

# Community-led culture-centered prevention of family violence and sexual violence

Mohan Dutta, Pooja Jayan, Christine Elers, Md Mahbubur Rahman, Francine Whittfield, Phoebe Elers, Selina Metuamate, Venessa Pokaia, De'Anne Jackson, Bronwyn Kerr, Shakila Hashim, Negin Nematollahi, Christina Teikmata-Tito, Jie Liu, Ihaia Raharuhi, Andee Zorn, Stephen Bray, Akbar Shah Bin Mohd Sharif, Sarah Holdaway, Claire Kake-O'Meara

Centre for Culture-centered Approach to Research and Evaluation (CARE)  
School of Communication, Journalism & Marketing, Massey University



# Community-led culture-centered prevention of family violence and sexual violence

This report presents the key findings emergent from a ten-month community-led culture-centered intervention to co-create strategies for prevention of family violence and sexual violence in diverse communities funded by the Joint Venture Business Unit (JVBU), Eliminating Family Violence and Sexual Violence.

Nau mai, e rere atu te reo o ngā  
hāpori e whā  
Ko te huihuinga o te reo i te  
ngākau, i te wheako, i te moemoeā  
Tē whakangū  
Whakaputaina!  
Kia kaupare atu i te whakarekereke  
Tuia ki te aroha  
Tuia te here tangata  
Ko Ranginui e tū iho nei  
Ko Papatūānuku e tākoto nei  
Ki te wheiao, ki te ao mārāma  
Tūturu o whiti ka whakamaua kia  
tīna! Tīna!  
Haumi e, hui e, tāiki e!

Come forth, disseminate the voices  
of the four communities  
The assembly of voices gathered  
from the heart, from experience  
and from re-imaginings  
Never to be silenced  
Release!  
To prevent violence  
Woven with love  
Woven with meaningful  
connections  
Ranginui (Sky father) stands as  
shelter  
Papatūānuku (Earth mother) lays  
the foundation  
To the unfolding of light and  
understanding  
Let this be a commitment!  
Draw together, affirm!

"Knowledge is a form of power,  
which the ruling class control  
and monopolise."

*(Ranginui Walker, 1996)*

"Many Māori described  
colonisation and its impact  
on them as an overwhelming  
trauma: a denial of voice,  
opportunity and potential on an  
intergenerational scale; a loss  
of rangatiratanga, mana and  
dignity; stolen identity; stolen  
culture and language"

*(He Waka Roimata, 2019)*

"Dominator culture has tried to  
keep us all afraid, to make us  
choose safety instead of risk,  
sameness instead of diversity.  
Moving through that fear,  
finding out what connects us,  
revelling in our differences; this  
is the process that brings us  
closer, that gives us a world of  
shared values, of meaningful  
community."

*(bell Hooks, in Teaching  
community: A pedagogy of hope)*

## TABLE OF CONTENTS

FOREWORD.....	vii
ACKNOWLEDGMENTS.....	ix
GLOSSARY .....	xi
EXECUTIVE SUMMARY .....	1
Purpose .....	1
Method.....	3
Community-led culture-centered prevention .....	4
Cross-cutting Themes .....	6
Community-specific themes .....	11
Older people and communities .....	11
Disabled communities .....	12
Migrant communities .....	14
Rainbow communities .....	16
Limitations .....	18
CHAPTER 1 – SEXUAL VIOLENCE AND FAMILY VIOLENCE IN DIVERSE COMMUNITIES.....	19
CHAPTER 2 – GUIDING CONCEPTS: CULTURE-CENTERED APPROACH.....	25
Voice infrastructures .....	26
Culture-centered approach to sexual violence and family violence .....	29
Colonialism.....	30
Patriarchy .....	32
Whiteness.....	34
Intersections of power .....	37
Margins of the margins.....	37
Community agency.....	38
CHAPTER 3 – METHOD.....	40
Advisory groups.....	41
In-depth interviews .....	42
PhotoVoice workshops.....	42
Key stakeholder workshops.....	43
Community advisory group hui.....	43
Co-constructivist grounded theory analysis.....	44
Human ethics.....	44
CHAPTER 4 – COMMUNITY-LED CULTURE-CENTERED PREVENTION FRAMEWORK.....	45
Community advisory groups.....	47
Tangata whenua leadership .....	48
Leadership of diverse communities.....	48
Community pou.....	48
Peer-led education.....	50
Education materials .....	51
Training programme.....	52
Community hui .....	52

Community-led communication campaign.....	52
Community-owned safe/support spaces.....	55
Culture-centered pedagogy of listening.....	56
Dialogue .....	57
Humility .....	57
Democracy .....	58
Critical race theory .....	58
Community-anchored safety.....	59
Cyclical community-directed funding.....	59
<b>CHAPTER 5 – FEATURES OF COMMUNITY-LED PREVENTION .....</b>	<b>61</b>
Community as place.....	61
Multiple, fluid, and diverse communities .....	62
Defining community-led .....	63
Community spaces and conversations.....	66
Structural contexts of violence.....	67
Housing .....	67
Financial resources.....	68
Citizenship and migration .....	69
Structures of sector organising as barriers.....	70
Communicative gaps .....	70
Safety as silencing strategy .....	70
Ministry engagement as superficial performance .....	71
Whiteness in the sector .....	72
Whiteness in the Crown .....	73
Middle class professionalization of the sector .....	74
Sector stakeholders as perpetrators of violence .....	75
Enabling structures.....	76
Cultural values as strengthening and protective resources .....	77
Rooting prevention in Kaupapa Māori .....	77
Culturally centered Crown infrastructures .....	79
Culturally-centered sector organisations .....	79
Community organising for structural transformation .....	80
Culturally-centering evidence.....	80
<b>CHAPTER 6 – AGEING AND COMMUNITY-LED VIOLENCE PREVENTION .....</b>	<b>82</b>
Community-led prevention and ageing.....	84
Empowering community and community leaders.....	84
Dedicated community groups for ageing communities.....	85
Spaces for ageing community.....	86
Jane's story.....	87
Neighbourhood watch.....	88
Speak up/voice raise about any problem.....	89
Strengthening family ties.....	89
Education across the lifespan.....	90
Engage in educating ageing communities.....	91
Educating communities, particularly youth.....	92
Communication campaigns led by ageing communities.....	92

Media campaign.....	93
Workshops in communities.....	94
Interpersonal conversations.....	94
Knowledge of resources .....	95
Organising collectives.....	95
Ageing friendly Structural contexts .....	96
Recommendations.....	97
<b>CHAPTER 7 – DISABLED COMMUNITIES .....</b>	<b>100</b>
Community-led prevention framework.....	101
Centering disability-related resources.....	101
Communicative gaps .....	102
Supporting relational communication by the community.....	103
Nurturing and supporting community leaders.....	103
Community pou for disabled communities.....	104
Creating community spaces .....	104
Neighbourhood watch.....	105
Advocating/Supporting voices.....	106
Community-led education .....	106
Strengthening family support .....	107
Strategies for reducing stigma and fear.....	108
Anchored in cultural context.....	108
Geoff's story.....	110
The story of Rangimārie.....	112
Dismantling whiteness.....	114
Creating community awareness.....	115
Media strategy.....	116
Support resources .....	117
Sam's story.....	118
Community conversations.....	119
From Individual to collectives .....	119
Transforming structures.....	120
Educating social workers.....	121
Recommendations:.....	122
<b>CHAPTER 8 – MIGRANT COMMUNITIES .....</b>	<b>125</b>
Responding to the communicative gaps, erasures, and silences.....	131
Nina's story.....	132
Anchoring prevention in dialogue with Kaupapa Māori.....	133
Addressing structural contexts of violence .....	134
Tackling Immigration issues which acts as sites of violence.....	135
Santi's story.....	136
Effectively addressing language and cultural context.....	136
Jahangir's story .....	138
Supporting voices that are silenced.....	138
Recognising Patriarchy/Gender inequalities/Structures .....	139
Having conversations around family and sexual violence in communities .....	140
Community agency.....	141
Anchored in diverse cultural contexts.....	142

Creating invitational spaces of care.....	144
Nurturing and supporting religious leaders.....	144
Respecting cultural and ethnic diversity.....	144
Developing culturally appropriate media strategies.....	146
Creating economic safety nets.....	146
Migrant volunteers in communities.....	147
Internationalist knowledge frameworks rooted in agency.....	147
Safe spaces.....	148
Community representatives.....	149
Recommendations.....	149
<b>CHAPTER 9 – RAINBOW COMMUNITIES.....</b>	<b>153</b>
Structural contexts of violence.....	156
The “margins of the margins”.....	158
Tracy’s story.....	161
Societal attitudes: Dehumanising sexual violence experienced by the Queer community.....	162
Communicative gaps and silences.....	163
Community-led prevention framework.....	163
Creating invitational spaces of care.....	165
The practice of listening.....	166
Building narrative anchors.....	166
Safe spaces.....	167
Jay’s story.....	168
Connect space values to rainbow acceptance.....	168
Connecting on social media.....	169
Community care.....	170
Leila’s story.....	171
Connecting in person.....	172
Communication.....	173
Collective responsibility.....	173
Christal’s story.....	175
Community education workshops.....	176
Recommendations.....	177
<b>CHAPTER 10.....</b>	<b>180</b>
<b>KEY STAKEHOLDERS.....</b>	<b>180</b>
The social environment.....	180
Public understanding and dialogue.....	181
Delivering culturally sensitive services that address clients’ needs.....	183
Recommendations.....	185
<b>CHAPTER 11 – DISCUSSION.....</b>	<b>186</b>
Limitations.....	189
<b>REFERENCES.....</b>	<b>190</b>
<b>APPENDIX 1 – DEMOGRAPHICS TABLE FOR FAMILY VIOLENCE AND SEXUAL VIOLENCE PARTICIPANTS 2020-2021.....</b>	<b>209</b>
<b>APPENDIX 2 – INTERSECTIONS OF COMMUNITY.....</b>	<b>213</b>

## FOREWORD



I am delighted to introduce **Community-led culture-centered prevention of family violence and sexual violence**, a report that represents the voices of those at the “margins of the margins” of diverse communities (ageing, disability, migrant, and rainbow) who experience multiple intersecting forms of marginalisation.

Voices at the margins form the communication infrastructure of this report, owning the research design, data analysis, and sense making conversations. These sense-making conversations offer the basis of the community-led culture-centered prevention framework for prevention of family violence and sexual violence.

Given the disproportionate representation of Māori at the margins of multiple diverse identities, the ownership of the voice infrastructures by people and communities at the “margins of the margins” gives vision to the key principles of Te Tiriti o Waitangi. Community sovereignty over decision-making processes lies at the heart of the principle of partnership, foregrounding the vitality of community ownership and accountability of Crown and civil society infrastructures to people and communities at the margins.

Drawing on the idea that voices of those at the margins experiencing and negotiating the multiple layers of violence offer the entry points for co-creating solutions, we foreground in this report the resources, programmes, and policies that communities feel would serve their everyday prevention needs. In doing so, we outline the various layers of silencing that are written into the everyday organising of family violence and sexual violence.

These practices of silencing, we note, disenfranchise already marginalised voices, reproducing experiences of disempowerment and disenfranchisement. The everyday attacks on the dignity of communities through the negation of their agentic capacities is a fundamental violation of their human right to communicate.

Practices of communication and decision-making embedded in dominant structures erase community voice, imposing on communities solutions that are often far-removed from their lived experiences. How then can these disenfranchising and disempowering practices be dismantled?

The people and communities inhabiting marginalised spaces offer a wide array of strategies for transforming the disempowering practices in dominant structures. These transformations are urgently necessary so community voices can be heard in ways that matter, and so communities can own the decision-making processes in driving community-led prevention solutions. Transformations in the existing organisational structures lies at the heart of sustaining community-led social change.

You will find throughout this report our attention to the concept, "margins of the margins." The concept attends to the multiple layers of inequalities that create the conditions of erasure. Critically reflecting on the voices that are absent from communication infrastructures builds the practice of continually looking for erasures, guided by the question "who is not present here?" This iterative and reflective process guides community participation toward ongoing transformations, opening up community decision-making spaces to democratic participation, attentive to those voices that are usually absent.

Turning to voices at the "margins of the margins" guided us as we experienced a wide array of structural challenges while doing this work. Community voices kept us anchored and offered us the strength to raise critical questions, challenge taken-for-granted assumptions, and suggest transformative openings. It is with humility that we present these voices as the anchors to this report.

It is my hope that you will listen to these voices, the invitations they offer, and the openings for imaginations they weave together in their aspirations for lives free from violence.

Sincerely,



**Mohan J. Dutta**

Director

Center for Culture-Centered Approach to Research and Evaluation (CARE)

Massey University

## ACKNOWLEDGMENTS

We acknowledge with deep gratitude tangata whenua o Aotearoa for the sources of knowledge, wisdom, and spirit of collective care that have shaped this work. Across the diverse communities at the "margins of the margins," the voices of tangata whenua have guided us, offered us directions, anchored our spirits, and pointed us toward transformative openings for bringing about social change. When we have struggled in building spaces for voices of those at the margins amidst the various structural forces that silence, tangata whenua have fostered the creative threads for weaving together strategies of transformation. The manaakitanga, whakawhanaungatanga, and kotahitanga extended to us by tangata whenua form the very basis of this report.

A report anchored in the voices of communities at the margins is generated through the participation of communities. We foreground the voices and lived realities of 197 community participants, from the four diverse communities and inhabiting intersectional identities. We hold your voices in our hearts and minds as we weave together your narratives, that are tethered to a myriad of structural inequalities. We thank you all for sharing your lived experiences, challenges and strategies to enable community-led violence prevention solutions. It is in the communities, particularly those at the "margins of the margins," where collective re-imaginings seed and take shape. We are grateful to our advisory groups in Highbury (Palmerston North), Feilding, Palmerston North, Wellington, and Glen Innes, who shape this project's design and sense-making process. The meta-theory of communication for social change generated from within the margins, rooted in lived experiences at the margins, and through the ownership of communicative infrastructures by communities at the margins, imagines new horizons for prevention of family violence and sexual violence experienced by diverse communities, built on the recognition of community agency.

We are grateful to the Joint Venture Business Unit (JVBU), Eliminating Family Violence and Sexual Violence, for placing their trust in us in designing this project and in carrying it out. We appreciate the ongoing dialogues as we sought to co-create an infrastructure for voices of communities at the margins that are hitherto erased. Thank you to Juliana Johnson for being an interlocutor in this journey.

The labour of listening to voices of communities at the margins is nourished and sustained by partnerships that actively build invitational spaces for voices.

We are grateful to the support of the Māori Expert Advisory Group (MEAG) with the Ministry of Health for the ongoing dialogues, the manaakitanga, patience and guidance extended to us, and the partnership in creatively exploring solutions to the prevention of family violence and sexual violence. The continued dialogues with members of the MEAG strengthened our framework, placing it in dialogue with the key tenets of

Kaupapa Māori. You as a collective are our sources of inspiration, strength, and joy. We express our deep gratitude to Chris Stewart for your advocacy and solidarity as Project Leader and Chair of the MEAG. Thank you Alaina Homan for your support with the coordination of the meetings. We thank MEAG members, Matt Matamua, Te Awhimate Nancy Tait, Dr. Cheryl Waerea-i-te-rangi Smith, Caroline Herewini, Tim Marshall, Tricia Walsh, Sheree Davis, and Bella Bartley for the powerful conversations. We are grateful to Dr. Cheryl Smith for the close reading and review of our draft report.

We acknowledge and appreciate the conversations with E Tū Whānau and Pasefika Proud during the process of participating in this work. We are excited at the creative, culturally-centered campaigns undertaken by both groups. Their inputs and guidance have been invaluable to crystallising the community-led culture-centered framework of violence prevention.

We are grateful to the activists-in-residence at the Center for Culture-Centered Approach to Research and Evaluation (CARE), particularly Marise Lant, Sue Bradford, and Teanau Tuiono for their roles in dialoguing about and conceptualising community-led communication for social change and in co-creating anti-racist strategies for decolonisation.

We acknowledge the many sector stakeholders who participated in the in-depth interviews and in the workshops. Their insights supported the process of crystallising the prevention framework.

Richard Torres, CARE's technical producer, supported the multimedia production and coordination of the PhotoVoice workshops in communities.

This work is held up by the support and labour performed by CARE's project coordinator Mr. Breeze Mehta, who spent countless hours coordinating meetings, setting up interviews, and coordinating the community researchers. We are grateful to the wider Massey University former and current staff Kate Nolan, Marise Murrie, Sharryn Middleton, and Te Peeti Armitage for their support. Particularly, we acknowledge the leadership of Kate Nolan in exploring openings for the work of CARE and connecting us to this project.

Our team of community researchers played key roles in shaping the design, in being the voices of communities, in participating in the data gathering process, and in participating in making sense of the interviews. We are also grateful to Vivian Lyngdoh for his support with the project. The vital support of Deborah Plank, Kirsty Fong, Samuel Phillips, Ruth Graham, Olivia Mackey, Nithin Prasad, Sarah Eynon, Waituhia Elers-Metuamate, and Billie Nolan generated the transcripts for the team to undertake this work.

## GLOSSARY

**agency:** the capacity of individuals, Whānau, and communities to make sense of their everyday lives and the challenges they experience, to develop ideas about how to address those challenges and to create solutions for them.

**coloniality:** structural dominance arising from the practices and legacies of colonisation and resulting in the marginalisation of Indigenous and other knowledge systems and ways of being.

**communication infrastructures:** the structures, resources, spaces and platforms of communication in society. Communication includes information, representation, decision-making, participation, and voice.

**community agency:** the capacity of communities to collectively come together to make sense of the problems they experience, to offer ideas about how to address these problems, to discuss these ideas, and to create solutions to the problems.

**community-led:** the leadership role community members and groups play in communication for social change.

**community-owned knowledge:** the knowledge of prevention and social change communication held by communities, drawing on lived experiences and participation in processes of social change communication.

**Community pou:** leaders within communities representing diverse identities, coordinating and advocating community-led prevention solutions.

**critical reflexivity:** the capacity to interrogate one's own values, perspective and assumptions and the ways in which these uphold dominant ideas and inequalities across diverse communities

**culture:** a community's shared values, practices and meanings. Culture is both static and dynamic. Values are passed through generations and can transform over time through the participation of community members in culture. Culture can be likened to a social map containing an evolving intricate web of people, places and matters of significance that can stretch back in time. Culture exists in the rhythms of daily lived experiences.

**culture-centered approach:** a community-led, contextually-based approach to communication for social change that places people and communities at the margins as the drivers of social change.

**discourse:** spoken or written communication or debate. The collection of symbolic representations and conversations around a topic or issue.

**family violence (FV):** Family violence is violence inflicted against a person by any other person with whom that person is, or has been, in a family relationship. It covers a broad range of controlling behaviours, commonly of a physical, sexual, financial, and/or psychological nature which typically involve fear, intimidation and emotional deprivation and it causes, or may cause, the person cumulative harm. The definition of family violence varies across cultures and contexts.

**hegemony:** a set of values, norms, and beliefs used by a dominant (ruling) group within society to maintain power.

**Islamophobia:** the fear of people and communities practicing Muslim faith, created and circulated through messages in the media and in other forms of conversations.

**margins of the margins:** Those parts of society whose voices are constantly unheard or ignored. This leaves them marginalised and unaccounted for in the organising structures of a society. As an anchor, the "margins of the margins" serves as a constant reminder of the need for communication structures that enable all voices to participate.

**prevention:** the actions of stopping something from happening or arising. In the context of family violence and sexual violence (FVSV) prevention, this includes social transformation through the restructuring of power to create equitable systems.

**sexual violence (SV):** Sexual violence is a term used to describe a range of sex crimes committed against a person. It is any unwanted or forced sex act and/or behaviour that has happened without a person's consent. The definition of sexual violence varies across cultures and contexts.

**Social change communication:** a range of communication efforts that are brought together to address a social issue.

**stigma:** a mark of disgrace or disrepute associated with a person with a diverse identity.

**structural violence:** sometimes referred to as institutionalised violence. It is the preventable harm or damage to people that results from the unequal distribution of power built into structures or systems. Racism, homophobia, transphobia, transmisogyny, ageism, ableism, Islamophobia, misogyny, poverty, xenophobia are some powerful examples of the expression of structural violence.

**whiteness:** an ideological structure that upholds a privileged position or a default norm, against which others are assessed or compared. Whiteness is steeped in colonialism, global capitalism and exploitation. Whiteness upholds and perpetuates discriminatory views such as, but not limited to - racism, Islamophobia, xenophobia, homophobia, transphobia, transmisogyny, ageism, ableism, misogyny, classism.

