and family violence crises and from our different locations we began a process of becoming able to tell and hear stories located in the nexus of these crises differently. We had all borne witness to the inadequacies of our system responses where these crises are entwined and had begun to understand how inadequately our literature addressed the specialist praxis needed for responding effectively. We had all borne witness to the fragmentation of services that draw on the expertise of siloed fields of knowledge. In response, the Sahaayta team members shared their experiences of responding to the *both/and* character of the two crises in their daily working lives, and suggested that where the two crises meet, forms a *"black hole"* in system responses. They understood the gap in knowledge and praxis relating to the harms and challenges of fragmented services and the effects on families through their specialist service context. Though we did not talk about April's story, specifically, our collaborating conversation and the sharing of our story, became a space where we sensed that April might be heard – not translated into culturally specific categories of 'victim', 'perpetrator' or 'mentally ill' – but heard to say that her and her partner needed *"care", "help"* and *"support"*.

Following our conversations that day we were excited for the possibilities of building and creating ethical responses to people like April and her partner. Connected with a community who were struggling with similar questions at the nexus of mental health and violence as we were, we felt our stories of being unable to respond were heard and understood, and our sense of ethical responsibility was affirmed. We became involved with a community who had been working with the entanglement of 'mental health' and 'domestic violence' crises (and&and) over many years, and we wanted to hear more of their specialist expertise. *Could we come and 'hang out' and listen to more stories*? we asked, and we were invited to spend time across the three *homes of peace* in the South and West Auckland community in different contexts.

> *Hazel met April several years ago in her local police station. We have all met women seeking help at our local police stations, sometimes over decades of experiences.*
>
> ***We met the team at Gandhi Nivas, the men and their families anywhere but a police station. We met them in the homes of peace, in the supermarket, dairies, doctors' offices, family homes, garden centres, refugee resettlement centres, social services offices, parks, libraries, gardens, airports and pharmacies. Not once do we meet them in a police station. When the police make referrals, they bring men to the home, where they are welcomed with a cup of tea and a meal. Soon after, Sahaayta moves into the community, visiting the man's family in their homes.***
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> *We have all been in volunteer capacities to support victims of family violence crime. We have hung out with women at police stations. We have supported women categorised the way April was categorised when she was given the choice to press charges against her partner for a gendered offence.*
>
> ***We have 'hung out' with the Sahaayta family and Gandhi Nivas team as ethnographic researchers moving with them through the rhythms and routines of their daily working lives (and sometimes interrupting them). In these movements we learn to understand and appreciate the team, the families they work with and for, and the community that welcomed us. The team at Gandhi Nivas includes registered social workers and counsellors alongside support staff and volunteers. While police reports provide categorisations that suggest the men at Gandhi Nivas are (most often) 'perpetrators' or 'primary aggressors' and their families are 'victims', these are not understandings that are used by the Gandhi Nivas community. Or (now) by us.***

The collaborative approach of Gandhi Nivas within the justice system offers men who come to attention of police for putting their family at risk of harm a move away from the police station to a home of peace within the heart of a community. In this new initiative space, different possibilities for hearing April's story emerge where the distress of family violence is recognised and responded to within the inequitable conditions of daily lives. Taking up ethnographic strategies of *hanging out – "being with the people in our communities of interest but also…a strategy for reflecting on our own epistemological assumptions"* (Coombes et al., 2016, p.445), we have collectively spent months (now years) with the team within the homes of peace and moving through South and West Auckland communities – an often unexpected and unpredictable movement as we became responsive to the immediate needs of the families we were working with and for. In learning to move with the unexpected and the unfolding, we recognise how the location of a home shifted static framings of a 'perpetrator' who could be *"put in a cell"* to a community connection with a *family* who needs *"help" and "support"*. Though the violence that brings a family into contact with Gandhi Nivas is addressed through multiple strategies, the team is focused on building relationships of care and dignity by addressing the immediate needs of a family, first and foremost. Beginning with an ethical relationship of care enables the violence to be talked about and addressed differently – heard within the context of the inequitable conditions of daily lives where experiences of poverty, precarity, sexism, racism, grief, stigma, discrimination, distress, and violence are interwoven (Hodgetts & Stolte, 2017). The social determinants of ill health, mental disorder and violence are not always separately experienced by those who are living their effects. The team understand these conditions of distress are not confined to an individual but ripple throughout a family and community. Beginning with respect for a family's dignity and a willingness to hear their stories moves possibilities for engagement, shifting the frame of listening towards hearing families' strengths, skills and potentials.