## EXECUTIVE SUMMARY

### PURPOSE

This report presents findings from research into the primary prevention needs of diverse communities, (a) older people; (b) disabled people; (c) rainbow communities; and (d) new migrant communities, to address family violence and sexual violence (FVSV). The research is based on 197 in-depth interviews with members of diverse communities, 31 in-depth interviews with sector stakeholders, fifty-four hours of participant observations, nineteen advisory group meetings across five communities, seven national level workshops with sector stakeholders, and one community hui with diverse place-based advisory groups. *It is guided by the following outcomes:*

- (a) understanding what diverse communities think it takes to prevent violence for their members;
- (b) increasing capacity and capability for violence prevention within these communities; and
- (c) growing the evidence base of what works in relation to prevention and early intervention in Aotearoa New Zealand. It includes recommendations for further work to address the Violence Prevention needs of Diverse Communities.

Violence disproportionately affects those who experience compounding and intersecting forms of disadvantage and discrimination, including those with a disability, ageing communities, rainbow communities, and new migrant communities. Because of this context of discrimination, these populations face greater risk and burden of family violence (FV), sexual violence (SV) and violence towards Whānau, and face challenges in speaking out about violence due to social stigma, isolation, and being highly dependent on those using violence. We also know there is pervasive concern that prevention approaches tend to be one-size-fits-all, and that there is insufficient attention paid to differing circumstances and needs. This research was commissioned to find out what communities want for primary prevention for their communities.

Moreover, high deprivation communities are not only under-resourced for basic infrastructures, but they are also largely under-resourced in the FVSV context. Existing reports on FVSV largely remain silent about the role of poverty in FVSV. The participation of communities at the "margins of the margins"<sup>1</sup> in developing community-led culture-centered prevention helps to fill that gap.

<sup>1</sup> The concept "margins of the margins" is about creating spaces for those voices to be included in policy-making processes that are typically absent, being driven by the question, "who is not present here?" Empowering communities as drivers of change builds capacity for community-led prevention, with community voices shaping prevention solutions and communities owning these solutions.

The culture-centered approach (CCA) that informs this report enables participation of community members at the “margins of the margins” to draw on strengths within their cultural and local contexts to develop prevention solutions.

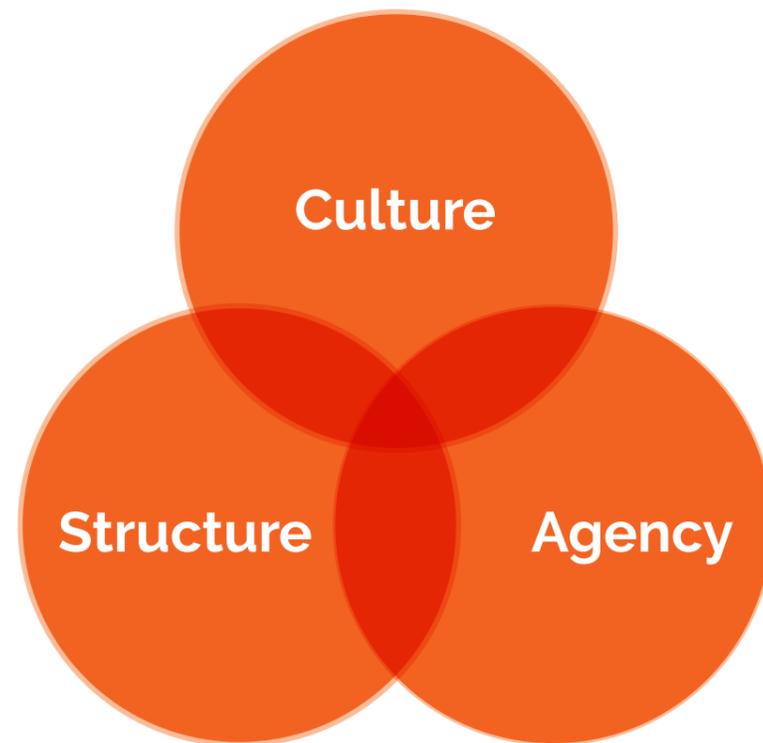


Figure 1: Culture-centered approach to prevention

The proposed culture-centered prevention framework puts community-led social change in the context of structural marginalization. The on-going impacts of colonisation, patriarchy, whiteness, and neo-liberal reforms underlie FVSV. Structural change is required to counter the exclusion of marginalised races, social classes, genders, ages, and diverse abilities from decision-making processes. The framework enables community members at the “margins of the margins” to drive and have ownership over the social change process. By listening to the voices at the “margins of the margins,” we emphasize the intersections among diverse communities, and how those interact with the context of structural marginalization

## METHOD

The CCA guided the process of developing recommendations by centering community ownership of solutions. It draws on robust community-driven action research to create solutions that are meaningful to historically marginalised communities, through their participation in decision-making processes rooted in their lived experiences. Voices of communities at the “margins of the margins” articulate their lived experiences, participate in research, and address the problems they experience. Prevention solutions are led by communities, with community members participating in making sense of the narratives emerging from interviews, setting objectives, and developing strategies.

The community-led culture-centered framework of preventing FVSV is based on:

- 197 in-depth interviews, conducted in Highbury (Palmerston North), Palmerston North, Feilding, Glen Innes, and Wellington (interviews have been initiated in Dunedin) complemented by fifty hours of participant observations
- 31 in-depth interviews with sector stakeholders
- Nineteen advisory group meetings across five communities
- Seven national level workshops with sector stakeholders
- Community hui that brought together diverse place-based advisory groups
- Conversations with E Tū Whānau, Pasifika Proud, and the Māori Expert Advisory Group with the Ministry of Health

Three local advisory groups shaped the research design working with the community researchers, co-creating the key questions and interview protocol. This was considered alongside inputs from stakeholders from sector organisations and the Joint Venture Business Unit (JVBU). We worked alongside our team of community researchers in making sense of the interview transcripts, coding the transcripts line-by-line to build emergent themes. Five place-based diverse advisory groups made sense of the emergent themes and guided the theory of community-led violence prevention developed through an iterative process. The Māori Expert Advisory Group peer reviewed our report, strengthening the robustness of the recommendations.

## COMMUNITY-LED CULTURE-CENTERED PREVENTION

The proposed framework is flexible to enable the creation, implementation and evaluation of prevention approaches for either multiple or single diverse communities. Some local communities might develop prevention solutions for all four diverse communities, others might decide to work on a specific diverse community (for instance, rainbow communities in Wellington). Led by community advisory groups, community-led prevention efforts must address intersectionality, including with Māori and Pasifika identities, and the overarching contexts of precarity and poverty. The framework is led by community pou, selected by advisory group members in the local communities, representing intersecting diverse identities. Community-led prevention solutions include (a) community-led hui for conversations on prevention, (b) community education, (c) awareness campaigns, (d) new communication infrastructures, (e) community spaces for social support, (f) training of community pou, and (g) healthy relationships support.

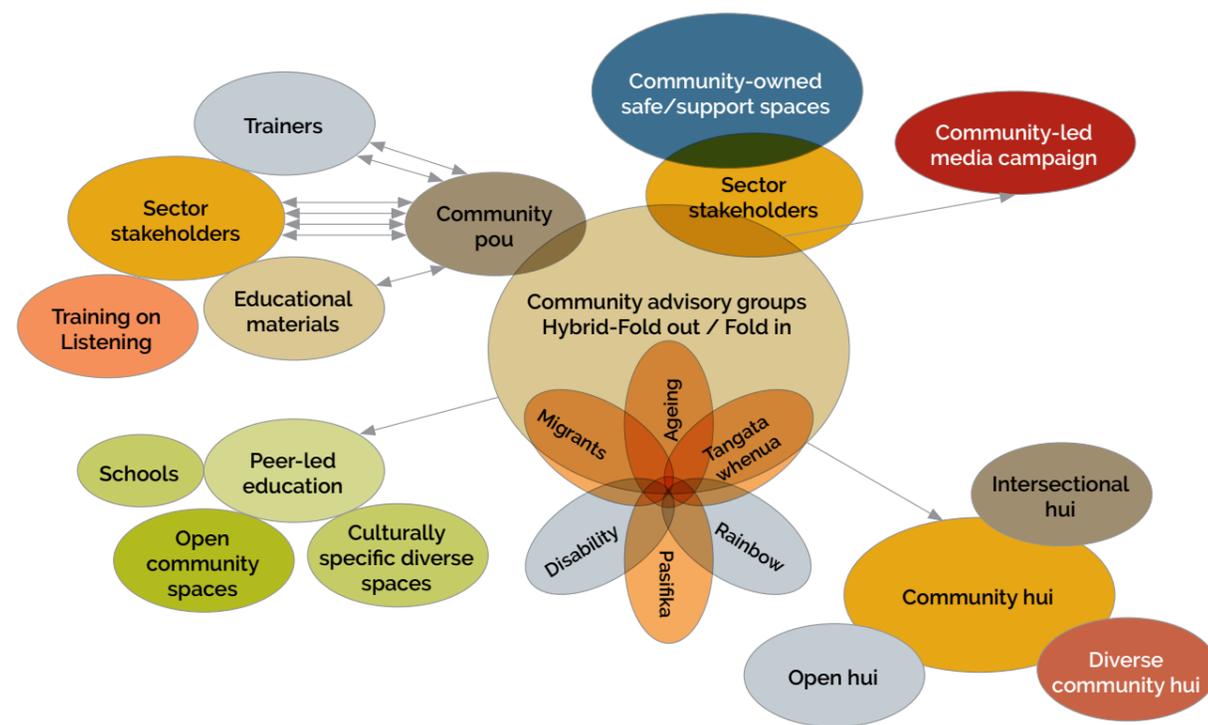


Figure 2: Community-led culture-centered prevention framework

**Community advisory groups (CAGs)** are made up of community members from the “margins of the margins”. They support decision-making, developing a culture-centered theory of social change, creating the design of prevention solutions, leading the implementation of the solutions, and guiding the evaluation of solutions. The questions, “Who is not present here?” and “How can we invite those voices in?” shape the formation and ongoing transformation of the CAGs.

Te Tiriti guides the formation of the advisory groups. The advisory groups are led by tangata whenua, migrants, and Pasifika communities. Some local advisory groups will reflect all the diverse intersecting communities (with spaces for specific communities to meet) while others might reflect a single or a few diverse communities.

The advisory group is supported by local, regional and national sector organisations that it selects through consultations. These sector organisations offer training and development and resources for when disclosures take place within communities.

**Community pou** are members of the local communities, often occupying multiple intersecting diverse identities, and lead the process of community-led social change. These peer leaders lead the **community hui** to generate community-wide conversations on prevention of sexual violence and family violence; **community-led education programmes** carried out in a diverse array of settings; media-based, interpersonal, and family-based **communication campaigns**; and **safe spaces** in communities for diverse communities.

Community-led **support spaces** are places within communities where the prevention programmes, conversations, workshops, and communication campaigns are carried out. Each local community will decide on the nature, form, and structure of these spaces.

Local capacity for community-led prevention will be supported by (a) a core **education programme** and (b) a complementary “**train-the-trainer**” programme that are flexibly adapted to diverse community needs and contexts. These programmes can be linked up across the four diverse communities and have targeted components for each diverse community. Local communities drive the development of these programmes through the community pou and community advisory boards. This puts community knowledge based on lived experience at the center and draws on the expertise of national FVSV sector stakeholders.

It is vital that emphasis be placed on listening to the voices of communities at the “margins of the margins” experiencing higher burdens of FVSV. Therefore, we propose a core education programme be delivered to the participating ministries and sector organisations on the key tenets of the CCA, dialogue, humility, and democracy. Moreover, education on Kaupapa Māori, Critical Race Theory, and Islamophobia are vital for ministries and sector organisations to cultivate an open and invitational approach to partnerships. Community advisory groups and community pou should be trained in the CCA, to create a way to develop community-led solutions and advocate for changes in policy to address local needs.

## CROSS-CUTTING THEMES

This section outlines the common threads in community-led prevention of FVSV that flow through each of the diverse communities and their intersections. Through our interviews, advisory groups and observations across the diverse communities, the following cross-cutting themes have emerged:

1. There are large-scale gaps in the communication of FVSV prevention. Most of our participants were not aware of FVSV prevention efforts. The lack of awareness of prevention efforts and resources is a consistent theme.
2. There is an under-investment in FVSV prevention that does not match the community-level demand. This gap is magnified by the multiple processes of marginalization that disenfranchise individuals and communities in diverse identities.
3. The voices of those from the "margins of the margins" are often unheard and unseen in the context of FVSV-related policies and programmes. These marginalised individuals and communities experience multiple layers of erasure and silencing which fundamentally violate their dignity and rights.
4. The dominant framework for FVSV prevention takes an individualistic behavior-based approach to FVSV. This individualistic approach is embedded in whiteness and reproduces the dominant values of settler colonialism. Culture and community are treated as pathologies to be fixed by imposing Eurocentric prevention approaches. Simultaneously, cultural contexts, community capacity for change, and individual and Whānau agency are erased. For instance, the power and control wheel (the Duluth Model) is uncritically reproduced in prevention approaches, which circulates whiteness, reinforcing concepts developed from within a largely white mid-western U.S. context.
5. The dominant framework of FVSV prevention adopts a social marketing approach that constructs people and communities in the framework of the market. Violence is treated as a commodity engaged through individual choice, shaping prevention as a transaction. The ideology of social marketing fails to address the structural conditions that shape the lived experiences of FVSV in diverse communities.
6. There is a professional and middle-class bias in the FVSV sector, creating a fundamental gap between the needs of diverse communities experiencing marginalisation and the solutions being proposed by experts. Solutions are imposed top-down on communities by professionals from the outside of the community, with limited to no lived experience of community-based struggles. Participants suggest community-led FVSV prevention solutions that center lived experience of diverse community members at the "margins of the margins".

7. The overarching approach to FVSV prevention is driven by a "one size fits all" framework. The search for a magic bullet is the prevalent approach to FVSV prevention and is detrimental to the development of community-led approaches. Community-led prevention translates into a flexible framework that is continually transforming and can change to different contexts and environments.
8. There are excellent examples of culture-centered strengths-based approaches to prevention of FVSV. One such example is the work of E Tū Whānau in bringing a decolonising approach to FVSV prevention, centering the strength of cultural traditions and cultural knowledge in the development of violence prevention solutions. Pasefika Proud is another example of a community strengths-based approach to FVSV prevention, centering decolonisation in the prevention of FVSV, and fostering partnerships with Pasifika communities in the development of primary prevention solutions. Similarly, the prevention work of Shama ethnic women's centre and Shanti Niwas Charitable Trust reflect positive examples of community-based culture-centered approaches that draw on participatory processes in communities.
9. 'Place' shapes lived experiences of FVSV, suggesting community-led strategies ought to be place-based. Centering the settings within which individuals, Whānau, and communities experience FVSV, in prevention strategies is vital to developing effective and sustainable community-led prevention.
10. Communities at the "margins of the margins" should lead prevention and building ways for community-led approaches should be prioritized. Prevention efforts should leverage existing forms of leadership e.g., from community organisations as well as create pathways for new forms of leadership to be developed from the "margins of the margins" within communities.
11. Community-owned communication infrastructures emerge as spaces of storytelling. Stories offer scripts for imagining prevention in creative ways. They serve as the basis of social change, serving as resources for communities to come together and connect.
12. Communities are heterogeneous spaces that are rife with multiple competing tensions. They are fragmented and dynamic, marked by inequalities in the distribution of power. This recognition of the fragmented and dynamic nature of the community ought to drive community-led prevention, with an emphasis on building infrastructures for the voices, participation, and ownership of those at the "margins of the margins."

13. While there are pockets of prevention work across the four target communities, these are few and largely disconnected from each other. In some communities, there is no prevention work at all. This leaves a key gap in prevention activities for those who are most marginalised, including those at the intersections of the diverse communities, and limits the ability to learn from each other and collaborate.
14. Building collaboration across sectors and communities is vital to FVSV prevention and to build integrated responses that address the diverse intersections of FVSV.
15. Prevention funding should encourage and catalyse collaborative partnerships among local communities and local, regional, and national sector stakeholders. Local communities should drive the development of context specific theories of social change based upon local and culturally-centered knowledge. Local community leadership should guide the creation of funding contracts to meet community needs.
16. Those experiencing poverty are mostly absent from dominant prevention policies and programmes. Their voices are erased from FVSV-related reports, and they are largely absent from spaces where prevention decisions are made, prevention strategies are developed, and theories of prevention are created. Similarly, communities experiencing poverty are largely absent from processes of implementation and frameworks of evaluation. Also, a framework for developing class-based organising in preventing FVSV is largely absent.
17. Community-led prevention should be complemented by transformations in the structures that shape the lived experiences with FVSV at the "margins of the margins." Decent and affordable housing, guaranteed living wage, food security, community access to spaces for play and leisure, and regulation of access to alcohol and drugs in the community are some of the key elements in shaping the success and sustainability of primary prevention efforts.
18. Considering the roles of the Whānau and the community are key elements of sustainable community-led prevention. Both Whānau and community are important spaces for accountability in the prevention of FVSV. Also, attention should be paid to the safety, health, and wellbeing of children, and changing prevention needs across the lifespan.
19. Perceived gatekeeping by national sector stakeholders shuts out communities at the "margins of the margins," acting as a barrier to community-led prevention. Recognising ways community voices are silenced and the dignity of local communities is threatened is key to developing community-led prevention.
20. Our interviews document practices of violence (toward service recipients as well as toward staff and volunteers) perpetuated by some sector organisations and some ministry organisations. Our work also points to the presence of racism and Islamophobia. A successful community-led approach depends upon a supportive ecosystem that recognises and enables community agency.

Based on our observations we recommend:

- A thorough and in-depth audit of violent and racist practices be conducted of sector organisations and ministries working in the FVSV context. Legislative change, to address systemic discrimination, racist practices in ministries, and marginalising behaviors of frontline staff. The lack of workforce cultural competency in government agencies is a key barrier to community-led prevention.
- National sector stakeholders should be selected that (a) work in the space of primary prevention, (b) are familiar with key concepts of community-led prevention, and (c) adopt a strengths-based approach to community engagement.
- Education for sector stakeholders in the CCA to promote the practices of dialogue, humility, and listening to communities at the "margins of the margins." These tools will equip the sector to work with communities at the "margins of the margins" in empowering ways and will enable the vision of community-led prevention to be realized.
- Communities at the "margins of the margins" should be educated in the CCA to collectively organise, raise their voices, create prevention programmes, and raise demands for structural transformation. Community-led prevention efforts ought to build solidarity with unions in addressing the neoliberal structures that shape precarity and the lived experiences with FVSV at the "margins of the margins."
- Some key elements of community-led education include critical analysis of power and its relationship to violence, communication skills for healthy relationships, education on prejudice and stigma toward diverse identities, and education on the role of alcohol and drugs in FVSV.
- Prevention resources be publicly available and accessible to communities at the "margins of the margins." For instance, the core education and training programmes should be made publicly available on a website and on a range of other platforms so that they can be adopted and adapted by diverse local communities to meet their place-based needs.
- Community-led prevention must be accompanied by creation of services that those at the "margins of the margins" can access and that meet their everyday needs of health and wellbeing. Previous experience shows that increasing prevention activity can increase help-seeking. However, for some of these communities, there are currently no appropriate services available (particularly for disabled people, migrant communities, and rainbow communities).
- Drawing on a cyclical framework of resource distribution that is directed toward strengthening place-based diverse communities, we recommend 75-25 distribution in the next round of funding, with 75 percent going toward supporting advisory groups in place-based communities, and 25 percent going toward supporting sector

organisations. This ensures that majority of the funding is directed toward building the capacities for carrying out prevention in local place-based communities. It builds on the 50-50 funding recommendation offered in the interim report.

- It is hoped that the 2021-2022 funding would go toward supporting the further implementation of the prevention strategies and tactics developed by the community advisory groups and growing the number of place-based diverse communities leading prevention. Given the emphasis of our community-led culture-centered prevention framework on Te Tiriti, we recommend E Tū Whānau play a key role in the roll out of the next phase.
- The funding that is currently proposed in two rounds needs to be sustained for the next ten years to enable communities to create a sustainable base for carrying out community-led violence prevention solutions. Building a long-term framework for funding is needed to ensure community momentum and to sustain the capacity of the community for social change.

## COMMUNITY-SPECIFIC THEMES

This section outlines what we heard from each diverse community about the challenges to developing community-led prevention of FVSV, and the context that should shape the development of community-led prevention efforts.

### Older people and communities

The experiences of FVSV for older people are situated within anti-ageing stereotypes in the various sectors and organisations working in FVSV and the devaluing of ageing in mainstream society in Aotearoa. Failure to consider the diversity of older populations contributes to the lack of adequate prevention resources in communities. The dominant approach to FVSV fails to recognise the different contexts within which ageing communities experience FVSV. Many forms of FVSV experienced by ageing communities remain unrecognised in the dominant FVSV services and organisations. The silencing of older people around FVSV perpetuates FVSV. Societal norms and commitments to familial care can mean ageing community members remain silent about FVSV in their lives. Capitalism, particularly neoliberal capitalism that promotes individualism and market-based logics, fosters cultural practices that delegitimize ageing people and communities.

The denial of the autonomy of the ageing individual is often at the root of various forms of FV. Financial abuse is identified as a dominant theme in our in-depth interviews. The forms of marginalization and risks of exposure to FVSV are heightened by the diverse intersections. For instance, transgender ageing participants discuss the lack of financial security and struggles with homelessness. Migrant ageing participants highlight the cultural stereotypes held by the dominant culture that exacerbate experiences of FV.

Based on what we heard, prevention for older people should include/consider:

- Creation of community spaces for older people and communities to come together to address loneliness and isolation and build safe places for community-led conversations about FVSV prevention. For instance, a community club on gardening for ageing community members becomes a place for having conversations about FVSV prevention.
- Respect for the dignity of ageing individuals and communities, and recognition of the value of ageing individuals and communities to Whānau and to communities. Participants note the important role of foregrounding diverse culturally-grounded ways of respecting ageing communities. Māori, Pasifika, and migrant ageing participants point to the onslaught of capitalist westernization that has seeded individualism and devaluing of ageing. They discuss the important role of culture-centered strategies of preventing FVSV, emergent from reconnecting to cultural narratives.
- Dominant messages about ageing be countered with positive stories from diverse experiences.
- Solutions be driven by community, drawing on the diverse cultural strengths of the community with recognition and respect for older people.
- Respect toward older people and communities through culture-centered community-led campaigns to shift the stigmas about ageing and the culture of disrespect toward ageing.
- Financial literacy programmes for older people, along with communication training that co-creates strategies for asserting financial rights in families. Community programmes directed at families on financial abuse supported by policy, judicial resources, and services for addressing financial abuse.
- Ageing caregivers play important roles in the ageing process, often doing the essential work of care with absent or very limited structural support. Recognising the stressors experienced by caregivers is an important element in the development of prevention. Taking a holistic Whānau-centered approach to prevention draws on relationships as sources of prevention.
- Service organisations can be perpetrators of SV, which points to the need for adequate education and monitoring of workers in service organisations. Simultaneously, appropriate processes of seeking justice and accountability need to be built into these organisations, with adequate government oversight.
- Addressing the structural contexts of ageing-related FVSV is vital. These structural contexts include health, New Zealand Police, and the justice system among others. The barriers imposed by the structures are exacerbated by racism and lack of cultural understanding. Culturally-centered training for people involved in older persons' issues, such as healthcare personnel, police, and the judiciary is necessary.

## Disabled communities

Ableism, capitalism, colonialism, patriarchy, and whiteness shape the experiences of FVSV in disabled communities. The whiteness of the disability sector translates into the dominance of Western colonial cultural values in the approaches and responses to FVSV, often silencing Māori, Pasifika, and migrant communities experiencing disabilities.

FVSV prevention efforts for disabled communities are largely absent or invisible. Disabled communities are largely absent from FVSV related decision-making processes. This absence is magnified at the “margins of the margins,” who feel invisible and unheard.

Participants note the struggles with poverty, homelessness, and securing quality support services that constitute the contexts within which FVSV is negotiated by disabled people and communities.

Based on what we heard, prevention for disabled people should include/consider:

- Community-led, contextually-based advocacy efforts and communication campaigns to shift ableist ideology.
- Participation of disabled communities at the “margins of the margins” lies at the heart of effective and sustained community-led prevention. Participatory spaces need to be created where disabled communities, particularly those at the “margins of the margins,” can come together in communities, create solutions, and carry them out.
- Building safe and accessible community spaces for disabled community members to participate which respond to the contexts and lived experiences with diverse forms of disabilities, at diverse intersections.
- Support processes and resources to empower the participation of people and communities with diverse disabilities, with attention given to people and communities that experience structural barriers to participating in FVSV-related decision-making. The recognition of the fundamental human right to communicate is a key element in the prevention of FVSV experienced by disabled communities.
- Recognising and strengthening Whānau support in addressing FVSV experienced by disabled communities. Support for carers to address stressors such as release time where they can relax and de-stress. We note here the excellent support and advocacy work of Carers, New Zealand.

---

**Participants note the struggles with poverty, homelessness, and securing quality support services that constitute the contexts within which FVSV is negotiated by disabled people and communities.**

---

- Addressing structural contexts of FVSV e.g., poverty, homelessness, and securing quality support services.
- Education in the CCA for disabled communities to recognise the power of community working together on social change as a key element in bringing about structural transformation.
- FVSV support resources for disabled people in local communities. As community-led prevention efforts grow in communities, the support infrastructures for addressing FVSV experienced by disabled communities enable pathways of healing.
- Decolonising disability-related services and disability-related FVSV services is important to addressing the needs of disabled communities at the “margins of the margins.” For instance, noting that Indigenous cultures and diverse cultural contexts have holistic, embracing, and culturally empowering approaches to disability is a key element in community-led prevention of FVSV experienced by disabled people. Anchoring the prevention of FVSV in Kaupapa Māori and the CCA fosters spaces for participation of Māori, Pasifika, and migrant communities experiencing disabilities in the creation of prevention solutions.

## Migrant communities

Migrant communities and cultures are diverse and dynamic. Recognising this cultural diversity and ever-transforming nature of migrant people and communities is vital to the development of meaningful, effective, and sustainable FVSV prevention solutions in migrant communities.

Racism is intertwined with the perpetuation of violence experienced by migrant communities.

FVSV experiences by migrants in Aotearoa often exist in the context of FVSV experienced before arrival to Aotearoa. These experiences are often shaped by structures of colonialism, whiteness, racism, and patriarchy. For instance, the experiences of refugees from Afghanistan are shaped by the myriad forms of violence perpetrated by colonisation and patriarchy. The narratives of violence voiced by Rohingya refugees are situated amidst the rape and genocide organized by the Islamophobic military regime in Myanmar and intertwined with processes of capital accumulation and colonisation.

Migrant women draw on vast repositories of knowledge, lived experiences, and work experience that they bring with them to Aotearoa. Often these diverse experiences are erased and/or devalued as migrant women are deprofessionalized through the immigration process.

FVSV experienced by migrants at the “margins of the margins” such as women, ageing parents, and rainbow youth are intertwined with the migration process. A dependence on migration status introduces additional layers of uncertainty, exacerbates the

experiences of FVSV, and acts as a barrier to speaking out. FVSV experiences are magnified by poverty and precarity perpetuated by a “use-and-throw” framework of immigration produced by the interplays of colonialism and neoliberalism.

The dominant FVSV prevention framework reproduces a culturally essentialist (treating migrant culture as a stagnant collection of backward values), victimizing and racializing ideology rooted in the idea of “savages-victims-saviours”, which erases migrant communities in developing, implementing, and evaluating community-led prevention efforts. This dominant framework supports top-down prevention solutions that are far removed from the lived experiences of migrant communities, and particularly those at the “margins of the margins.” The culturally essentialist narrative is reflected in the ideology of the state, in attitudes held by people employed by the state, in a range of non-governmental organisations working in FVSV, and in the professional class carrying out the prevention work.

These underlying attitudes go against community-led violence prevention. Statements such as “The community is the problem” or “Community-led prevention will not work in migrant communities” do not reflect the evidence of the effectiveness of community-led FVSV prevention efforts globally and are counter to the decolonising commitment of Te Tiriti O Waitangi. These sector organisations that devalue community are out-of-sync with strengths-based approaches led by tangata whenua, as evidenced in the work of E Tū Whānau.

Based on what we heard, prevention for migrant communities should include/consider:

- Dominant gender-based Islamophobic and racist narratives in the relevant Ministries, in sector organisations, and in the broader society should be challenged. This will require pedagogy on Islamophobia and critical race theory.
- Communities should be empowered to create prevention solutions within their cultural contexts and grounded in cultural narratives. Those experiencing FVSV within migrant communities should be empowered to participate in the creation of solutions, with adequate support for their participation and safety.
- Safe spaces must be created in communities for community participation in the building of solutions, attending to the needs of migrant communities at the “margins of the margins.” It is vital to create dedicated community spaces in multicultural centres, public areas, and community organisations for migrant communities to come together, built around activities for migrant women, for migrant rainbow community members, for migrant men, for ageing migrant parents etc.
- Community-led education in migrant communities should decolonise the dominant culturally essentialising and racializing approaches to prevention and service delivery targeting migrant communities. Instead, critical analyses guiding

prevention ought to examine the structural violence that shapes FVSV and turn to cultural strengths that offer resources for transformation. Considering the roles of the Whānau and the community are key. Safeguarding the health, wellbeing and safety of migrant children should guide community-led prevention.

- Solidarity with tangata whenua offers an important basis for dialogues that guide community-led culture-centered prevention of FVSV in migrant communities. Centering community-led prevention in Kaupapa Māori and the CCA creates spaces for creative solution generation based on cultural strengths.
- Legislative change to address systemic discrimination, racist practices in ministries, and marginalising behaviors of frontline staff. Attention needs to be paid to adequate implementation of the Bill of Rights Act and the Human Rights Act. The lack of basic workforce cultural competency in government agencies is a key barrier to community-led prevention.
- Developing language-specific and contextually embedded FVSV cultural resources, created through the participation of migrant communities at the “margins of the margins.”
- Recognising the classed, gendered, and migration status-based inequalities in distribution of power within migrant communities. Build infrastructures for listening to the voices of migrants at the “margins of the margins.”
- Developing and recognising diverse forms of community leadership including through empowering migrant women to lead prevention efforts in their communities.
- Addressing structural racism in mainstream organisations and institutions. For instance, racist attitudes and behaviors perpetuated by the immigration system continue to disenfranchise those at the “margins of the margins” in migrant communities, exacerbating the perpetuation of FVSV.
- Addressing the visa and residency needs of those experiencing FVSV.
- The recognition of the continuity of violence pre and post migration should shape the development of trauma-based prevention approaches. Moreover, prevention programmes should seek to understand and address the political economic sources of violence including wars, genocides, military-police violence, and incarceration in the prison system.
- Developing welfare programmes to support the needs of migrants experiencing FVSV. Creating economic security for migrant women, migrant rainbow community members, ageing migrant community members, and migrant men negotiating precarity is a key element to sustaining primary prevention.

## Rainbow communities

The experiences of FVSV in rainbow communities exist in the context of heteronormative and cisgender ideologies in society in Aotearoa New Zealand. Participants note the erasure of spaces in local communities for rainbow community members to come together and have conversations on rainbow-related issues and on FVSV experienced by rainbow communities.

Homelessness is a key structural challenge in the context of FVSV in rainbow communities. The challenges with homelessness are particularly pronounced in the narrative accounts offered by transgender participants. Challenges securing economic resources increase the risks of FVSV for rainbow communities. There is an absence of safe rainbow specific FVSV services, particularly for semi-urban and rural communities. While some services are delivered online or over the phone, participants note the importance of creating brick-and-mortar spaces of support for rainbow communities that are accessible and inviting of differences.

Based on what we heard, prevention for rainbow communities should include/consider:

- Challenging societal norms through community-led campaigns and policy advocacy. Community-led education should address the dominant cultural norms that promote and perpetuate FVSV targeted toward rainbow communities. Addressing stigmas around rainbow people and communities is a basic building block in community-led FVSV prevention for rainbow communities. These campaigns should be place-based and created by rainbow communities at diverse intersections at the "margins of the margins."
- Campaigns and education programmes addressing stigmas around rainbow communities need to address a wide range of structures that shape everyday life, from education, to workplaces, to public spaces. Developing policy frameworks to pressure organisations to be rainbow safe supports prevention of FVSV.
- A decolonising approach to FVSV prevention for rainbow communities should make visible the whiteness and underlying colonial ideology that shape gender binary, heteronormative and cisgender norms.
- Creating safe spaces in local communities for rainbow community members to come together is a key element of primary prevention. These dedicated spaces serve as places of support that enable the expression of rainbow voices in prevention-related decision-making.

---

**The experiences of FVSV in rainbow communities exist in the context of heteronormative and cisgender ideologies in society in Aotearoa New Zealand.**

---

- While school-based FVSV programmes experienced by rainbow communities offer good starting points, they are not adequate as they are often one-off, carried out by professionals from outside the community, and are not sustained. Programmes often target rainbow students by separating them out, which becomes a marginalising experience. They suggest the importance of building sustainable empowerment education solutions within communities, offered throughout the year and located in open, accessible and designated rainbow safe spaces. Such empowerment programmes should be place-based and owned by local rainbow communities through their participation in the development of the programme.
- Platforms should be created for rainbow-led community-led conversations in local areas. These place-based platforms can be complemented by digital platforms. The platforms serve as communication infrastructures where transformations take place through the participation of diverse rainbow community members.
- Empowering the participation of community members from the "margins of the margins." For instance, build spaces where transgender women can participate and lead in shaping violence prevention solutions. Attend to the classed, raced, gender-based, and migration status-based inequalities within rainbow communities.
- Strengthening families and creating ways for building family relationships to support rainbow people. For communities at the "margins of the margins," building strong and supportive family networks is an important resource for survival and resilience. Māori, Pasifika, and migrant rainbow participants highlight the role of families as sources of support and the relevance of FVSV prevention solutions addressing families.
- Building rainbow-led education targeting the police, service providers, the justice system and the immigration system to challenge the ideologies of cisgenderism and heteronormativity. The education programme should be created through collaborative participation of local rainbow communities and local, regional and national sector organisations.
- Building safe, accessible, and quality homes. Promoting collective community organising to demand the right to safe and secure housing is a key element in supporting prevention of FVSV.
- Adequate FVSV support services need to be built in communities to address the needs of rainbow communities.
- Community-led violence prevention solutions carried out by community pou need to be supported by networks of local, regional, and national rainbow organisations working on the principles of partnership.

## Limitations

This report is based on in-depth interviews and advisory group meetings carried out in five locations across Aotearoa. While we interviewed stakeholders that were spread across Aotearoa, our community participants were confined to the North Island, with focus on communities where we had built existing relationships at the “margins of the margins.” This limits the geographic scope of the recommendations and suggests the need for additional research that reflects the voices from the South Island. We suggest additional culture-centered processes of engagement be carried out with communities in the South Island to test the robustness of the emergent community-led culture-centered framework and to make adjustments as needed.

---

**Building safe, accessible, and quality homes. Promoting collective community organising to demand the right to safe and secure housing is a key element in supporting prevention of FVSV**

---

## CHAPTER 1

# SEXUAL VIOLENCE AND FAMILY VIOLENCE IN DIVERSE COMMUNITIES

---

Aotearoa New Zealand has alarming rates of family violence and sexual violence (FVSV) (New Zealand Family Violence Clearinghouse, 2017). FVSV are long-lasting societal challenges in Aotearoa and have substantial negative impacts on individuals, Whānau, and communities (Paulin & Edgar, 2013). The current landscape of FVSV is marked by the lack of substantive and sustained funding to support FVSV prevention. This funding deficit is multiplied exponentially in the context of preventing FVSV in ageing, disabled, migrant, and rainbow communities. Moreover, the attribution of violence to individuals, without acknowledging the problems associated with the socio-cultural milieu—New Zealand’s history of colonisation and its ongoing effects, and structural violence—has resulted in gaps in the dominant violence prevention strategies (Cram et al., 2003; Fa’alau & Wilson, 2020; Makowharemahihi et al., 2014; Malungahu & Nosa, 2020; Pihama et al., 2016, 2017; Wirihana, Smith, & Smith, 2020). The dominant FVSV prevention strategies in Aotearoa New Zealand maintain a patriarchal world view rooted in colonisation and capitalism, complemented by funding mechanisms that do not make organisations accountable for attaining fair and equitable outcomes among diverse communities, and at diverse intersections.

New Zealand Crime and Victims Survey (NZCVS, 2021) suggests low rates of reporting of sexual violence to formal organisations. Data from family and sexual violence services and/or police are inadequate for detailed examination. These organisations collect information for delivery of services. The published figures on FVSV reveal only the tip of the iceberg rather than comprehensively depicting what is happening in communities (Gulliver & Fanslow, 2013). Although exposure to violence affects all socioeconomic classes, people and households of lower socioeconomic status are at greater risks of experiencing violence because of a wide array of interconnected structural factors at work (New Zealand Family Violence Clearinghouse, 2019). Those who are not employed and are not actively seeking work are at greater risk of experiencing violence (NZCVS, 2021). Living in governmental rental accommodation increases the risk of victimisation (NZCVS, 2021).

The effects of FVSV are particularly pronounced in diverse marginalised communities. Marginality is created at the intersections of ethnicity, race, citizenship status, social class, gender, disabilities, and place. Marginalisation, the sense of being at the peripheries of society, is experienced by vulnerable populations or social groups such

as disabled, rainbow<sup>2</sup>, ageing, migrant and refugee communities, exacerbated by poverty and place of living (Mahony et al., 2017; Mulholland & McIntosh, 2011). These diverse communities are marginalised within mainstream society through societal prejudice, their lack of material resources, their limited access to health structures, and their limited access to communicative platforms and systems of social justice. The recent Royal Commission of Inquiry into historical abuse in state care and in the care of faith-based institutions (2020) and reports on the family justice system (Ministry of Justice, 2019; Independent Panel Examining the 2014 Family Justice Reforms) and the welfare system (Welfare Expert Advisory Group, 2019) depict the structural inequalities that impact people at the margins. Such structural violence disproportionately affects communities at the margins enduring intersecting forms of disadvantage and discrimination. The effects of structural violence are magnified at the raced margins of the settler colonial state. For example, Balzer et al. (1997) describe how western practices have supplanted various Māori practises, reproducing violence through the colonial construction of the civilizing mission. The violent enforcement of western ideologies has resulted in the over-representation of Māori affected by family violence and sexual violence (Short et al., 2019; Te Puni Kōkiri, 2010). In this backdrop, active Māori resistance and reclamation efforts have been and are continuing to emerge in the never-ending pursuit of Māori-led campaigns and interventions to bring about social justice transformation (Wirihana & Smith, 2019).

Reports indicate that disabled people are twice as likely to endure sexual violence in Aotearoa New Zealand compared to people without disabilities, and are hesitant to report it to the police (NZCVS, 2021). Violence inflicted upon disabled people and communities is high, as they are likely to be socially isolated and have limited access to information and resources (Malihi et al., 2021). Those with any form of disability report higher levels of intimate partner violence compared to people without disabilities. This pattern is held up across both genders, and across experiences physical intimate partner violence, psychological abuse, and economic abuse (Fanslow et al., 2021). More people with any form of disability report nonpartner physical and sexual violence experience compared to those without disabilities (Malihi et al., 2021). Moreover, disclosure of violence by disabled community members is less likely to be believed (Ministry of Justice [MOJ], 2016). This shapes the context of support seeking, with disabled people and communities being less likely to seek support from "mainstream" violence services compared to people without disabilities as they think that they will not serve their purpose or are inappropriate to meet their needs.

Experiences of abuse are prevalent in ageing communities, with accounts of psychological abuse more frequently noted than coercion and physical abuse

<sup>2</sup> We use the term 'rainbow' as an umbrella term for people who are lesbian, gay, bisexual, trans, intersex, queer, asexual, and other diverse sexual orientations and gender identities. It serves as an umbrella for diverse sexual orientations, diverse gender identities, and diversity of sex characteristics. The term 'LGBTIQA+' is another term often used to depict this broad group of diverse people and communities.

(Waldergrave, 2015). People aged 65 and above constitute 15% of Aotearoa New Zealand's population, with 53.4% women (Statistics New Zealand, 2019). With the increase in the ageing population, a rise in violence against older people and communities is anticipated. Incidence of violence is more prevalent among ageing Māori people (Waldergrave, 2015). Reflecting the colonial ideology, many public and private organisations are designed to accommodate the European majority's needs (Ministry of Social Development [MSD], 2020). It is imperative to develop culturally appropriate services for all the ageing population. Eurocentric research employs tools that are often unsuitable for diverse ageing community members (Wallace & Crabb, 2017).