As we recognised how Sahaayta and Gandhi Nivas flow in constant movement to open spaces within themselves to hear families' stories of violence and distress differently, we shared many conversations about the flows of care and dignity circulating through homes of peace across the community and how listening as a practice of caring movement can facilitate safety for those living through the storm of violence. From these conversations and ethnographic moments emerges the possibility to reimagine the day we remember with April – how April would have moved with Gandhi Nivas, and how each movement is a potential for being heard differently and responded to ethically. To demonstrate the difference Sahaayta's caring expertise makes, we imagine April's story *as if* the responsive response to family violence of Gandhi Nivas had been there on the day we remember with her. In these re-tellings, we are joined now by the memories and stories of the many Aprils we have had the privilege of meeting through our ethnographic work with Sahaayta and Gandhi Nivas. The memories of the many Aprils (re)connect us to women who have been similarly-differently precariously located at the nexus of 'mental health' and 'domestic violence' crises as April and Hazel were on the day we are together remembering. As the chorus of voices builds throughout our processes of becoming response-able with Sahaayta and Gandhi Nivas, so do the possibilities for re-telling April's story with dignified responses to family violence.

We begin, again, as if….

Following April's story through the flows of the social power relations embedded in systemic responses to crises understood as 'mental health' and 'domestic violence', we imagine Hazel meeting April one day at a local police station. However, in this re-telling….

> *April had refused any further help from the police, as they could only offer her legislative responses that would criminalise her partner for his actions.*

But now, in South and West Auckland, police are authorised to provide a safety response by offering men temporary accommodation and support from Gandhi Nivas: a home of peace. The Sahaayta family could welcome April's partner into a home where his calls of distress, that life was 'too much,' could be heard with dignified responsiveness, within the context of the inequitable conditions of his daily life.

At Gandhi Nivas, men who enact patterns of harm (like April's partner) are brought into view and their need for help and support is received with attentive, practical concern.

The temporary accommodation simultaneously provides respite for families, for partners, like April, and mothers and children and parents while the men are cared for in a home of peace – a temporary home of peace for homes in the community too.

Through a dignified response focused on safety within homes of peace, April's calls for *"help"* and *"support"* for her partner become heard. Gandhi Nivas recognise how caring for April's partner in his moments of crisis becomes a strategy for caring for April's safety too. While men are offered support for change in a(nother) home, possibilities for respite, rest and recovery for April and her family are facilitated in their home. The problem at the intersection of 'family violence' and 'mental health' crises is re-told in Gandhi Nivas praxis. It is no longer told as a story of causality, one way or another, where it is possible to decide which caused which and either treat or criminalise depending on the distinction. Gandhi Nivas offers a re-told story, where issues of 'mental health', 'family violence' and 'addiction' are not separate but are experiences of distress in response to the inequitable conditions of daily lives and often underpinned by compounding and connected issues such as poverty, food insecurity, employment issues, visa/migration issues, inequitable gender norms and stereotypes, housing insecurity, homelessness, legal issues, experiences of grief, violence, racism and stigma. This hearing connects to understandings within the research literature that emphasise the need for a *relational hearing* of the social determinants of health (Hodgetts & Stolte, 2017). As a responsive response to these experiences that manifest in crises, *homes of peace* offer a space for police to bring men to for a time of rest and reflection while enabling respite for the family at home. Importantly, this means women and children do not need to flee to refuge and so daily rhythms and routines such as school and childcare are less disrupted.