Interpersonal violence, including physical, verbal, and psychological violence in rainbow communities is prevalent, with some behaviors that are similar to interpersonal violence in the non-rainbow population and other violent behaviors are specific to rainbow identities (Dickson, 2016). Behaviors such as throwing away or hiding gender affirming equipment, criticizing sexuality or gender identity, isolating from rainbow communities by putting pressure not to be "out", or threatening to "out" are forms of contextually based interpersonal violence. The New Zealand Crime and Victims Survey (2021) shows that lesbian, gay, and bisexual adults are more than twice as likely to experience intimate partner violence and/or sexual violence compared to the population average. Rainbow people and communities bear disproportionate burdens of sexual violence and family violence because of the patriarchal heteronormative cisnormative structure that constitutes society (van der Toorn et al., 2020). Even though the Human Rights Act (1993) made it unlawful to discriminate people based on gender identity and sexual orientation, rainbow people and communities continue to experience marginalisation and discrimination amidst the dominant societal ideology of cisgenderism, which privileges dominant cisgender norms (Winter et al., 2016). For example, Inquiry into Discrimination Experienced by Transgender People (2008) highlights how gender-affirming healthcare in Aotearoa New Zealand is "patchy and inconsistent". The broad use of men's and women's prevention programmes speaks volumes about how the system alienates rainbow communities and makes sweeping generalisations about their gender identities. Only a limited number of programmes are aimed at rainbow communities, and there is a lack of representation of rainbow community members in the policymaking sphere.

Family violence and sexual violence are prevalent in migrant communities in Aotearoa. These experiences of FVSV in migrant communities are situated in the backdrop of an overarching structure of whiteness that erases, undermines, and continually racializes ethnic minority migrants. The history of immigration in Aotearoa New Zealand shows

---

**The New Zealand Crime and Victims Survey (2021) shows that lesbian, gay, and bisexual adults are more than twice as likely to experience intimate partner violence and/or sexual violence compared to the population average.**

---

the negative attitude toward migrants (Farmer, 1996; Fleras & Spoonley, 1999). From the late 1860s, immigration policies were framed to exclude Asians (Brawley, 1993; Keeley, 2009). Literature on settlement experiences of migrants shows the experiences of racism, discrimination, and exclusion (Came, 2014; Harris et al., 2015; Wong et al., 2015). Reports suggest that 76% of family violence in Aotearoa New Zealand is not reported, and the numbers are likely to be higher in the migrant population (Gerrard & Lambie, 2018). Migrant people and communities experience family violence face a range of operational and policy barriers including the lack of access to legal aid, challenges with securing the family violence visa, lack of information in accessible and culturally appropriate forms, lack of sustained and stable relationships with non-governmental organisations, institutional racism, lack of access to work, and lack of welfare support infrastructures (Ministry of Business, Innovation, & Employment, 2019; Report on the Safer Ethnic Communities Ministerial Forum, May 2018). Also, culturally relevant preventive solutions for combating violence in ethnic communities are limited (Robertson et al., 2007). Westernised notions of counselling might be alien to migrants from some cultures, tied to cultural norms and stigmas. Ways of prevention and healing vary across cultures, constituted amidst diverse, complex, and dynamic norms (Simon-Kumar, 2019). In most of the published literature, the cultures of migrants and refugees are often seen as a hindrance rather than as valuable resources in prevention. On the contrary, those communities hold core values that are likely to be beneficial to prevention work. Studies suggest that involving diverse migrant community members and developing culturally appropriate strategies might be essential while working with migrants and refugee communities (Shama, 2019).

The review of literature has highlighted that the one-size fits all approach to violence prevention does not work with ageing, disabled, migrant and rainbow communities. Violence prevention which centralises solutions for communities and sets priorities from outside of resource-poor environments has proven to be particularly unsuccessful in marginalised settings. Increasingly, studies have documented that western violence prevention initiatives assume a way of living that is often fundamentally antithetical to the cultures, contexts, and everyday lives of diverse communities. This work acknowledges that dominant violence prevention initiatives and campaigns have consistently focused on achieving linear, individual level behaviour change objectives, simultaneously erasing the structural contexts of violence. In spite of investments made into violence prevention efforts, the within-population disparities continue to remain unmitigated.

---

**Increasingly, studies have documented that western violence prevention initiatives assume a way of living that is often fundamentally antithetical to the cultures, contexts, and everyday lives of diverse communities.**

---

Against this backdrop, we note examples of culture-centered, community-led strategies of FVSV prevention that draw on cultural strengths and seek to fundamentally empower communities as the agents of social change. One such example is the work of E Tu Whānau in bringing a decolonising approach to the prevention of FVSV, foregrounding the strength of cultural traditions and cultural knowledge in the development of violence prevention solutions (E Tū Whānau, 2020). E Tu Whānau centers a Kaupapa Māori strategy in FVSV prevention, and has created the basis for establishing culturally-grounded frameworks in former refugee and migrant communities. Pasefika Proud is another example of a community strengths-based approach to FVSV prevention, centering decolonisation in the prevention of FVSV, and fostering partnerships with Pasefika communities in the development of primary prevention solutions (Alefaio-Tugia & Havea, 2016; MSD, 2012). Similarly, the prevention work of Shama Ethnic Women's Centre reflects a positive example of a community-based culture-centered approach that draws on participatory processes in communities. Shama works with ethnic women and delivers community-grounded culture-centered workshops on FVSV, with communities actively participating in the identification of needs and the development of potential solutions. Although these examples reflect the growing strands of community strengths-based culture-centered approaches to FVSV prevention, the dominant FVSV prevention approach and the attitudes of prominent non-governmental organisations (NGOs) in Aotearoa New Zealand reflect a colonising ideology, enmeshed in whiteness and constructing communities as places of deficit in need of top-down change directed by outside, mostly professional experts.

To summarise, the literature review points out that the voices of rainbow, disabled, ageing and migrant communities are mostly absent from the discursive spaces of the Aotearoa New Zealand family violence and sexual prevention policies and programmes. The difficulties faced in accessing services are often due to struggles to be seen (invisibility), heard (voicelessness), or be present (erasure). Such communicative erasures work hand in hand with structural inequalities, signifying that people at the margins of dominant structures are absent from decision-making spheres concerning their health and wellbeing (Dutta 2008, 2011). This report articulates a gap in Aotearoa New Zealand-based literature and perhaps on theorising violence prevention to bring about community-led preventive solutions.

As the report *Every 4 minutes* by Gerrard and Lambie (2018) highlights, there is a need for decolonising service delivery in the family and sexual violence sector. Rather than suggesting ways to get attuned to various behavioural patterns and being structurally adaptive (Blankenship et al., 2006), this study uses the Culture-Centered Approach (CCA) to create communicative infrastructures for rainbow, disabled, migrant and ageing communities to identify what violence prevention strategies looks like to them.

This framework for culture-based engagement dialogues with the targeted diverse communities (disabled people, older persons, rainbow communities, and new migrants) to:

- (a) identify existing community needs in the context of primary prevention of FVSV;
- (b) identify community-driven solutions based on these needs; and
- (c) create a national action plan for violence prevention for the target communities based on community voice.

As a framework of community-led prevention, the CCA draws on robust community-driven action research to create solutions that are meaningful to historically marginalised communities. It creates culturally situated engagement processes for community-driven solution generation that enable the voices of communities at the margins to articulate their lived experiences, participate in research, and create solutions for addressing the problems experienced by community members, in dialogue with key stakeholders.

## CHAPTER 2

# GUIDING CONCEPTS: CULTURE-CENTERED APPROACH

This report is guided by the culture-centered approach (CCA) to prevention, a meta-theory of social change communication that recognises and supports community agency as the source of social change. It draws on the knowledge generating capacities of local and Indigenous communities (LICs) (Dutta, 2004, 2008). The CCA empowers community agency to draw on cultural strengths to develop, sustain, and evaluate prevention solutions, rooted in community ownership of decision-making processes (Dutta, 2008). Community participation and mobilisation are the key ingredients of violence prevention, constituting the intersecting sites of political, economic, community, familial, and individual-level behavior change (Ellsberg, Arango, Morton, Gennari, Kiplesund, Contreras, & Watts, 2015; Michau, Horn, Bank, Dutt, & Zimmerman, 2015). The community-led prevention solutions are placed in dialogue with the necessary structural changes, with community members at the “margins of the margins<sup>3</sup>” who have been historically absent from decision-making processes driving the processes of social change. The recognition that the erasure of community voice lies at the heart of the gaps and failures in existing approaches to FVSV prevention drives this report’s analysis. Our conversations with members of diverse communities experiencing deprivation point overwhelmingly to the sense of being unheard and unseen. We therefore ask, what would the prevention of sexual violence and family violence look like if voices of communities were to be heard and if lived experiences of community members were placed at the center of the development of prevention solutions?

The CCA puts forth the concept that communities are best placed to solve and prevent the problems they experience. It works through participatory and culture-centered methodologies to develop community-led communication solutions (Dutta, 2014). Attending to the organising role of communities at the “margins of the margins” as the spaces for identifying the structural challenges and for co-creating community-anchored solutions to these challenges, it explores the communication processes through which infrastructures for voice can be co-created in communities (Dutta et al., 2020). According to the CCA, FVSV experienced by diverse communities can be prevented by promoting community involvement in the creation and implementation of solutions. It foregrounds community agency to draw on cultural strengths in developing prevention solutions.

<sup>3</sup> The concept “margins of the margins” in the CCA builds a reflexive method for creating spaces for inclusion in policy-making processes, attentive to the absences from spaces of participation, continually asking, “who is not present here?” Empowering communities as drivers of change builds voices infrastructures for community-led prevention, with community voices shaping the contours of prevention solutions and communities owning the solutions.

Putting forth the concept of listening to the voices of the communities experiencing FVSV, the CCA attends to creating community-led advocacy that decolonizes the dominant structures. The process of decolonisation through listening outlined in the CCA critically interrogates the dominant structures, examining closely the power dynamics that silence community voices. The forms of power consolidation in dominant hierarchies must be challenged so community-led preventive solutions can be upheld, with communities conceptualizing and implementing the preventive solutions that will work for them, embedded within their local contexts.

### VOICE INFRASTRUCTURES

Voice infrastructures are platforms/spaces where communities can come together, express their ideas, build conceptual frameworks, articulate community-based theories of social change, create solutions, and implement solutions. These voice infrastructures form the foundations for community participation in creating and implementing community-led prevention. Community voices expressed on the voice infrastructures generate social change by putting forth locally situated, contextually embedded theories of change, creating strategies based on these theories, and organising to carry out the strategies. Community organising to create prevention solutions works alongside community-led advocacy to transform the structures that perpetuate FVSV. The culture-centered approach (CCA) places community voice amidst the interplays of structure, culture, and agency.



Figure 1: Culture-centered approach to prevention

**Structure** refers to the ensemble of an entrenched network of organisations that direct the flow of resources (Dutta, 2008). Access to preventive resources is controlled by this very network of organisations embedded in the intertwined networks of capitalism and colonialism. In the context of FVSV, these structures can be land resources; housing resources; resources for food such as community gardens, grocery stores and food banks; income resources including workplaces and welfare services; health care; intervention services; police; court systems; community organisations and spaces for support; shelters; collectives; communication forums including media; government social service agencies; and various sector organisations that deliver products and services. For communities at the margins, prevention communication messaging and access to preventive resources are embedded within structures of colonialism, capitalism, patriarchy, and whiteness, deepening the experiences of marginalization (C. Elers et al., 2020). The process of cultural centering working in solidarity with communities at the margins, connecting with organising of the working classes, led by tangata whenua, challenges the disempowering processes by placing the power of generating theories of social change in the hands of communities (Alinsky, 1941; Bradford & Dutta, 2018; Dutta, 2004a, 2004b, 2008, 2011; Stephens & Dutta, 2018). The concept of solidarity connects the voices at the "margins of the margins" in their demands for universal basic income, adequate and decent housing, adequate and decent welfare services, food security, basic healthcare, rooting these demands in the principles of Te Tiriti (Lant & Dutta, 2019; Tuiono & Dutta, 2019).

**Culture** reflects the "shared values, practices, and meanings that are negotiated in communities...culture is both static and dynamic; it passes on values within a community and at the same time co-creates opportunities for transforming these values over time" (Dutta, 2018, p. 241). Culture is situated within the local context of communities (Dutta, 2007). It is variable, fluid and heterogeneous, constituted through meanings, and exists in the rhythms of daily lived experiences (Dutta, 2020). It is embedded in historical contexts (Airhihenbuwa, 2007), evidenced by the perpetuation of marginalization upon communities through the intertwined processes of capitalism and colonialism (Dutta, 2004a, 2004b; Elers et al., 2020). Airhihenbuwa (1995) describes the influential nature of culture as it sets norms by which both individuals and collectives communicate with each other, learn, reshape ideas and generally navigate life experiences.

Culture offers a social map containing an evolving intricate web of people, places and matters of significance that can stretch back in time. It is a vital element in life's course that contributes to the production of localised knowledge and behavior change (Basu & Dutta, 2009). In mainstream health and development communication, culture is examined for key norms and themes in an attempt to enhance the message's effectiveness to the targeted community. Dutta (2007, 2020) explains that this approach erases the margins of the margins by co-opting experts or role models as the key creators, drivers and disseminators of culturally sensitive health prevention messages

driven by cultural essentialism and racialisation. The “margins of the margins” are positioned as problematic passive recipients of communication targeted at them (Airhihenbuwa, 1995; Dutta, 2004a, 2004b, 2007, 2016). Prevention interventions seek individual level behavior change to produce healthy citizens, ignoring the structural contexts of capitalism-colonialism that threaten human health and wellbeing.

---

**Building invitational spaces for the participation of these hitherto erased voices in communities creates the basis for challenging the formations of power that perpetuate marginalisation.**

---

Conversely, the CCA centres culture as a site for social justice communication. It engages and foregrounds community articulations of meanings and culture as the basis for creating community-led social transformations (Dutta & Basu, 2008; Ford & Yep, 2008). In its explicit commitment to mobilising culture as a site for resisting the interplays of colonialism and capitalism, the CCA challenges the essentialism of elite-driven culturalist logics (Dutta, 2019). Instead of adopting an uncritical approach to cultural values as the basis for driving top-down culturally sensitive prevention strategies directed at diverse communities, the communicative infrastructures for voice fostered in communities emerge as spaces for critical analyses of power and marginalisation through community participation. The guiding concept of “margins of the margins” creates a critically reflexive habit in the organising of communities, continually attending to the voices that are unheard and erased. Building invitational spaces for the participation of these hitherto erased voices in communities creates the basis for challenging the formations of power that perpetuate marginalisation.

**Agency** is the “enactment of everyday choices and decisions by community members...” (Dutta, 2016, p. 4). Community agency must negotiate structure (Dutta & Basu, 2008). Agency draws on cultural contexts while simultaneously negotiating structures and seeking to transform them (Dutta, 2020). The CCA works to spotlight marginalised voices and in turn co-constructs localised meanings of health and wellbeing with community members at the “margins of the margins” (Dutta & Elers, 2020).

Cultural meanings are reflected in the agentic expressions of community voice and offer the basis for transforming structures. Agency is also located within the culture of a particular community that is engaged in generating a culture-centered intervention, placed in dialogue with the listening work performed by interlocutors situated within the various structures of non-governmental organisations, academia, ministries etc. (Basu & Dutta, 2008). The CCA continually questions the role of power in the representation of community voice and the ownership of community-led solutions, especially where external agencies and even community stakeholders assume the mantle of representing community voice. Dutta (2016, 2018) further explains that when the voices of communities are foregrounded, communities at the margins are positioned as owners and key players in structural transformation processes.

## CULTURE-CENTERED APPROACH TO SEXUAL VIOLENCE AND FAMILY VIOLENCE

Building on the key tenets of intersectionality (Crenshaw, 1989, 1990, 1995; Goldstein, 2009, 2013; Harris, 2013) in dialogue with decolonising theories (Connell, 2014; Dutta, 2015; Jahnke & Taiapa, 2003; Mignolo, 2007; G. Smith, 1997, 2003a, 2003b, 2012, 2017; L. T. Smith, 1999), a culture-centered approach to preventing sexual violence and family violence situates violence amidst the interplays among colonisation, patriarchy, and whiteness (see Figure 2). Intersectionality attends to the combinations of the different aspects of a person's social, economic, and political identities that create positions of privilege and marginalisation (Crenshaw, 1989, 1990, 1995; Goldstein, 2009, 2013; Harris, 2013). Decolonising is the struggle for sovereignty of Indigenous and colonized people and communities, reflecting the process of undoing colonialism and securing cultural, psychological, and economic freedom (Dutta, 2015; Mignolo, 2007; G. Smith, 1997, 2003a, 2003b, 2017; L. T. Smith, 1999; Tuck & Yang, 2012). The culture-centered approach to FVSV locates the individual and familial forms of FVSV within the overarching structures of colonial-capitalist violence, foregrounding the role of community-led advocacy and organising efforts in transforming these structures (INCITE, 2016). Community-led violence prevention needs to address these underlying intersectional drivers of sexual violence and family violence in order to be effective and sustainable (Ellsberg, Arango, Morton, Gennari, Kiplesund, Contreras, & Watts, 2015; Michau, Horn, Bank, Dutt, & Zimmerman, 2015).

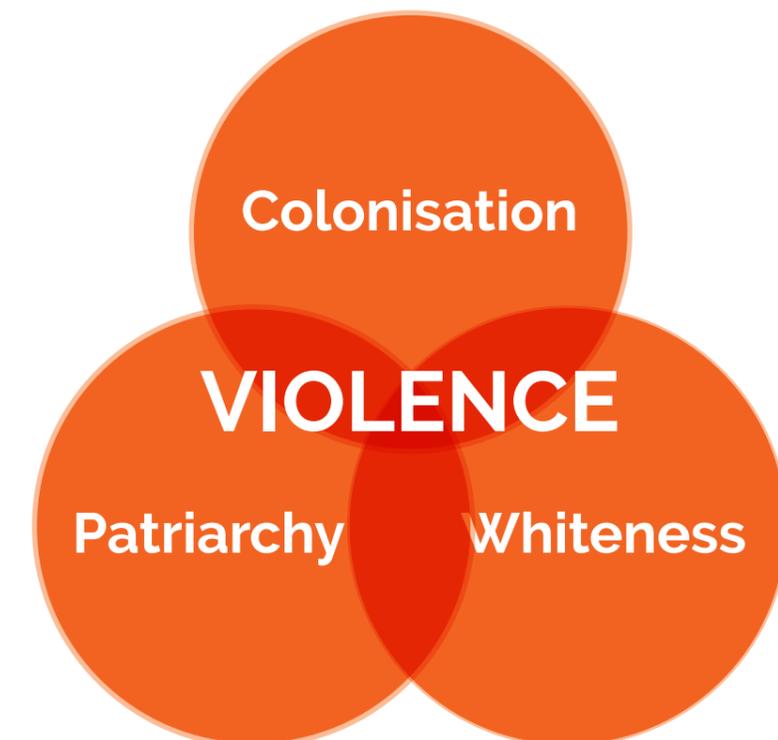


Figure 2: Conceptualizing violence in the culture-centered approach (CCA)

## COLONIALISM

Colonialism, the process of occupying Indigenous land to extract resources and profits, underpins sexual violence and family violence in Aotearoa New Zealand (Cram et al., 2003; Holmes, Hunt, & Piedalue, 2015; Jenkins & Pihama, 2001; Mikaere, 1994; Pihama, 2020; Pihama et al., 2016, 2017; Wirihana & Smith, 2019). Colonial processes of extraction and oppression have historically deployed strategies of family violence and sexual violence. The deployment of violence to lift Indigenous children, framed as the civilizing mission, is a key element of settler colonial strategy targeting Indigenous and diverse families (Haebich, 2015). Abuse in state care is perpetuated and given legitimacy under this colonial structure (Braithwaite, 2018; Jackson, 2019). This is noted powerfully by Moana Jackson in his evidence to Royal Commission of Inquiry into Abuse in Care:

In that context the taking of Māori children has been a cost that has been both intensely personal and inherently political. The presumed right to do so was derived from the same racist presumptions of European superiority that marked colonisation as a whole, and the attendant belief that Indigenous children needed to be "saved," "civilised," and "protected" from themselves.

Settler colonial states continue to perpetuate regimes of sexual violence targeting Indigenous women (Dhillon, 2015; Scribe, 2018). The violence that is inherent to colonisation expels communities from their relationships with land, resulting in inter-generational trauma that underlie sexual violence and family violence. Here is the articulation of a Māori rainbow disabled participant<sup>4</sup> explaining the link between colonisation and sexual and family violence:

...family violence...continue[s] because there are people that are just so hurting from colonisation they have are really fucked up from toxic masculinity and like, I think that a lot of people of colour, there, the violence that is in those communities especially really comes from racism and comes from the pressures of racism and the pressures of colonisation... If you take a people's land which is where they live, which is where they subsist because they use it for... hunting and stuff like that, if you take that away they have nothing and so when you have been, like for centuries having to find your way into a rhythm of another culture. That's pressure, and also the other culture is telling you that you are not worthy and that you are never going to be good enough. So, I think... that is my understanding of why family violence kind of like continues within our communities without it being like addressed properly. I think that we're trying to make moves on it now and trying to say that it's not ok, but when you have those

<sup>4</sup> In the first section of the report discussing the broad community-led framework, broad demographic markers anchored in the diverse identities are presented. This decision is shaped by community advisory group members at the "margins of the margins" seeking to outline a collective strategy that works with the intersections. In the following chapters outlining community-led violence prevention strategies in each of the four diverse communities, more detailed descriptors of identities are presented.

pressures of survival that literally links to colonisation. So not having enough money because you live...hand to mouth every single week, but you also have the systemic racism that's happening and stuff like that. That's why it is.

Note here the construction of FVSV in the experience of being displaced from land and livelihood, forming the infrastructures of intergenerational trauma. These experiences of trauma are intertwined with ongoing experiences of racism within a colonial structure that continued to devalue Indigenous and diverse cultures. Also, colonial dispossession

A migrant woman connects the incidences of family violence in her community to the processes of displacement resulting from colonisation.

For many families, becoming a refugee is the real violence. In home, have land, farm, then see so much violence in the name of religion. That violence stays. Then come here and don't want to be here. Don't know this country. Have no money. Stay without dignity. That is the main cause of violence.

It is salient to highlight the decolonising analysis offered here that connects refugee experiences of FVSV to the forces of war, genocide, organized rape that constitute the roots of violence experienced by refugees. Challenging the episodic approach to FVSV that erases this broader context of violence experienced by refugees creates the opening for addressing the trauma related to the refugee experience.

According to a Māori disabled rainbow participant:

...colonisation affected so many communities... something is ripped apart from you, and then you put these structures in place that were not for you. They're built against you and are still in place so even though when you want to assist or seek help in the structures in the systems, they have never been for you. So how do you navigate these systems, which have been built for white dominance, I guess. Well, they actively work against you as well.

For these participants, colonialism is ongoing, with the damage to communities and families playing out in FVSV.

Colonialism forms the architecture of capitalism (Brysk, 2018). The expansion of sites of profiteering across the globe has resulted in increasing sites of sexual violence and family violence. Consider for instance the ongoing and large-scale sexual violence against women organized by the state as an instrument that facilitates the forced displacement of communities to create new investment opportunities for neoliberal capital (Dhillon, 2015). Similarly, note the sexual violence perpetrated by the settler colonial state (Smith, 2015). Paradoxically, the carceral approach to addressing FVSV is rooted in the colonial state and continues to target communities at the margins by individualising FVSV while failing to address the structural violence that shapes FVSV (INCITE, 2016).

## PATRIARCHY

An overarching patriarchal ideology shapes sexual violence and family violence (Carter, 2015). Patriarchy is a system of organising where men hold power and women are largely excluded from spaces of power. In the context of sexual violence and family violence, social norms that privilege male power legitimize the perpetuation of violence toward women (Sajnani & Nadeau, 2006). Fanslow et al. (2010) analysed intimate partner violence (IPV) data from the largest study of violence against women in Aotearoa New Zealand, comprising four ethnic groups of 2,674 ever-partnered women, aged between 18-64 years in Auckland and one rural Waikato community. Data showed that the lifetime prevalence of physical and/or sexual IPV was highest among Māori women, (57.6%, more than 1 in 2). The rates for Pasifika women (32.4%, 1 in 3) and European/Other women (34.3%, 1 in 3) were similar. The lowest rate was reported by Asian women (11.5%, 1 in 10). Community-led violence prevention needs to challenge the taken-for-granted social norms (including those introduced by colonisation) that perpetuate the oppression of women, particularly by engaging men, while simultaneously drawing upon diverse cultural values and stories that uphold gender equality.

According to a migrant woman: "They are always thinking the women are wrong... Wrong, yeah and the man is always right... The man is one of the strongest pillars of the house."

A rainbow participant shares:

... It's typically about...power and...someone trying to assert more power over another person, or multiple people trying to do the same. It's usually trying to...push someone down and keep them down rather than allowing them the opportunity to...assert themselves...I from my own experiences is typically about that. So, this power imbalance can come from your gender sexuality. I guess power status all that...it's what the patriarchy is. I mean I would definitely say patriarchy. From my own experience, it's typically it's...white men, which I think is very common. I don't know...it's certainly not the sole perpetrator of violence or sexual violence, anything like that, but it is, from my perspective. That is what I've experienced.

A rainbow disabled participant pointed out, "There's still this attitude that women are, you know that woman who dressed provocatively [is] asking to be raped."

According to a disabled Māori rainbow participant:

... because I think in terms of preventative stuff like, I, I guess education...It's hard to determine what that would even look like as well in the home because if you have families that are working full time because they you know they need to put food on the table... When are they going to find the energy, capacity, time to educate themselves without the defensiveness stopping them as well. You know like, I think that um, we've kind of just fucked ourselves over in terms of like cultural understandings of what um, you know what life could be like. Because we're so focused on upholding patriarchy and capitalism.

The oppressive system of profit-making in neoliberal societies creates and sustains the conditions of precarity within which communities at the margins negotiate sexual violence and family violence. Developing preventive solutions to address FVSV is about creating community-led decolonising education that interrogates the interplays of patriarchy and colonialism. To enable this critical education to take place, diverse people and communities ought to have the economic security to engage.

Moreover, patriarchy is intertwined with the colonial project. Notes a rainbow participant:

Stop assigning babies a sex. Stop assigning people as a boy or a girl when they're born. Just have babies. Don't tell them what gender they are and when they are old enough, they can tell you what gender they are. If we, if we radically changed the way that we our society is set up in a completely binary way and it's very very Eurocentric and the idea that you are two sexes is a recent idea it's not that old. We don't need to view things that way. We don't need to categorise people that way. We don't need to understand human experience in that way. And if we stopped doing that, then we would be forced to, you know. That all other systems that were built on that model of there are just you know men and women and they have these different genitals or whatever. If that system wasn't what we based our society on and organised people in our society into those groups, then we would have to, have to you know all changes that were built on that would be positive... The sensible thing legally speaking would be to make the Treaty of Waitangi the original version... into higher law...and then if everything else had to align with that, we would not see any more laws that categorise people into two categories that are inaccurate scientifically, spiritually inaccurate.

Note here the cisgender ideology of the colonial project that holds up the patriarchal structure. The violence of the civilizing mission of colonialism targeted Indigenous culture and values, imposing the cisgender worldview as normative. It is important that community-led prevention efforts address societally held patriarchal norms that are drivers of sexual violence and family violence. A decolonising framework rooted in Te Tiriti offers a transformative register for undoing the colonizing effects of cisgenderism and patriarchy.

## WHITENESS

Whiteness is an ideology that takes conceptual frameworks from the dominant white culture and assumes them to be universal (Ahmed, 2004). These taken-for-granted assumptions uphold white power and structures by setting up hierarchical systems of advantage and disadvantage (Frankenburg, 1993; McIntosh, 1988; Roediger, 1999). The violence of whiteness plays out through the erasure of diverse cultural knowledge systems, described as cognitive epistemicide (de Sousa Santos, 2015). This process sets up and reproduces systems of oppression that perpetuate sexual violence and family violence. Whiteness constructs the racialised other in building the cognitive reason legitimizing the perpetration of violence through colonisation and slavery. Referring to the colonising instruments of Christianity as an exemplar of whiteness, a disabled rainbow Pasefika participant noted:

...Christianity has done and Catholicism and branches of that have done so much damage to the identities of Māori and pacific island cultures and people of colour around the world. It's taken away our inherent culture that we have had over centuries, millenia. And I feel like that stripping of that has really created this patriarchal bigotry against queer folks and stuff like that. People forget that Christianity has been used as a tool by colonisation to almost eradicate most spiritual, traditional indigenous cultures you know, and it's successfully done so.

Whiteness shapes the dominant conceptual frameworks of FVSV prevention. Consider the Duluth power and control wheel created by the Minnesota Domestic Abuse Intervention Project (DAIP) in Duluth, USA, as a conceptual framework for developing violence prevention (Sajnani & Nadeau, 2006). Developed in a 90% white community in the U.S. Midwest, its use across multiple contexts universalizes an analytical framework embedded in the reductionist individualism of white culture, while simultaneously erasing culturally-situated analyses, analyses of racist structures, and analyses of ongoing processes of colonial-capitalist expansion (Hughes, 2005). The interventions that emerge from the wheel locate solutions in the police and the court systems while ignoring the role of the family in the creation of solutions (Almeida & Dolan-Delvecchio, 1999; Rankine et al., 2017). Rankine et al. (2017) note the disenfranchising effects of whiteness, suggesting that "practitioners can then construe cultural differences as problems that "reside somewhere within the minority group's difference from Whites—never within the system of power dynamics that White domination of institutional structures has created" (Almeida & Dolan-Delvecchio, 1999, p. 655)" (p. 2782).

The whiteness of hegemonic approaches to FVSV is noted by INCITE (2016, pp. 3-4):

INCITE! stresses the importance of transcending the "politics of inclusion" to actually address the concerns of women of color. As the antiviolence movement has attempted to become more inclusive, attempts at multicultural interventions against domestic violence have unwittingly strengthened white supremacy within the movement. All too often, inclusivity has come to mean that the sexual or domestic violence prevention model, developed largely with the interests of white middle-class women in mind, should simply add a multicultural component. Antiviolence multicultural curricula are often the same as those produced by mainstream groups with some "cultural" designs or references annexed to the pre-existing format, and most antiviolence programs servicing communities of color are constructed exactly like those in the mainstream, with the addition of "community outreach workers" or bilingual staff.

Moreover, whiteness in the FVSV sectors reproduces racialised and culturally essentialising tropes that offer culturalist arguments, obfuscate the role of structures, and erase the agentic capacities of diverse communities. This is articulated by Visweswaran (2004, p. 486), who suggests that frameworks of FVSV "depend upon the naming of culturally specific practices such as dowry harassment, honor killings, or female genital mutilation (FGM) as a means of validating universal principles of justice, precisely by pointing to how violence against women is culturally constructed, resulting in what philosopher Uma Narayan has called "death by culture." The blanket framing of culture as the other, deployed often by structures of whiteness under analyses of patriarchy in the context of FVSV, homogenizes culture and constructs it as a deficit while failing to recognise the assertion of agency and mobilisation for change by those at the "margins of the margins" in diverse contexts. Referring to the strong feminist movements for social change across South Asia, she notes, "clearly the articulate and outspoken women who organize to change the unjust conditions that affect their lives also find support and sustenance from the cultures that produce them as individuals" (p. 487).

Sexual violence and family violence are shaped by the intersecting relationships among colonialism, patriarchy, and whiteness (Mannell et al., 2021). Of Aotearoa New Zealand, one migrant woman voiced, "The whole system is racist. It assumes it's the cultures of ethnic people that is the problem. But then the white culture and how it makes sexual violence normal in society. That is the problem. And it's not looked at." Similarly, a Māori Pasefika trans woman participant shared, "So that is the white Pākehā way. It sees Māori and Pasefika cultures, and cultures of migrants as the problem. This way, it keeps going, and you have all these white people running the things." In the voice of a refugee man, "\_\_\_\_\_ is good as I am living in NZ housing home. The problem is that the white, English people sometimes throw alcohol bottles

---

... clearly the articulate and outspoken women who organize to change the unjust conditions that affect their lives also find support and sustenance from the cultures that produce them as individuals

---

at our houses when they are drunk. We some families are staying here..." Note here the articulation of alcohol, access to it, and the widespread circulation of it in the community as key element in the experience of FVSV.

A disabled rainbow migrant participant observed:

...because in Samoa, the church is so powerful and Christianity is so powerful that being able to find the like traditional ways of doing things has been really, really hard and it's also really frowned upon um, to like look into that sort of stuff. So...that in itself...Christianity, when we link it back to queerness, has completely destroyed our community. The binary and all of that right...Well it's a sin. It's been seen as a sin and so if you grow up you know, feeling different but there's no way that, that can be like an easy pathway. And I think that's what we you know where in the midst of lots of people coming out and talking about their conversion therapy stories at the moment and like this is what that colonising power does in Christianity...It tells you that you are wrong and that you as a person are not right. And so, in order to be right, you have to straighten yourself or you have to align yourself more with those values. And if you don't, then you're worthless. Then you are not worthy of the time and love that even your family, like even your family, rejects you. You know, like how fucking horrible is that, and that is a direct impact of that colonising tool leading to family violence and leading to intergenerational trauma. Should you wish to live in your full queerness but then still try to navigate the words that your family has said. But then that person who has been you know, told their whole life that they're bad and they're wrong and worthless because they're not straight or they're not cis gendered in the right way, will then be in so much traumatised harm, they will likely go into relationships and perpetuate that violence within that relationship. So, it is a cycle and I think that if we just educate people more, like the entire population about queerness not being a bad thing like gender identity not being so structured and these binaries.

Whiteness erases the many forms of cultural knowledge that offer transformative capacities for preventing sexual violence and family violence. The effectiveness of community-led violence prevention is directly tied to the crafting of anti-racist strategies that recognise and foreground the knowledge generating capacities of diverse communities, exploring in-depth features of cultures and alternative rationalities to dismantle hegemonic structures that constitute FVSV. The critical interrogation of the colonising force of whiteness opens up communicative infrastructures for participation of diverse communities at the "margins of the margins" in driving FVSV prevention solutions.

## INTERSECTIONS OF POWER

The intersections of colonialism, patriarchy, and whiteness in shaping FVSV in diverse contexts foregrounds the importance of structural transformation to sustain, support, and nurture community-led prevention of FVSV. Moreover, a culture-centered analysis draws attention to the forces of neoliberalism that place social problems under the mechanisms of the market, perpetuating the individualisation of behavior change solutions (Kelsey, 2010). Models of public-private partnerships, user payments, and disenfranchising instruments of surveillance are directed at marginalised communities, exacerbating their disenfranchisement.

The dominant ecological model that conceptualizes the individual, relationship, community, and societal contexts of FVSV as the levers of social change holds up whiteness by continuing to emphasize individual behavior although other contextual factors are given a nod (see World Health Organization, 2010). A culture-centered intersectional analysis of FVSV locates community leadership in prevention amidst advocacy to transform the structures of colonialism, patriarchy, and whiteness. This forms the basis for recognising community agency as the driver of social change, conceptualizing communities as active participants in the development of contextually-based plural theories of social change and in the creation of solutions based on community-led analyses of FVSV.

---

**Empowering communities as drivers of change calls for building voice infrastructures for community-led prevention, with community voices shaping the contours of prevention solutions and communities owning these solutions.**

---

## MARGINS OF THE MARGINS

Emergent from the key tenets of intersectionality (Crenshaw, 1990, 1995) and Subaltern Studies theory (Guha, 1982; Spivak, 1988, 2005), "margins of the margins" is a key concept in the CCA that creates inclusivity in policy-making processes. It requires being attentive to the absences from spaces of participation, continually asking, "who is not present here?", "whose voices are missing from the discursive space?", "which voices are not reflected here," and "how can we invite those voices in?" Empowering communities as drivers of change calls for building voice infrastructures for community-led prevention, with community voices shaping the contours of prevention solutions and communities owning these solutions. These voice infrastructures should be attentive to the classed, raced, gendered inequalities within communities, seeking to create spaces for those people and sections of communities that are continually erased and rendered invisible.

The concept "margins of the margins" builds in an ongoing process of power sharing and redistribution of power/resources in communities, ensuring the power spreads out radially within communities, seeking out voices that are otherwise absent, and co-creating spaces for these voices to be heard. It creates a conceptual register for ongoing reflexivity that critically interrogates privilege and consolidation of power in community spaces, turning instead to listening to difference and building actively spaces where voices of difference can be heard. This concept of community as the space for raising claims to justice and critically interrogating habits of domination is eloquently reflected by bell Hooks (2003),

To build community requires vigilant awareness of the work we must continually do to undermine all the socialization that leads us to behave in ways that perpetuate domination (p. 36).

Based on the understanding that communities are heterogeneous spaces where power is negotiated, the concept "margins of the margins" is attentive to the democratic opportunities for participation of diverse community members who often bear disproportionate burdens of unequal access to decision-making processes. The CCA notes that the presence of community-driven knowledge is vital to building and sustaining preventive efforts. Moreover, the tenet of critical reflexivity ensures that the questions about voice and erasure are asked on an ongoing basis, inviting in diverse voices that have been historically placed in the peripheries of communities and are often at the receiving end of power inequalities.

## COMMUNITY AGENCY

That communities at the "margins of the margins" enact agency by critically analysing problems, generating community-led theories of social change that are anchored in lived experiences, creating solutions, and implementing them forms the basis of the CCA (Dutta, 2004, 2008, 2014). This power of agency at the margins as the basis of social change is reflected in the foundational work of Paulo Freire (2018),

Who are better prepared than the oppressed to understand the terrible significance of an oppressive society? Who suffer the effects of oppression more than the oppressed? Who can better understand the necessity of liberation? (p. 45)

Community organising in creating and mobilising for social change shapes effective violence prevention solutions, sustaining them through the participation of communities in the processes of change and through their embeddedness in the contexts of community life. Community ownership of knowledge and the organising framework of prevention guides the prevention efforts. The framework of the CCA

therefore works with communities to co-create communication infrastructures where communities can participate, voice their needs, create solutions, deliberate on these solutions, build strategic responses, and implement tactics (Dutta, 2018). Theories of social change emerge from within communities. In the articulation of INCITE (p. 4):

An alternative approach to "inclusion" is to place women of color at the center of the analysis of and the organization against domestic violence. That is, what if we do not make any assumptions about what a domestic violence program should look like, but instead ask: What would it take to end violence against women of color? What would this movement look like? What if we do not presume that this movement would share any of the features we take for granted in the current domestic violence movement? As mentioned previously, when we shift the center to women of color, the importance of addressing state violence becomes evident. This perspective then benefits not only women of color, but all peoples, because it is becoming increasingly clear that the criminal justice system is not effectively ending violence for anyone.

The expression of community agency forms the basis for social change amidst the lived experiences and struggles of community members. Community ownership ensures the sustainability of the prevention solutions. The dialogue between community-driven theories of social change and dominant theories of social change builds a framework for creating solutions that are meaningful to community life, with community members making decisions about the relevant concepts to guide prevention strategy. That context and community leadership are key is highlighted by the Māori Expert Advisory Group, Ministry of Health (2021).

## CHAPTER 3

### METHOD

The CCA creates infrastructures for community empowerment by selecting, training, and collaborating with community researchers. Simultaneously, the role of community researchers is to bring local community and cultural knowledge into the research design and the dynamic framework of research implementation. The culture-centered process of creating infrastructures for community voices is research-as-advocacy, reflexively interrogating the works of power, closely attending to spaces of erasure, and co-creating the resources needed for participation of people and communities at the "margins of the margins." What is salient in this design is the opportunity to place voices of disabled people, older persons, rainbow communities, and new migrants in conversation with Māori voices, privileging an approach that is anchored in culturally-based knowledges at the margins.

The method of culture-centered engagement comprises advisory group meetings, in-depth interviews, PhotoVoice workshops, and national-level workshops with key stakeholders (see Figure 3). With the emphasis of the CCA on listening to voices of communities at the "margins of the margins," the research and community engagement design guiding this report is carried out in communities negotiating deprivation. Three of the five communities selected are high-deprivation communities. The context of poverty in place shapes lived experiences of family violence and sexual violence, and guides the violence prevention framework. Participant recruitment attends to listening to voices of community members at the "margins of the margins," with a focus on socioeconomic status. This serves as a corrective to the dominant paradigm that mostly erases poverty in conversations about family violence and sexual violence.



Figure 3: Culture-centered process for co-creating prevention framework

### ADVISORY GROUPS

To enable comparison as well as to build contextually-anchored theory, five locations across Aotearoa New Zealand – Auckland (Urban and rural setting), Feilding, Highbury (Palmerston North), Palmerston North and Wellington have been chosen for this study. These locations have been chosen based on the existing advisory group networks of Center for Culture-centered Approach to Research and Evaluation (CARE) and the numbers of community members at the margins in the target groups. Because in the CCA, community participation in the process of research design is the central pillar, we formed advisory groups of community members as an initial step to identify community needs in addressing violence, and the solutions necessary to address these needs. We conducted four advisory group meetings in each location, with each advisory group comprising 15-20 members.

The first advisory group meeting in each location determined the scope of the problem to be studied, the second designed the specific research tools, and the third co-analysed the data and discussed findings. The third advisory group invited key stakeholders from within the community to participate in the dialogue to make sense of the findings. The fourth advisory group finalised the project report based on the emergent findings. In three of the five communities, we held between three and five additional advisory group meetings to finalise and crystallize the community-led culture-centered prevention framework (see Chapter 4). Whereas existing community-based research partnerships engage communities based on research goals that experts create, the CCA moves the process of decision-making into the hands of communities, thus designing research that is shaped by the participation of community members at the "margins of the margins".