Within the Gandhi Nivas homes, men such as April's partner are provided a warm and dry space to sleep, and counsellors and social workers are available 24/7 to sit with men and offer them dignified relationships through counselling and social and cultural support. Within the peaceful homes of Gandhi Nivas men are invited into processes of becoming well and violence free. April's partner's distress and pain is heard and changes for his wellbeing are supported, but his accountability for violent harms to his family are woven throughout these responses to ensure safety is prioritised and central to the response. A disruption to the fragmentation of issues and a dignified, caring approach to bring families into view, enables Gandhi Nivas' family violence intervention to move with the families, whether together or separately, towards potential for safety, peace and security. They begin forming a relationship within the context of a caring response to a crisis of police intervention into their family.

April's family didn't come to Gandhi Nivas, and April faced a crisis when the support she was seeking meant that she bore sole responsibility for deciding whether to seek a criminal intervention for her partner's distress and harm of her. If a Police Safety Order (PSO) had been issued, binding her partner to leave her in peace for period of time – anything from a few hours to 10 days - and he had been referred to a home of peace himself, then a relationship would have begun between April, her partner and the team: Just as a relationship with families begins when men enter Gandhi Nivas for

their temporary stay. Encounters with the team and engagements with services (often) continue far beyond the man's discharge from the home of peace, as the Sahaayta family move through community rhythms and routines of daily life to connect with women, their partners and families and invite them into processes of becoming well and violence free.

As families such as April and her partner navigate the complexity of system responses formed at the nexus of 'mental health' and 'domestic violence' crises, they have a choice to keep engaging with a team that provides them with company, support, advocacy and solidarity. Sometimes, the relationship stretches without contact for relatively long periods of time, but when need arises the door to re-engage is open and the relationship resumes whenever clients return to a home of peace. They become a 'we': Gandhi Nivas is with them too.

By sitting with, being with, moving with and listening to families, Sahaayta and Gandhi Nivas professionals work with families as *"a 'we' who needs support"* to address the inequitable conditions of daily lives that contribute to experiences of distress and violence within families. Whether talking through safety plans or visiting with food parcels; whether facilitating a counselling session or a non-violence programme or perhaps helping with a job application, Sahaayta's processes of building affirmative ethical relationships with families fosters trust, enabling deeper discussions and understandings of the difficulties they are experiencing. Building relationships with families also contributes to an ongoing 'needs assessment', as the team listen to understand how they can facilitate safety in their homes and communities. As they pay dignified respect to the expertise of the family in relation to their situation, as well as their own expertise in the sector and their local communities, Gandhi Nivas professionals know when they need to engage support for a family from specialist mental health and addiction services and they refer clients ready to engage with change, maintaining safety plans and accessible respite as a matter of daily praxis.

Importantly, the team understand that not all experiences of mental distress require a specialist response; understanding distress within the context of the inequitable conditions of daily lives enables Gandhi Nivas to respond effectively with care to both families and specialist agencies. By attending to the precarity and violence experienced by families to address their distress, Gandhi Nivas support specialist mental health and addiction services to prioritise their work with families who need specialist expertise in responding to serious mental wellbeing concerns. Such support includes addressing the underlying determinants of distress and providing ameliorative immediate responses such as counselling and group work – a responsive response to families as well as a specialist mental health and addiction system that is overwhelmed and under-resourced in Aotearoa (Patterson et al., 2018). Moving with families and attending to their needs in these ways enables processes of empowerment, supporting families to remain connected to support and engaged to begin or resume relationships with those from specialist mental health services. In Gandhi Nivas praxis, empowering families to engage with resources their community can provide becomes possible through building relationships of dignity, respect and care. Their story is shifting the narrative of individual responsibility for either a mental health or a family violence crisis, which implicates praxis that fragments service responses from centralised institutions to a narrative of relationship, empowerment and connection within local communities.