To maintain community members' decision-making power, the community-led prevention framework created by the advisory groups went through multiple iterations, each time returning to community advisory groups for their decision-making. The emergent framework was shared with sector stakeholders, their input was gathered, and then shared back with place-based community advisory groups for them to decide on how to use this input. This iterative process ensured that communities at the "margins of the margins" led the development of the theory of social change and the accompanying framework, inverting the dominant frameworks of distribution of power in decision-making processes.

---

**To maintain community members' decision-making power, the community-led prevention framework created by the advisory groups went through multiple iterations, each time returning to community advisory groups for their decision-making. The emergent framework was shared with sector stakeholders, their input was gathered, and then shared back with place-based community advisory groups for them to decide on how to use this input.**

---

## IN-DEPTH INTERVIEWS

The in-depth interview protocols emerged from dialogues held in the advisory groups. We conducted a total of 197 face-to-face semi-structured in-depth interviews, lasting, on average, for one-hour duration, with interviews ranging from 40 minutes to two hours (see Appendix 1 for demographics). The numbers of in-depth interviews were determined on the basis of past culture-centered studies, offering a mix of local insight as well as cross-community comparison to enable the development of grounded constructs for describing and explaining community experiences with violence prevention. Participants were recruited through purposive and snowball sampling techniques by community researchers residing in the areas, attending to diverse intersections at the "margins of the margins" (see Appendix 2 for the intersections). Community researchers had experience carrying out violence prevention advocacy, and were trained by the research team in the key tenets of the CCA, including practices of safe interviewing, and skills of listening and dialogue. The semi-structured interview design allows for in-depth and rich data. A series of open-ended questions were asked around existing prevention efforts, barriers to accessing prevention, community-based understandings of violence prevention, and potential localised solutions the community could create through its participation. Community researchers engaged in ongoing dialogue with the research team during the interview phase. In addition, we conducted 31 in-depth interviews with key stakeholders in the sectors. These sectors including FVSV prevention, FVSV services, as well as diverse community-specific services.

## PHOTOVOICE WORKSHOPS

PhotoVoice is a technique that creates spaces for community storytelling through photographs. The images depict a subject from the perspective of the person who creates them.

In the PhotoVoice workshops, participants created photographs that represented how they saw family and sexual violence in their community, and the solutions they felt were necessary in stopping the FVSV before it happens. These images formed the basis of a group discussion on community-led strategies for prevention of FVSV, and created conceptual threads to be pursued in future community-wide conversations. The photographs selected and curated by the workshop participants will form the basis of exhibitions in the community, fostering community dialogues on strategies of prevention of FVSV.

We conducted one PhotoVoice workshop in Highbury, with 10 community members consistently participating in seven sessions from the beginning to the end. The PhotoVoice workshops were facilitated by a team of community researchers and community artists who have been working with CARE on developing advocacy-based PhotoVoice exhibitions and creating frameworks for community-wide conversations on transformative solutions.

## KEY STAKEHOLDER WORKSHOPS

We conducted seven stakeholder meetings: two stakeholder workshops for ageing, rainbow, and migrant communities and one for disabled communities in Wellington. These workshops brought together the key stakeholders working with the target communities (disabled people, older persons, rainbow communities, and new migrants) in dialogue. Workshop participants were selected by the Joint Venture Business Unit. Workshop 1 presented the findings from the in-depth interviews and advisory group meetings and sought to generate solutions to the problems identified. It also sought to identify intervention and policy solutions to the challenges with violence prevention interventions emergent from the in-depth interviews and advisory group meetings. Workshop 2 specifically developed a long-term strategy for investment based on the discussion in Workshop 1 and included discussing the feedback on the emergent themes and conceptual framework from the community advisory groups. This process of dialoguing at multiple levels ensures that the solutions generated flow dialogically from the local contexts of community life to national-level engagement. Moreover, the culture-centered process suggests that power should be de-centered and placed in the hands of communities at the "margins of the margins." This translates into the emergent inputs from the workshops returned to community advisory groups, with these place-based advisory groups making final decisions about the theories, concepts, and strategies of social change.

---

**A series of open-ended questions were asked around existing prevention efforts, barriers to accessing prevention, community-based understandings of violence prevention, and potential localised solutions the community could create through its participation.**

---

## COMMUNITY ADVISORY GROUP HUI

We gathered advisory group members from four of the five place-based communities to crystallize the community-led culture-centered prevention framework. Community advisory group members and community pou reflected on their place-based strategies, shared key elements of these strategies with each other, and exchanged their solutions around community-led prevention of FVSV. The hui create a space for community advisory group members, community researchers, and community pou to reflect on the structural challenges, and to articulate demands for structural transformation to enable community-led prevention in their respective place-based communities.

## CO-CONSTRUCTIVIST GROUNDED THEORY ANALYSIS

The interviews were transcribed and anonymised, with participants being assigned pseudonyms. The interview findings were coded using co-constructivist grounded theory. The emerging themes were identified in conversation with the literature on discrimination and disenfranchisement of diverse communities in Aotearoa New Zealand. We note recent literature that uses a blended approach of Kaupapa Māori theory, Mana Wāhine theory and constructivist grounded theory to analyse interview findings to foreground the voices of Māori women who utilised their own strategies to keep themselves safe amidst violence within their homes (Wilson, et al. 2021). This complements the dialogic approach to grounded theory in the CCA that places the emergent themes in conversation with the guiding concepts of culture, structure, and agency. This generates a theory of change that is rooted in community voice, and simultaneously offers the basis for centering community agency in preventing FVSV. The community advisory groups discussed the initial findings outlined the conceptual framework for community-led prevention, developing a theory for prevention. The frameworks that emerged across the communities were placed in dialogue with each other, to identify convergences and divergences, and to synthesize them into an anchoring theory of community-led prevention of sexual violence and family violence.

## HUMAN ETHICS

We followed cyclical processes of community dialogues in developing the study design, with community researchers from diverse communities shaping the development of safety strategies, informed consent, interviewing processes, and the semi-structured protocol guiding the in-depth interviews. As the advisory groups emerged, the study design went through multiple iterations. Strategies of safety were revised iteratively through community participation. The presence of members of diverse communities on the advisory groups intersecting with Māori, Pasefika, and ethnic minority identities held the emergent design accountable to the voices of the “margins of the margins.” The final design guiding this report was approved by the Human Subjects Committee at Massey University. The report was generated in partnership with community researchers, crystallized and revised through the participation of community advisory groups. In protecting the anonymity of the participants, different layers of demographic identifiers are used in different parts of the report.

## CHAPTER 4

# COMMUNITY-LED CULTURE-CENTERED PREVENTION FRAMEWORK

**“We can create these solutions in our community. As kaumātua, we have witnessed violence in our communities all our lives. We have also developed many solutions over the years. The knowledge is here in the community.” – Aging Māori participant negotiating disability**

The community-led culture-centered prevention framework draws on community capacity to identify problems and create solutions that are rooted in the rhythms of community life (see Figure 3). We propose a hybrid approach to prevention, with diverse community-specific prevention to complement community-wide prevention across the diverse communities (a) ageing communities; (b) people with disabilities; (c) rainbow communities; and (d) new migrant communities). Whereas some local communities might develop prevention solutions in all four diverse contexts, other local communities might decide to work on a specific diverse context (for instance, rainbow communities in Wellington). Led by community advisory groups composed of members from the “margins of the margins,” community-led prevention efforts must address diverse intersections, including with Māori and Pasefika identities, and address the overarching context of poverty.

Community voice anchors the various connections that are vital to the development of a sustainable framework for community-led prevention. Because one of the key challenges to the development of community voice is the vast power differential that shapes the landscape of sexual violence and family violence, it is important to cultivate the principles of dialogue, humility, and democracy as the basis of building voice infrastructures at the “margins of the margins.” Communities put forth their knowledge through these voice infrastructures, advocate based on this knowledge, seek to impact policy, and carry out a wide array of community-led initiatives.

The community-led prevention framework is anchored by place-based advisory groups comprising of people with diverse identities at the “margins of the margins.” The advisory groups are dynamic, bringing in new members based on attention to inclusion of voices that are usually absent from community spaces. The advisory groups work with community pou, who coordinate advisory group meetings, facilitate the meetings, and synthesize the key ideas. The community advisory groups participate in dialogic conversations with sector stakeholders to build education and training programmes, which are then offered to the community pou. The community pou lead community-

led education and organise community hui. In addition, community advisory groups create place-based communication campaigns. The community-led prevention strategy is supported by community-owned safe spaces, supported by sector organisations. Throughout the prevention implementation process, community pou are supported by sector organisations.

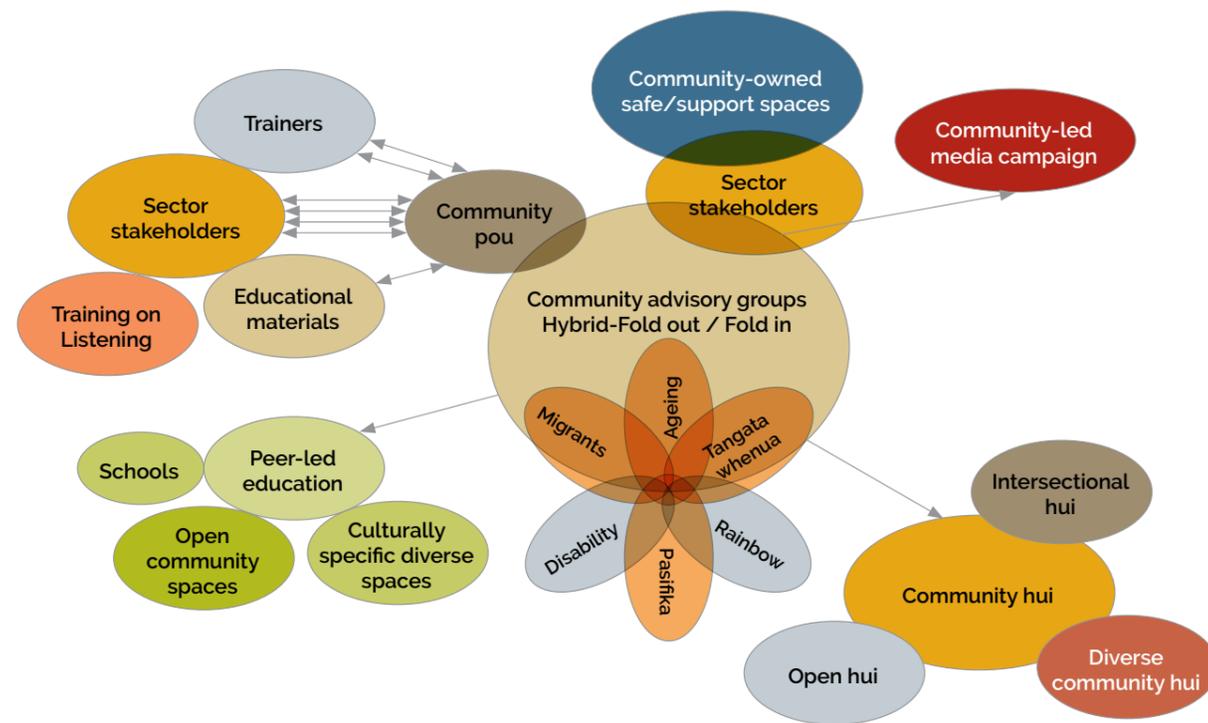


Figure 4: Community-led culture-centered approach to violence prevention

It is vital that emphasis be placed on listening to the voices of communities at the “margins of the margins” experiencing higher burdens of family violence and sexual violence. High deprivation communities are not only under-resourced for basic infrastructures, but they are also largely under-resourced in the family violence sexual violence context. Existing reports on family violence and sexual violence largely remain silent about the role of poverty in family violence and sexual violence. The participation of communities at the “margins of the margins” in developing community-led culture-centered prevention offers a corrective to this absence.

Community-led prevention solutions include (a) community-led hui for conversations on prevention, (b) community education, (c) awareness campaigns, (d) new communication infrastructures, (e) community spaces for social support, (f) training of community pou, and (g) healthy relationships support.

Local capacities for community-led prevention will be supported by (a) a core education programme and (b) a complementary “train-the-trainer” programme that local communities can adapt to meet their specific diverse needs. The education and

training programmes draw on the expertise of national stakeholders in the FVSV sector in dialogue with the community advisory boards. Community advisory groups and community pou are trained in the CCA, creating a voice infrastructure for developing community-led solutions and advocating for changes in policy to address local needs. Education and training are designed to build the capacities of local communities, with each community having sovereignty over what it wants to develop as its prevention programme. Reflecting the hybrid framework at the local level, the core education and training programmes would include a base that links up across the four diverse communities as well as targeted components for each diverse community.

## COMMUNITY ADVISORY GROUPS

Community advisory groups create, design, and implement community-led prevention. The community advisory groups serve as spaces for participation of community members at the “margins of the margins” with lived experiences of sexual violence and family violence. Community advisory groups are organized in hybrid forms, meaning they meet in diverse community specific formations as well as in broader community-wide formations. This agility of the community advisory groups both creates safe spaces for diverse identities as well as collective spaces for the mobilising of community-wide strategies of prevention.

Community researchers who have lived experiences advocating for violence prevention in their communities, inhabit intersecting diverse identities, and reside in the communities, engage in ongoing conversations in the communities to invite members. Community researchers are insiders-outsiders, both participating in the advisory groups and at the same time, observing the power dynamics in advisory groups to continually create communicative equality. The community advisory groups are flexible and dynamic, responding to the emergent needs within communities and creating spaces of ongoing inclusion. Dialogues that are open to difference define the advisory groups. This is suggested by Dutta (2018, p. 249):

Advisory board meetings are organized on the principles of dialectical-dialogues, with initial emphasis on generating diverse ideas, placing these ideas in conversation, opening conversations to debates weighing ideas, interrogating the solutions generated for erasures, inviting the margins of the group to contribute ideas, working through the erasures and ideas from the margins to re-imagine solutions, and voting on the ideas to create a generative framework.

**Community advisory groups are organized in hybrid forms, meaning they meet in diverse community specific formations as well as in broader community-wide formations.**

## TANGATA WHENUA LEADERSHIP

A Māori transgender woman participant notes that for violence prevention in diverse communities, the leadership of tangata whenua offers an anchor:

... it's a partnership... between manuhiri and tangata whenua. So people of the land and visitors. That's how that translates. So everyone knows it's meant to be a partnership with indigenous people of Aotearoa.

The leadership of tangata whenua situates community-led prevention of sexual violence and family violence in the principle of Te Tiriti. Māori leadership in the community advisory groups is rooted in the organising principles of mātauranga Māori. The protocols of participation on advisory groups are guided by, a) tino rangatiratanga (communities self-determine solutions); b) taonga tuku iho (cultural aspirations anchor meanings); (c) ako Māori (developing culturally preferred pedagogy); (d) kia piki ake I nga raruraru o te kāinga (socioeconomic context); (e) whānau (extended family) and (f) kaupapa (collective philosophy). Articulations of mātauranga Māori guide the design, implementation and evaluation of communication infrastructures for voice. The framework builds infrastructures for listening to the voices of Pasifika, migrant, and pakeha communities at the "margins of the margins" in dialogue with tangata whenua. Tangata whenua participation and partnership at the diverse intersections (ageing, disability, and rainbow) are key to upholding Te Tiriti.

## LEADERSHIP OF DIVERSE COMMUNITIES

The leadership of tangata whenua is complemented by the leadership of diverse communities in dialogue. Members from diverse communities at intersecting identities at the "margins of the margins" bring their knowledge anchored in lived experiences to the development of community-led prevention strategies. Recognising diverse cultural knowledge systems that offer creative and sustainable strategies for violence prevention challenges the monolithic and homogenous approach to prevention of sexual violence and family violence. Dismantling the universalizing logic of creating a "one size fits all" approach, intersecting diversities offer multiple and dynamic approaches to community-led prevention, embedded in local contexts.

## COMMUNITY POU

Community pou are peer leaders who lead the community-led education programmes, communication campaigns, community-wide conversations on prevention of sexual violence and family violence. A Māori disabled participant points to the significant role community pou can play:

...training to be a peer support worker... help us become yeah or help us more become aware of knowledge, which gives us tools to deal with it. Together learning. Will encourage more people... cos it's in the community. Will encourage more people to join it. As time goes by, more witnesses, more testimonies about it... we don't know how long it'll be until somebody else finds out about it. But we don't want it to be off and on.

According to a migrant woman:

I know there are leaders within the community. They have the cultural knowledge and understand how the culture can guide them to raise awareness, educate people in the community. There are many people here that have done these things in the community at home. We need to draw them out.

An ageing, disabled Māori participant highlights the role of the community pou:

right yeah maybe we can have volunteers in each... not in each street but maybe in \_\_\_\_\_, you know. We can have zones and we can have a group of volunteers.

Identifying, educating, and supporting community peer leaders from within communities is a key element in sustaining community-led prevention. One migrant woman shared:

The other thing is if New Zealand can locate....women who from each migrant community who are happy to do volunteer job. You remember me telling you? You know, if they can come up with a group of women who are happy to work with this, so we can share the message, we can knock on the door and have a meeting and talk to people about their rights.

Another migrant participant points to the experiences that migrant women bring with them, often having worked on and led violence prevention efforts in their communities. Recognising these strengths is vital to building community leadership in violence prevention. The community pou are trained with the skills to train other community pou, thus building the community capacity to carry out prevention education and coordinate community hui.

## PEER-LED EDUCATION

Peer-led education draws on the cultural strengths of communities, creates dialogues on the underlying ideologies that shape sexual violence and family violence, and build awareness about the various elements of violence. Participants in one advisory group noted that preventing sexual violence and family violence is about addressing the underlying causes of violence. This broad education then serves as the basis for creating awareness about the symptoms of violence, communication skills to prevent violence, and resources available to prevent violence. In the voice of an ageing participant,

So, hence going back to the lollipop stand. Schools. Go into schools. Go to... Whānau centre. .... The schools. [Names area]. Those are just the small groups. Church. You know ..... have somebody dancing at the flea market if we have to. You know it's-it's not okay. The Police station. Get them involved... Give us a day give us a day of your time and teach us. Teach us to teach our people right and wrong... It's not okay. It's... definitely not okay.

According to a disabled participant, creating awareness within the community is about building infrastructures for education in the community. She notes:

...teaching these kids, building them up with self-confidence. Let them know what's wrong, oh what's wrong, what's right. Letting them know how to get themselves in safe places to get wherever, you know about, about so when their parents get home, about running straight to their parents and telling them 'he did this, he did that' cos before they get in the door, the, the uncles and the brothers are already saying 'they dah dah dah dah dah' so getting a hiding before they even get in the door.

Noting the role of education as the basis of social change, an ageing Māori man shared,

Prevent it, yeah. Just teach. Just teach... we need teaching. We need to teach the adults to teach the kids. Because some of us adults are stuck in a rut and what we believe in is what's right and what you believe is not right. You know so we got to change perspectives.

An ageing migrant participant shares:

At first a person himself should be considerate to his spouse and then he/she should contribute to the community. For example, in a month all members of a community should meet to discuss the community or family problems, if there any. In a community all should know each other so that all may come forward to help others. If we can make all the members of a community to understand the causes and consequences of family or sexual violence, then I think this type of crisis can be prevented.

According to a Māori rainbow participant,

I honestly believe that education around what colonisation has done to our people, would go a long way in understanding why our people feel so much mamae. And I think that the thing is you're never gonna get rid of family violence because there's always gonna be things that are pressuring individuals and families. There's always going to be this intergenerational trauma because colonisation really fucked us up. And as... you know colonisation in other countries which leads to people, you know when they migrate, they bring things, into different countries, in terms of like their historical harms and understandings of what their culture is and then they're siloed, in like you know different countries and stuff like that of course, not knowing where to reach out for help.

Preventive education is therefore decolonising education that centers communities in critically reflecting upon the effects of colonisation, patriarchy, and whiteness, and developing solutions that draw upon community strengths and cultural narratives. Because of the historic erasure of communities in violence prevention decision-making, education that identifies cultural strengths while challenging the normative elements in culture that perpetuate sexual violence and family violence fosters community participation in social change.

## EDUCATION MATERIALS

The peer-led education programme is carried out by community pou. The community pou will draw on education materials that are co-created through ongoing dialogues between the community pou, local sector stakeholders, and national level sector stakeholders. Community advisory groups draw on their lived experiences and knowledge of community resources to suggest sector stakeholders. This is complemented by inputs from the Joint Venture Business Unit (JVBU). The local and national sector stakeholders selected to participate (a) will have worked in the space of primary prevention, (b) are familiar with key concepts of community-led prevention, and (c) adopt a strengths-based approach to community engagement. The education materials cover the overarching ideological drivers of sexual violence and family violence, strategies for Recognising the symptoms of sexual violence and family violence, communication strategies for voicing sexual violence and family violence, communication strategies for addressing conflicts, community organising, and community advocacy for social change.

## TRAINING PROGRAMME

The educational materials are supported by a training programme for community pou to deliver the violence prevention education in their communities. The training programme is co-created through their participation in dialogue with sector organisations with experiences of working in the violence prevention area in diverse and intersecting contexts. The training programme thus is built on the principles of dialogue and community participation, with community knowledge based on lived experience interacting with the knowledge and experience of local and national sector stakeholders. It is important to note the principle of dialogue as a key element in this partnership, given the existing power inequalities between communities and sector organisations. Moreover, the training programme builds the capacities of community pou to train other community pou from the "margins of the margins." The education and training programmes support the capacity of the community to create and implement violence prevention solutions. Community participation lies at the crux of the development of knowledge of prevention.

## COMMUNITY HUI

Community hui are envisioned as spaces for creating awareness by embedding learning in activities. Hui also serve as spaces for generating community-wide conversations on the prevention of sexual violence and family violence. Notes a Māori Pasefika ageing participant:

Well like how we have a family day? We can have a bring your grandparents. It doesn't have to be your grandparents, it could be my neighbour over there. I'm sure he'll come along as part of a Whānau if we took him. You know, bring your grandparents. Bring your neighbour. Make it inviting for them. But also bring the kids.

A hybrid approach to holding the community hui, with community-specific interactions and cross-community interactions, ensures safety, creating spaces for diverse communities to get together in spaces that are community-specific, and simultaneously creating openings for wider community-based conversations. The mix of community-wide hui and diverse community-specific hui are determined by the advisory groups, depending upon the contexts and community needs.

## COMMUNITY-LED COMMUNICATION CAMPAIGN

Community-led communication campaign is conceptualised as a key resource in raising and sustaining awareness in the community, as well as in generating social change in communities. Communities participate in co-creating communication strategies that are embedded in their lived experiences and situated in their contexts. Messages therefore are place-based. Communication-led communication campaigns can draw on a wide range of communication channels, depending upon the cultural context and the decision-making of community advisory group members.

Rather than a "one size fits all" messaging strategy that is nationally developed and then passed down from the top, it is important that communities create messaging strategies that are responsive to the norms of community life. Flexibility and adaptability are salient features of a community-led communication campaign strategy. Notes an ageing participant:

Television. Raising awareness. Programmes like radio programmes like The Nutters Club where people call up and talk openly about their problems. That's a solution to that. So it's publicity and using whatever media we have. Cause sometimes it has to be indirect for a person who's suffering from some sort of violence. Can't just say "I'm off to meet with these other people" cause they won't be allowed to go.

For a disabled migrant rainbow participant, prevention requires

speaking out in raising our voices. Social Media platforms. In preventing abuse for transgender, social media play a big part in awareness of prevention.

Social media as sites of awareness raising through narrative accounts and organising emerges in another migrant narrative,

So, women need to come forward and speak about it. In Auckland I've seen women organising women have... social media can play a very good role here, because you know they have groups. Sari groups, I saw this sari group. Women wear saris.

In the articulation of a rainbow participant:

I mean if you scroll all the way back to, when I first joined Instagram, I use to talk a lot about um sexual violence statistics, which is such a weird, which like when you see my Instagram now, it's something that I talk about sometimes this was like literally always talked about on Instagram for a long time. Um but even then coming from like I mean that was 2014, 2015 something like that and in the six years since then, I certainly think there's more discussion about how to hold people accountable...so if I ever had Instagram all of that being my very focus towards... young girls. I certainly think we've, we're now, we now have... teenage girls and...young women who are more able to assert themselves about what sexual violence towards them is. Whether it's like assault or rape, anything like that and I definitely think that because of social media there is less shame.

Media are tools of empowerment in community-led communication campaigns. Communities at the “margins of the margins” assert themselves through digital media, to disseminate messages of sexual violence and family violence prevention. Similarly, notes a migrant participant:

Kids need to know to protect themselves.... I think everyone needs to know what violence is...most of us don't know.... social media.... any kind of communication that would help... if there could be some video explaining in all languages, it could be voluntary...I would do that to help kids...to help. Those will help to stop.

Story-telling and dramatized scenarios are noted as important strategies for raising awareness through communication campaigns. A rainbow participant shared:

I wonder if they could be some sort of ...social media campaign or something just focusing specifically on that... Maybe using humour, like, just because, just 'cause I'm lesbian, doesn't mean I am “into you” like kind of thing, like back off. I've got my privacy, you know there could be a cool little action thing where... Active thing where like... someone comes out, and their friend is like: Oh... And then “Oh”, you're like: “just because I'm lesbian doesn't mean you are my type...” or like...and kind of with that message of like Back off and don't sexualize people and there could be like a bit of a bystander element in that too... like where a mate steps in and says... Um, yeah, exactly that... like doesn't mean she's into you, or doesn't mean she's up for talking about her sex life. Like, give her, her privacy. Um, you know and maybe like a slogan, like, “Privacy same for rainbow people...”

Participants note the importance of the messaging being embedded in culturally situated forms of storytelling. They critique the monolithic approach of dominant campaign messages that do not connect with diverse cultures, contexts, and forms of storytelling. Participants point out that communities need to be able to see themselves in the communication campaigns, in stories that they can relate to, and stories that are connected to community life. In the voice of an ageing Māori participant:

Where are our stories? What we say in the videos have to be the stories of the community and what we do here in the community to uphold each other. It is about aroha and how we care for each other. This is the way in which we prevent violence. Show aroha toward each other.

Media and interpersonal communication channels are also important tools for creating awareness about the availability of services. A disabled rainbow participant notes that services:

...would be advertised on social media or through brochures or through every other services the support lines and of information...to help who ever needs assistance. I think like for some people, who like for myself, if I've had to have help, access help, but I was kinda like shy to ask for help. So I would probably like ask the sis, how do I get this and she would show me.

It is important to create and support community capacities for designing, implementing and evaluating community-led communication campaigns. Given the hegemonic approaches to evaluation that hold up top-down structures of expertise, community voice and participation should shape the theory-informed discussion of evaluation frameworks that are anchored in the rhythms and lived struggles of community life.

## COMMUNITY-OWNED SAFE/SUPPORT SPACES

Safe and supportive spaces enable community-led prevention of sexual violence and family violence. Across the diverse communities, participants foreground the urgency of building safe spaces in communities where community members can develop and implement violence prevention strategies, where community members can go to for support, and where culturally-grounded shelters and other services are offered. As one rainbow participant expressed:

In the community, we need a dedicated space where anyone can show up to have conversations on sexual violence and family violence. It is a building that everyone in the community knows is the space for all this kind of stuff... all prevention stuff for the community to come around. The counsellors and services are also there so there can be conversations. Also for someone to come and hang out if they are feeling unsafe. We need to have our building.

Diverse communities discuss the importance of building spaces that address diverse communities' needs. A disabled rainbow participant notes that the Youth Spaces are often not really safe for rainbow communities. They go on to note:

...So, if there was a place you could go, it would be a good place where you could even link smaller, like things within the community, so people could get together and meet each other, which would then make it easier to run things like events.

Safe and support spaces are key infrastructures in opening up conversations on sexual violence and family violence. Notes a rainbow participant:

Yeah, it's such a taboo subject, isn't it? So, having those open spaces where rainbow people can come together and feel supported and empowered and get to know one another definitely opens up those spaces for dialogue doesn't it.

The participant adds, "but only if there was a space to, because how would you ever end up with one? If there was like a physical space, there could end up being one, but if you tried to right now....," making the connection between having a space to building leadership within the community to create and run violence prevention solutions.

Spaces ensure the sustainability of the dialogues, which sustains community-led prevention. In an advisory group discussion of the necessity of space, notes a disabled aging participant:

This building is one place where we can run the community-led prevention out of and the community will know that this is the place to go to for resources on sexual violence and family violence. That will go a long ways toward stopping it. It doesn't even have to be a new building. We can take one of these houses that no one is using. Or just those mobile boxes that can be set up in the community.

Safety in the community is the ability to have the dialogues and conversations to drive the prevention of sexual violence and family violence. Support spaces in the community, with support spaces for diverse communities along with community-specific support resources offer safety that is culturally anchored, context based, and locally grounded.

### CULTURE-CENTRED PEDAGOGY OF LISTENING

The success of community-led prevention is tied to building infrastructures of listening in sector organisations and the different ministries working on family violence and sexual violence. A culture-centered pedagogy of listening creates the openings for Recognising the agentic capacities of communities at the "margins of the margins" (Dutta, 2014). This recognition of communities as the upholders of knowledge is a transformative anchor for how prevention of sexual violence and family violence is conceptualized. In the voice of a Pasefika ageing participant, "Community is where prevention happens. If you can empower the community to lead change, the change will happen." So that voices of communities can be heard in policy spaces and in the development of prevention solutions, we propose a culture-centered pedagogy for the sector that includes sector education on three elements: (a) dialogue; (b) humility; and (c) democracy (see Figure 4).



Figure 5: Culture-centered education in listening

#### DIALOGUE

The principle of dialogue reflects the two-way flow of communication, creating communication symmetry through participation. Dialogue is built on the concept of mutuality, where both participants see the value that they each bring to the conversation, and hold each other in respect. Building government and sector capacity in dialogue is crucial to creating the spaces for community participation in decision-making for community-led prevention. The overwhelming sense of feeling invisible and unheard articulated by community members at the "margins of the margins" is addressed by building the capacities of dialogue in the government and in the various non-governmental organisations working in family violence and sexual violence. The dialogic framework shapes the co-creation process, with community expertise placed in conversation with organisational expertise working in the prevention of sexual violence and family violence.

#### HUMILITY

Being open to community-led concepts of prevention and working with these concepts suggests that the state and sector organisations approach the knowledge co-construction process with humility. Humility is reflected in an openness to questioning the existing frameworks and tools with which those in power have been trained to work. Humility enables decision-makers in power to let go as one enters into relationships with individuals, families, and communities whose voices have long been silenced. This act of letting go of the familiar tools of knowledge production, the familiar methods of carrying out solutions, and the familiar concepts that have been deployed historically requires

acknowledging the privileges that constitute state and sector expertise. Engaging with the margins through participatory processes necessitates that those in dominant structures recognise the sites of privilege and the ways in which this privilege stands in as both a loss and a potential resource in partnerships with communities.

## DEMOCRACY

The pedagogy of democracy puts forth the concept that empowered communities at the "margins of the margins" take ownership to organize resources to serve their needs. At the heart of community democracy in the CCA is the creation of voice infrastructures for the participation of communities in decision-making and in communicating these decisions to policy makers and programme planners in ways they can be heard. The education in democracy for government and sector organisations builds registers for listening to community voices, for inviting community knowledge, and for dialoguing with communities in creating solutions. Situating the approach to democracy in Te Tiriti foregrounds Māori participation in community decision-making processes and Māori leadership in creating prevention solutions through dialogues with diverse communities. Iwi participation in conversations with leadership by diverse communities puts forth a framework for community-led prevention committed to the principles of Te Tiriti.

## CRITICAL RACE THEORY

The dominant strands of racism in the state and sector organisations running prevention and services around sexual and family violence (more on this in the next section) calls for a pedagogy of critical race theory (Crenshaw, Gotanda, Peller, & Thomas, 1995). Critical race theory is rooted in the recognition that racism is a social construct, embedded in legal systems and policies, leading to disproportionately poor outcomes in indigenous communities and communities of colour. Beyond analyzing racism as individual prejudice or bias, critical race theory attends to the structural features of racism, and the forms of governmentality that legitimize and reproduce racism. It offers education into the racist features of structures that shape public policies and laws.

Systematic and sustained pedagogy in critical race theory for staff of the various ministries and sector organisations working on sexual violence and family violence is vital in addressing the racism evident in the family violence and sexual violence sectors and related ministries. The deployment of Islamophobic tropes around sexual violence and family violence that perpetuate white supremacy points to the urgency of monitoring closely such threats to social cohesion and of creating learning that directly addresses Islamophobia and racism within FVSV structures. Critical Race Theory offers the conceptual basis for critically examining the production and circulation of racism within the FVSV-related structures, as well as for building anti-racist solutions. These anti-racist solutions enable the empowerment of diverse communities by creating spaces of listening and dialogue based on genuine respect for diverse communities.

## COMMUNITY-ANCHORED SAFETY

Community participation in context-based decision-making around safety is at the heart of developing community-led prevention of sexual violence and family violence. Community members at the "margins of the margins" know best what are the culturally situated norms around safety. Here is the voice of a Māori participant:

In our Whānau, we have over generations figured out how to keep the Whānau safe. How to keep each other safe. These are not some outside determination of what is safe. What is safe is what works for the Whānau in keeping all safe. If I hear a fight breaking out, I know what is safe for me to do in there, and how to jump into that situation to stop the violence from happening. This will go against what the Pākehā will describe as what is safe for the community.

Note here that the community's construction of safety as the basis for violence prevention is divergent from the top-down definitions of safety, and this recognition lies at the crux of effective community-led violence prevention.

This is reiterated by a disabled participant when discussing safety in implementing community-led prevention,

We in the community have found out ways of doing prevention in safe ways. The first point of that is for the community to have a say about what is safe based on our lived experience. I have gone on and knocked on the neighbour's door when I heard loud sounds. That is safety to me, to keep the community safe. It is about aroha and the community.

The role of community voice in establishing frameworks of safety is tied to the partnerships crafted with local and national sector stakeholders in fostering safe spaces for safe conversations on the prevention of sexual violence and family violence. Creating spaces for communities to participate in dialogues on safety is an important step in community-led violence prevention. Communities then take the ownership of partnering with organisations that support local leadership in carrying out prevention.

## CYCLICAL COMMUNITY-DIRECTED FUNDING

The proposed community-led prevention framework suggests a cyclical pattern of funding centered in community, for building community sovereignty in creating and carrying out prevention solutions. The model proposed here is directed toward building community capacity for envisioning prevention based on community-grounded theories of change, for implementing prevention, and for building continual improvement cycles of prevention solutions based on community-anchored critical reflexivity. Based upon a model of progressive funding, we recommend 50%-50% funding in the first round, with 50% of the funding placed in communities and the 50% allocated to sector organisations to support communities in their prevention efforts. This is followed by a 75%-25% funding in the

second round, with 75% of the funding staying in communities for community to lead and implement prevention solutions that are meaningful to the lived context, and 25% allocated to local, regional, and national sector organisations supporting communities in their prevention efforts. This funding model is based on the key suggestion made by community members at the “margins of the margins” that funding should be decentralised and should directly go into communities for them to lead the violence prevention solutions.

That communities are the key architects in the creation and implementation of solutions guides the funding recommendation, with the resources being placed into building community capacities for carrying out the prevention of sexual violence and family violence, and developing sustainable infrastructures within communities for them to lead. The funding processes to support the sector organisations should be transparent and invitational, inviting a diverse range of organisations that work on violence prevention from a strengths-based approach. Moreover, the place-based communities and those at the “margins of the margins” of these should have a say on the engagement process to ensure safe processes are created for their participation. The JVBU should take ongoing inputs from the advisory groups in place-based communities to understand the experiences with the collaborative process and to take the necessary actions to promote and sustain safety.

The funding that is currently proposed in two rounds needs to be sustained for the next ten years to enable communities to create a sustainable base for carrying out community-led violence prevention solutions. Building a long-term framework for funding is needed to ensure community momentum and to sustain the capacity of the community for social change. Participants note the episodic nature of funding that results from changes in political configurations, and this is a barrier to the long-term success of community-led violence prevention. Ongoing decentralization of funding is also important to ensure that the funding resources are actually spent in communities. Participants in communities at the “margins of the margins” note that they often do not see the funding that is spent on prevention and that they are largely unaware of prevention efforts. This, they note, is a product of the way in which funding is allocated to formal organizational structures, which are often far removed from communities. These structures allocate the funding toward supporting professional staff who then might make visits to schools etc. to run workshops etc. Such forms of expenses of funding do not really see community-wide impact, and not impact the “margins of the margins.” Moreover, the efforts funded through professionalized programmes are often episodic and disappear from communities. The decentralized funding being proposed here is to be directly spent in communities, with the majority of the funding going toward running the actual prevention solutions in communities. Funding should be spent in collaborative forms, with a focus on supporting the wide range of informal community-led initiatives that emerge from within communities. These initiatives then ought to be supported by a ministry infrastructure that can coordinate and ensure the availability of specific sector skills that the community might voice the need for.

---

**Building a long-term  
framework for funding  
is needed to ensure  
community momentum**

---

...

## CHAPTER 5

# FEATURES OF COMMUNITY-LED PREVENTION

---

This section describes participant understandings of community-led prevention efforts. We first outline participant understandings of community, and then attend to the various facets of community-led prevention that participants voiced.

### COMMUNITY AS PLACE

For the participants, place anchors their understanding of community. Sexual violence and family violence, and its solutions are located in place. An aging Māori participant with disability described the community as, “everybody that lives in the area with their old, young... different ethnicities... A community, you’re here together.” Community is materialized through living together in a place. This is further articulated by a participant negotiating disability who described it as “a group of people that live in the same sort of environment, area. And everyone has something to offer others in life.” An aging participant notes, “Community is the wider area of people. That is community.” Place is conceptualized as the broader environment that envelops participants’ lived experiences. In the voice of an ageing trans woman participant negotiating disability, community is: “everybody here in the neighbourhood. Everybody here in my city, everybody here in the township, the whole of the environment of our city here in \_\_\_\_\_.” Community as place is diverse and is inclusive of everybody. The development of community-led solutions in this sense involves everybody in the community.

Throughout the narratives, participants refer to the environment and context that shape experiences of sexual violence and family violence. Notes an ageing disabled migrant woman, “It is everything that is surrounding the person. When the stress increases because there is no income or not enough food, that leads to violence. So how are we going to look at those things here in the community? When a family is struggling during the lockdown, how is the community going to support? This is really important for community.” The place-based conceptualization of community is tied to the resources available in the community for preventing sexual violence and family violence. Notes a participant:

Challenges are not being connected as a community and having a proper tight support network that within, not just the community, within the government, that this housing, housing New Zealand is supposed to represent, that, you know Work and Income New Zealand (WINZ) is supposed to represent, but none of them are holding down their half. They’ve become all law and by the book, but that book was written for a reason.

The challenges to the prevention of sexual and family violence are located within the community ecosystem, amidst the struggles with securing employment, housing, and other resources. Community-led prevention must be embedded within advocacy for a broader structurally-based support network that offers the fundamental welfare needs of life and livelihood.

### MULTIPLE, FLUID, AND DIVERSE COMMUNITIES

For participants, community constitutes the space where sexual violence and family violence take place. It is also the space where solutions can be created to prevent violence.

Participants suggest that community is a cultural space: Culture is negotiated in community, as a site for perpetuating norms that constitute sexual violence and family violence, and also as a site and resource for supporting those that experience violence.

My understanding of community is Whānau, Hapū, Iwi in a cultural term. For others that are less fortunate to have extended Whānau, it might be a community that they identify with or have strong links to, due to their identification either being gay but it could be the gay lesbian transgender community, or it could be other ethnic communities, or yeah, but cultural for me. (rainbow community member)

Moreover, culture intersects with multiple identities. Notes a rainbow participant,

Community... is a subgroup of society. I identify myself...with what's called the rainbow community... within that, like any community, there is not homogeneous groups of people. So, there's lots of differences.

Communities are therefore seen as heterogeneous spaces, with multiple intersecting identities. Differences constitute the basis of how participants see community life, shaping the ways in which they affiliate and come together, embedded within the unequal terrains of power within communities.

Participant narratives foreground the concept of mutual commitment in community. Diverse identities serve as the basis for forging community, and these identities guide the sense of investment community members feel in preventing family violence and sexual violence. In the voice of a gay male migrant community member,

Community is, for me, it's at the centre of queer community, particularly, because we're so marginalised. I believe at the centre of it all is love. That's a sense of community, it's where you can come home and be accepted for who you are, and how you are, at the base of it. The second part is to be able to have open conversations with the community. Thirdly, is to be able to create platforms for my community, you know...That's my sense of community, the work that I do with my community is always out of love, and always out of... I'm always here for you, I will try my best to educate you, and call you out on behaviour that is not permitted and should not be permitted. Yeah, and I think it, for a lot of us, and the circles I belong in, it's, it's a sense of family, because most of us do not have that, you know.

Community is tied together by mutual commitments among community members. Belonging in a community is tied to being able to create platforms for having open conversations. Open conversations are necessary for community members to hold each other accountable. For already marginalised communities inhabiting diverse identities, community serves as the anchor to violence prevention. In the voice of an ageing disabled Māori community member, community is the space for "creating, growing, evolving, adapting, and those are all things of life and...evoke love." Similarly, notes an ageing migrant participant:

Community is for the wellbeing of all. If community exists, then all members of that community may come forward to help each other. The community may inform the new community members about the rules and regulations of that community. For example, after coming to New Zealand the old community members may help us to inform the existing laws of New Zealand.