The praxis of dignified, locally embedded responses to family harm that moves Gandhi Nivas also builds community relationships. Gandhi Nivas provides support for men and their families who are in the situation that April and her partner encountered, where a crisis of police intervention means the threshold for an immediate response from a mental health crisis team is not met. Their creative processes for engaging men and their families with specialist support

that they may need rely on their local expertise. Sahaayta has relationships with local healthcare providers who make possible same day visits to a general practitioner for initial assessments and ameliorative medication provisions, or they will bring men to local emergency departments and advocate for their immediate support needs. Staff will also call for assistance from emergency services if it is appropriate, and they remain connected to the family and walk alongside them during a crisis team's response to emergency calls. In these contexts, Gandhi Nivas advocates for clients' cultural and spiritual needs throughout their encounters with systems where they are not well understood. As the team move through different encounters with clients and services in their communities on their travels with clients through various fragmented services, intended to address their needs, the relationships they build create more community visibility and recognition of the multiple diverse languages, cultures and religions in their daily lives. Strengthening their relationships with service providers facilitates wider understanding of how culturally safe processes of care and engagement can empower families to accept specialist support when their previous experiences of support left them disadvantaged, misunderstood and potentially misdiagnosed and/or mistreated (Patterson et al., 2018).

Joining with families as *"a 'we' who needs support"*, Gandhi Nivas' relational expertise strengthens community connections for supporting the family and offers a *home* for hosting gatherings such as family meetings and mental health and addiction assessments, bringing various agencies (and understandings) of a fragmented system together. The focus on relationships with families and community fills the 'in-between' spaces of a system that separates experiences of distress into different experiences, with consequently different agencies and different responses provided for the same family, compounding the work they need to do to be able to access support when they are already experiencing hardship, violence, distress and crisis. As a 24/7 home, Gandhi Nivas residences fill the in-between spaces created by a system that operates Monday – Friday 9am-5pm despite knowing that distress and family violence are experiences that permeate all moments of a day and night. Gandhi Nivas empowers both families and services to remain connected and working together through experiences such as mental health compulsory assessment and treatment, detox and addiction support and ongoing psychiatric treatment. They remain connected, encouraging safety and provision of support through affirmative, ethical relationships. In the bringing together of families and communities, fragmentation is addressed through embeddedness in their local communities and connection through ongoing, dignified relationships – by being home with peaceful relationships in the community and at Gandhi Nivas.

In re-telling April's story through a PSO referral to Gandhi Nivas, it becomes noticeable how the early intervention collaboration with Police that has become Gandhi Nivas makes a difference in the unfolding events of a day where police become involved in a family harm incident that is interwoven with a mental health crisis. Though April's partner was assessed as 'not mentally disordered' when he harmed her, and therefore he did not warrant an immediate response from mental health professionals, his concerns for his mental distress still needed to be heard. Both his and April's safety depended on recognising and responding to their calls for help. In a home of peace, Gandhi Nivas could work with April's partner to understand what would *"help"* and *"support*", spending time with him during his stay in the home and moving through community to visit April and others in his family, even before he had left. Connections with and support from the Sahaayta team relieve April of the burden of individual responsibility she bears for responding to her partner's experiences of distress and her own victimisation, and they open opportunities for empowerment through local community relationships with Gandhi Nivas supporting April and her partner. Becoming locally connected to responsive services enables a form of empowerment, facilitated through relationships of care and dignity, that seeks to address the underlying social conditions enabling distress, violence and harm within families and community.

Since they collaborate with New Zealand Police for family harm early intervention, Gandhi Nivas and Sahaayta understand that supporting April's partner is also supporting April, providing a safety-focused response in the immediate aftermath of the crises. Welcoming men into engaging with support in *homes of peace* relieves April of the responsibility for her partner's safety and wellbeing while also addressing the violence he uses against her that textures April's daily life. April is given time and space to rest and reflect while becoming connected to a team of experts in relational care that work with her to build possibilities for living well and violence free. Such a responsive response resists the either/or causality pathways that underpin fragmented knowledges and services by addressing the social determinants of harmful distress, including patterns of gendered violence and ethnic discrimination. Gandhi Nivas facilitates sustained and meaningful engagements that bear witness to April's pain and make it matter – the violence against her is not minimised or unrecognisable but instead observed and addressed through relationships of care and dignity.

Gandhi Nivas responds to April's partner as both someone who is unwell needing support *and* someone who enacts patterns of harm and violence that need to be addressed, and from this response, they work with April to build a safety response designed for her and her family's needs. Through processes of care and connection, the team support April to live her life in a way that she would like to – they enable April to imagine her future and provide connections for sustaining her safety and wellbeing. April's partner and April are welcomed into homes of peace with Gandhi Nivas, where they are welcome to return to at any time they need *"support"* and *"help"*, regardless of whether they stay together as a family. Those who are supported by Gandhi Nivas' early intervention for family harm, often travel non-linear pathways to wellbeing since healing from distress, becoming well and living peacefully are not enabled by the social conditions of precarity, racism and discrimination that contextualise their lives. In a home of peace they are always welcome to return when they need support again. The Gandhi Nivas team explain that their work is not providing a *'service'* but a home, and one is always welcome to *come home*. Theirs is not a narrative of service provision to individuals whose processes of change are their sole responsibility, it's a story of creating the conditions for coming home to peace and collaborating to fulfil families' aspirations for their lives.

Concluding

We began recreating April's story of seeking help for her partner and finding her only option a criminal justice response that she could not understand as a way to support and help him recover from his distress, so that she could be safe. April's story speaks of the fragmentation of mental health and domestic violence into separate categories offering different, relatively isolated interventions for helping either April or her partner. We have drawn on our ethnographic experience of collaborating with Gandhi Nivas on research, to retell April's story as if the outcome of her search for help that day came in the form of a Police Safety Order that bound her partner to keep her safe by staying away from home for a while and a referral for him to a home of peace where he could engage with Sahaayta's team and they would visit April to see what support she needed.

Re-telling April's story through our engagement with Gandhi Nivas enables the social conditions of harmful distress to come into view, transforming the site of intervention from the individual to the fragmented system of services that the NZFVDRC asks the sector to address. The story of becoming welcomed into a home of peace and offers of engagement to help with conditions of distress, including gendered violence against women, precarity, poverty and discrimination. The support

and advocacy for ending harmful distress that might be possible once you are welcomed into a home of peace involves diverse and multiple strategies: actions for supporting you through encounters with the police, or homelessness or social welfare, access to connections with creche or food parcels or driving lessons. Help might include counselling sessions at the kitchen table, or in a group, or at the counsellors' rooms. It might mean arranging legal advice or attending court, accompanying doctor's visits or staying with someone in distress as they pray or cry (Buckingham et al., 2022).

Such a different story offers a contribution to repair the fragmentation within the family violence sector and a movement to respond to the inequities of daily lives. The *stories that tell stories* (Haraway, 2016) within Gandhi Nivas homes of peace resist the operation of gendered and colonial power relations of domination and subordination. The diversity of daily praxis in support of families' safety and wellbeing belies the reproduction of a single story of responding, creating spaces to listen to and respond to multiple situated knowledges and experiences. Moving with care and dignity through the community, moving with clients anywhere (but the police station), enables Gandhi Nivas to engage a socially committed praxis that enacts ameliorative and transformative change as interconnected relational and dynamic processes (Walker et al., 2015b) – enabling immediate here and now responses to experiences of harmful distress while also working to transform the social conditions that underpin such experiences.

Re-telling April's story within the context of Sahaayta's local, relational collaborations and the welcoming homes of peace created by Gandhi Nivas, enables us to re-position the either/or of western knowledge that impose a process of categorisation that separates experiences of distress from experiences of gender-based violence and reproduces an assumption of causality. By moving from categories of harmful distress to ethical relationships of dignity and care within the context of the inequities of daily lives, it becomes possible to *think differently* (NZFVDRC, 2014) about violence and gender, resisting single stories that individualise, and pathologise women's and men's experiences of pain, violence and distress. Becoming able to tell and hear stories of violence and distress differently with attention to socially unjust conditions, connects to psychology's ethical commitments to pursue social justice and to do no harm (Coombes et al., 2016). Re-telling April's story as if her partner came to Gandhi Nivas enables us to recognise how a story focused on 'mental health' may leave a victim of harmful distress with little option for safety but the criminal justice system that cannot help his distress. *Changing the narrative* (NZFVDRC, 2014) with Gandhi Nivas opens space to reimagine relationships of care and dignity in ethical responses to violence and infuses *stories that tell stories* (Haraway, 2016) with potential for transforming gendered violence against women in their homes.

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