Community is a space for learning and education, for passing knowledge and skills, as well as for navigating resources.

### DEFINING COMMUNITY-LED

The community's ownership of prevention solutions is how participants understand community-led prevention efforts. Note the idea of community ownership in the following excerpt voiced by a Māori rainbow community member: "...community would be kinda like the group that you affiliate with on different kinds of kaupapa. And if it's community led, to me, it's decided by people in that community what what's been led and how to lead it." A migrant woman similarly voices what community ownership looks like in her migrant community, "Women in the community already have the knowledge how to prevent sexual violence and family violence in the community because we have been doing this back home and even here. Women in the community have the knowledge and have been educating other women."

The community's role in creating and implementing sexual violence and family violence prevention efforts is shared by a number of participants. According to a rainbow participant, community leadership in prevention is expressed in the form of solidarity.

As a community, we need to stand together. We need to be able to come together in our times of need, and not be judgmental. It's not about the blame game. It's about separating who's involved. So they can calm down for starters and heal.

Standing together as a community takes the form of offering social support as a form of prevention. Developing the community's capacity is a key element of community-led violence prevention. Standing together also translates into collective community efficacy in the development of primary prevention solutions.

This is voiced by a Māori disabled participant,

Here, we can come together, and create education programmes. The education can take place in many different places, not just in the schools. In the churches, in the marae, in the cultural centers, in the open park. We need conversations in the community to create awareness.

Participants note that community-led prevention is communicative, "Getting together as a community to discuss what's happening, what happened, and where to from there." Building community leadership to come up with strategies for prevention, implementing these strategies, and sustaining them emerges as a key thread in the interviews. An ageing migrant woman shares:

- I think if the community leaders come forward, come up with all the sorts of solutions that would really help rather than going to someone else getting that help because if it is in our own community then we would be more comfortable sharing... Speaking with own mother tongue is really important to sharing experience. So I would opt for the community here.

Participants note that with colonisation, expulsions of people from their local communities, and migration processes, communities have lost connection with culturally grounded strategies of prevention.

In the voice of a migrant woman,

Back home, women in the culture have long known how to stop family violence from happening. We have created our own groups of women within the community and have come together to create solutions.

Another Māori aging participant notes:

There are many beautiful things in our culture, and we need to find ways of remembering these ways of our culture that have taught the concepts of love and respect that make up our culture. The colonizer has come in and destroyed these things. This violence is the effect of colonisation. We need to come to recognise that in whatever education we build in the community. That is why the community has to lead prevention. That is why Māori have to lead prevention.

Developing community led prevention is about tracing these prevention resources that exist within communities and cultures, and drawing from them to create solutions. An ageing disabled Māori-Pasefika participant shares:

Yeah for the elderly. Especially in our \_\_\_\_\_ area, and it is for not only our Islanders Pasefika but our Pākehā as well, plus our other cultures... Maybe we could have a cultural day... So a cultural day at the \_\_\_\_\_ shops maybe. Um, because a lot of our elderly do, you know they go for a little stroll and have a haututū, and... needs to be something that is... affordable too.

The transformative role of the community in leading social change is noted by a disabled Māori participant, "It can only, it can only give life. It can only give more. It can only gain from it and prosper from it. If there's... none of, if there's no growing and stuff, there's just rotting and dying." The growth of the community is rooted in empowering community members to lead social change. An ageing migrant participant shares:

...Here everyone is living individually. It is like an individualistic society. Even then, we tried to communicate with each other in the \_\_\_\_\_ community. Here, we select the senior persons who can give decision in case of any crisis. Here any problem arises in any family of our community we try to solve the problem first. If we fail, then we ask them to follow the New Zealand Govt. system. At first as a community we try to solve the crisis.

Note here the role of the elders in the community as the source of knowledge. For diverse communities, acknowledging and respecting the ageing as sources of knowledge and as sources of solutions is an important thread in the prevention of sexual violence and family violence. Intergenerational learning and sharing of traditional cultural knowledge as resources for the prevention of sexual violence and family violence are crucial aspects of community-led violence prevention.

## COMMUNITY SPACES AND CONVERSATIONS

Participants highlight the centrality of community spaces for creating, carrying out, and sustaining prevention efforts. These physical spaces emerge in narrative as places for communities to get together. According to a community member with disability,

if we had a society, a community that had places for everyone to go where they can learn you know, where they can grow just within their community where they can paint, where they can do their art, their music, their producing. Where they can do their functions as a community, they come together and plan their own little things.

A space to participate in a wide range of community activities can serve as an anchor to community-led efforts of prevention. An ageing Māori woman shares the role that the marae plays in this regard:

The older communities where my people come from up north. They take a lot back to the marae to deal with different situations...And in the wider communities. It's knowing where you have that base to go. Like Whānau, or the bigger Whānau. I talk about Whānau that are the communities of Whānaus – like that is where your Whānau is, or it becomes a big family in dealing with those situations.

The participant further notes, "They usually put it back to the marae to deal with that, or to the Whānaus. The Whānaus have to deal with that, because you are meant to be looking after your elderly." Note here the notion of collective responsibility and community-grounded cultural norms in the prevention of sexual violence and family violence.

The importance of community spaces for migrant communities is articulated by a migrant participant:

They should keep in touch... or have some regular meetings. Especially women, because most women who you know, have ...experienced violence or sexual violence at home...it could be a good idea to have a meeting with their friends or build social community, for example in some special buildings, like library... or in the park.

This is shared by a disabled Pasefika participant, "Having conversations in the community about what is sexual violence, what are the symptoms of sexual violence, and what to do when it happens is the main thing. We need conversations in the community. It is hushed up, and we have to break that so sexual violence does not happen."

Workshops organized by community leaders emerge as communication infrastructures for education in the community. According to one migrant woman,

I think community can play a big role in preventing family and sexual violence. For example, if the community leaders come up with some programmes like workshop regarding the process of stopping violence, talk to the people in need because I don't believe everyone needs those things, then that would help. Because through workshop the needy people may talk and share their problems.

Another migrant woman further describes how to design such workshops to fit her community's needs:

...workshops – but nothing big, very small workshop, like half an hour of 15 minutes because women are always busy with their other work like children so they won't take any big workshops which won't take their time. But if it is 15 or 20 minutes after prayer any person or instructor can come and give them information or 10 or 15 minutes quickly so I think so they will listen and they don't mind even if they face any problem these are the measures they can take.

Conversations in communities are enabled by community-grounded conversations on safety. Community leadership that draws on contextually situated cultural norms to voice safe communicative practices enable community-led violence prevention.

## STRUCTURAL CONTEXTS OF VIOLENCE

Structural contexts refer to resource distribution patterns embedded within the political and economic configurations of societies. Structural contexts of violence are reflected in (a) housing; (b) financial resources; and (c) citizenship status.

### Housing

The absence of universal housing is a primary contributor to sexual violence and family violence. A disabled trans woman participant illustrates one link between housing instability and SVFV:

...because that is also part of why sexual violence is happening so much. In the sense that when people are precarious and they don't have, you know they don't have another place to stay, they don't have um, they don't have their own secure place that they can... live in and to sleep in. That means that um, you know if they're having to move all the time or couch surfing or you know partying to find places to stay then they're really really vulnerable to being sexually abused by whoever has that place where they could stay. Um, and I'm not saying that it's a problem for people to um, have sex in order to have a place to stay that's fine, you know that's fine, but if they don't have options to leave, um it just, it just means that they're are really vulnerable to being pressured into it and if they're choosing it then that's alright, but if they're, if they're been pressured into it because they don't have another option.

Another disabled trans woman migrant participant highlighted how diverse intersecting identities exacerbate housing inaccessibility:

I know the statistic is 1 in 5 trans people will experience homelessness in their life. And that the number goes up for disabled, and people of colour, and there aren't enough housing resources to begin with, let alone for this community, and with housing is a big factor in being able to leave abusive situations. There's good counselling services...there's the youth services that are good. I just think, quantity and accessibility.

Another rainbow participant detailed the stark choices those experiencing SVFV can face when they lack resources:

And then also, when people are in relationships with their partner, if their partner is abusing them,...then if they don't have any resources, if they don't have money, then they can't get a benefit. You know, they're getting mucked around by the system, which is often the case, ...which might be because they don't have the right identity documents, or you know, could be all sorts of things. Ah then they can't leave. You know, so where the choice is, stay together in a situation where somebody is abusing them whether that's sexually abusing them or otherwise um, and quite often a combination, if the choice is between staying there or leaving and being homeless and having no money, and also no support networks...yeah they don't have much of a choice.

### Financial resources

Difficulties with financial resources constitute a context within which sexual violence and family violence perpetuates. Poverty exacerbates the everyday struggles of communities, creating and increasing the stressors that contribute to family violence. This was stressed many times by our participants. Notes an ageing disabled Māori participant:

And I think it stems from poverty. Um, no money, no money for kai. I can't afford to look after my kids, so I go out and buy drugs. I buy alcohol. I come home, there's no food, I get a hiding... Or she hits me because I don't bring home no food, because I have no job. Low self-esteem... worthlessness there's a lot of worthlessness out there.

The analysis offered here foregrounds the interplays of poverty, drugs, and alcohol in the community. In participant narratives, drugs and alcohol often emerge as drivers of FVSV. These intersections with drugs and alcohol are narrated within the broader context of feelings of worthlessness and lack of access to income and food.

Similarly, notes a disabled rainbow participant:

A lot of violence comes from just. People at the end of the tether... people struggling. They often are because I don't have enough money or they don't even have a job, you know. And kids are lippy and it's just suddenly I've had enough. The more stressed the parent, the less patience. Or the husband or the partner. Or the big brother. The most stressed you are with this, less reasonable you become to other people. Just and you know what are the stresses. It's no housing, it's shit housing, crowded housing not enough. If you got to worry all the time about having enough money to feed your kids or yourself. or to get somebody's, you know, shoes. If it's really at the heart of it. I was wondering when we'd get to this one.

In the articulation of an ageing participant, "It is the poverty and the overcrowding. That causes all this violence." A rainbow participant shares:

I think, I think a lot of that probably you know really big picture wise comes, stems from poverty. I think that as long as people don't have money and people struggle, and people can't afford to buy a house or groceries for the week, that puts people against each other.

### CITIZENSHIP AND MIGRATION

Citizenship and migration status exacerbate the exposures to and negotiations of sexual violence and family violence for migrant communities. Participants note how migration status creates precarity. In the voice of a migrant woman participant:

- I think the immigration.... lots of people are afraid they have to leave the country. Or people want to leave the country and they can't because of the partner.

Migration status creates fear and vulnerability that prevents migrants from addressing experiences of sexual violence and family violence.

- Especially if you are dependent on your partner case....they can...If the women's can, Umm...I know in New Zealand it will be very, very hard to support, but some of them are in dysfunctional relation because they need their visa..

Temporary and dependent migration status also creates stressors that can exacerbate FVSV:

- So, the immigrants are struggling as they do not get their PR or residency. And after coming here some violence may arise in the family also. As the women are dependent on their partners as they are the principal applicants. They worry as they might send back home.

## STRUCTURES OF SECTOR ORGANISING AS BARRIERS

The participation of individuals, households, and communities at the “margins of the margins” of Aotearoa New Zealand is often constrained by structural barriers constituted within prevention organising. The forms of prevention that are funded and seen in the mainstream support formal organisations. This inherently leaves out various forms of informal community leadership and community organising for FVSV prevention in diverse contexts. The challenge in developing a framework for community-led culture-centered prevention of FVSV is to fundamentally decolonize the existing funding structures and mechanisms.

### Communicative gaps

That community spaces do not talk about sexual violence and family violence is seen as one of the most salient barriers to developing community-led prevention. In the articulation of a migrant woman, “But it... just a social community, I think, they never, they never talk about the violence, they never talk about anything.” Similarly, a rainbow participant observes:

I guess the question I do have is like I'm not part of any rainbow community here. But to be honest with you, I wouldn't even know where to start. Like where are they? Like what \_\_\_\_\_ was saying in terms of services. You'd have to go to Wellington. But...I don't know if there's anything here. So is it about if those become points of dissemination for preventive information, how do we even have the group?

These communicative gaps are often perpetuated by sector organisations as a disabled Māori participant notes:

You see, there are organisations that don't want the community to lead the effort. Because that's how they make the money. They will come in and tell the community what to do. So we don't have anything in the community.

Multiple participants pointed to perpetual cycles of silencing in the community, where the community is actively shut out of decision-making spaces and held back from leading conversations on the SVFV prevention.

### Safety as silencing strategy

Participants in communities at the “margins of the margins” voice how dominant organisations often use the language of safety to silence them. When sector organisations state that conversations in the community are unsafe they undermine community-led efforts of prevention. Noted an ageing Māori participant:

We are kaumātua, and we have been over the years doing all of these different things in the community. Because we have the lived experience. We know how to have safe conversations in the community. Māori have been doing this for generations. But then you have someone come in from \_\_\_\_\_ and then tell the community, these conversations are unsafe. That sure is the way to stop anything in the community from taking place that is led by the community.

### Ministry engagement as superficial performance

The various ministries working on different aspects of sexual violence and family violence often adopt a superficial approach to engagement that is tokenistic. It invites in representatives that fit within the dominant framing of the problem and the potential solutions which helps to reproduce the status quo. The ministries hear what they would like to hear from the organisations that they selectively invite. The platforms of engagement created by ministries foreground a selection of voices, simultaneously erasing a wide array of diverse voices, and particularly voices of communities and informal organising processes at the “margins of the margins.” The process of engagement where the ministries determine who they engage renders invisible and unheard organisations and organising processes from the “margins of the margins.” This is particularly so with the informal forms of community organising that exist outside the structures of formal organisations. A Māori community organizer who works with FVSV prevention observed this phenomena:

You really have to ask and look closely at what is this engagement they are calling engagement. Whom are they talking to when they say they are engaging a particular community? Because usually, they will invite those that will be happy to belong there and use their name to say what the government wants them to say.

The selection processes ministries undertake in their engagement exercises erase the voices of more critical community organisations, activists, and movements that interrogate the status quo. The in-built networks of power formed through cliques in the sector limit the possibilities of co-creating open and invitational spaces for community leadership in violence prevention solution development. Building open spaces that are invitational based on community knowledge is essential to building structurally transformative articulations that emerge from within community struggles to prevent sexual violence and family violence. Because the consolidation of power shapes who participates in these conversations, sending out open invitations, being transparent about the invitations, and approaching a pluralist framework are key strategies for building widespread participation. Moreover, ministry processes need to be decolonized so they can “see” the various forms of informal community organising and leadership that exist in communities outside of the formal organizational structures. Current ministry funding structures for instance, with

their contracting guidelines and established mechanisms for giving out and evaluating funding, largely miss out community-led FVSV prevention organising at the “margins of the margins.”

### Whiteness in the sector

The sector is driven by an overarching ideology of whiteness that holds up the values of a white culture as universal while simultaneously denigrating diverse cultural values. This results in persistent and ongoing problems of racism within the sector, and is a key barrier to implementing a community-led culture-centered approach to the prevention of sexual violence and family violence. The framing of diverse cultures as traditional and equating violence to tradition holds up dominant structures of whiteness in the prevention of sexual violence and family violence. The whiteness is evident in the following articulation by a sector stakeholder working in violence prevention:

We need to change the culture and teach them, that all the things of your culture, you leave them behind. This is New Zealand. Those bad things, you forget.

The erasure of diverse cultural communities' capacity to create solutions is tied to this stigmatization of local culture. Here is another articulation by a sector stakeholder, “It is the culture that is the problem and is backward.” Messages such as “Culture is not an excuse for violence” reflect the whiteness of the dominant approach to the prevention of sexual violence and family violence, treating culture as static and in deficit. Such a worldview undermines the agentic capacities of diverse communities as active participants in the creation of solutions.

Pointing to the whiteness, a rainbow migrant participant notes,

You look at who is making the decisions in these organisations, and who is invited to create solutions. It is white people who have no idea of other cultures, and no idea of rainbow communities in other cultures, and the intersecting oppressions we struggle against.

Another rainbow migrant participant notes

...you know, for a person of colour... being from \_\_\_\_\_, and an indigenous person, you know. We don't, especially, in the queer community... I don't know, who decided to put us all in together “in oneness”, because the heteronormativity... of it, you know... It's... because what I see, especially because I work with um, people of colour quite a bit. It's even more marginalised.

A disabled trans woman participant notes,

Sexual violence services and supports are usually set up with a particular demographic in mind and that demographic is usually cis gender women... who are in heterosexual relationships with men, or this the sexual violence is happening is coming from cis gender men, and also by default they're usually set up by white people so often those are like, you know they centre a group... that is white cis gender heterosexual women, you know who of course also need support but it means that, even if the services are open technically to trans women there isn't an understanding about what sexual violence looks like for trans women... they just don't usually understand what the issues are.

The whiteness of the sector intersects with the heteronormativity of the sector in reproducing sites of marginalization.

A disabled Māori participant observes, “They've been built on those sort of like pillars and so how are they even gonna work for us. When they are only there to uphold cis white able-bodied folk and they are continuing capitalistic views.” In the voice of a participant working for a migrant-based violence prevention organization, “We work with the community. The community has to lead it. But then, there is push back against that from loud voices.” The overarching ideology of whiteness that shapes the worldview of dominant organisations working on SVFV undermines the agentic capacities of communities and super-imposes a deficit-based SVFV framework.

### Whiteness in the Crown

Whiteness is tied to the racist practices that are perpetuated by the Crown infrastructures. This is voiced by a Māori disabled participant:

...what do you want to say to the Ministry of Health, because the Ministry of Health was doing something with wellbeing in schools, And I said well I don't really want to say anything to the Ministry of Health because I don't think they should exist, I think that we should up, like overhaul all of the government systems because they don't respond to Māori people ...they're working from a standpoint of like a coloniser you know...They're not gonna be for the interests of our people and I feel the same about queer communities. It's like our entire system, like government...structures and stuff have been built upon like anti queer, anti-Māori and anti-indigenous, anti-disabled.

Referring to whiteness in the police, a Māori disabled trans woman participant shared the following:

we know that it's the case that trans people are really unlikely to report sexual violence to the police and some of those reasons are because they have come to expect not to receive support. Some of the reasons, are about, are about the way that they have been treated by police in other contexts, and that might not be about sexual violence and might not be about being trans, but it might be about being poor and brown and you know living in a neighbourhood where the police don't treat people, poor brown people very well. Those kind of experiences are really, really common like we hear that a lot.

The whiteness of government structures limits the support Māori, Pasefika, and migrant communities seek out. This is articulated by a migrant rainbow participant who notes the sense of mistrust in the police, "The justice system and the police is asking you about rape or abuse, like again, we don't, we would not necessarily open up, unless potentially the person is brown but, then if the person is still wearing a uniform..."

It is in this context of structural whiteness that participants at the "margins of the margins" share their fears. Notes a Māori trans woman participant,

...there's a real fear of that, of having interventions or ... having their autonomy taken away um, and so the more formal, the more formal an organisation seems, the less that people want to engage with that because of that fear of... losing their autonomy. ...and so the police are probably very top tier...

Decolonising the whiteness of crown infrastructures is essential to enabling communities to develop violence prevention efforts and seek out support.

### Middle class professionalization of the sector

The professionalization of violence prevention upholds a political economy that systematically disenfranchises communities at the "margins of the margins" from participating in community-led violence prevention efforts. Communities feel disempowered and disenfranchised when after participating on communication platforms in the form of engagement activities, their voices remain unheard. An ageing migrant participant notes, "It is the person with the degree that will come into the community with the book knowledge, and then tell what to do. They won't even look at you." This sense of being unheard is tied to the professionalization of community engagement and the violence prevention activities carried out by paid staff, who are often outsiders to the community. According to an ageing disabled Māori participant:

This violence prevention money, where does it go? It goes in paying salaries of professional staff who will come in from another city and run classes in the school for a few weeks. And then they will be gone, probably to some other community. Then there is no one to be seen here in \_\_\_\_\_ for the rest of the year. Did that really help anyone? You place the money in the community and do it in a way where more and more people from the community here can do this.

Participants suggest that professionalization of violence prevention often undermines the knowledge and solutions that communities bring to the creation of solutions. They also note that professionalization results in unsustainable solutions with low reach in communities.

Suggesting that turning to the community as a resource for developing solutions can revolutionise how violence prevention is carried out, a disabled rainbow participant notes:

I just feel like there are so many instances where like that sort of thing could be helpful but we don't really think about them. We think we have to go to these professionals... But you know, community overseeing community and holding people- each other accountable is like the most effective way. Because people want to be loved, we want to be loved by our communities. So we're gonna do what it takes to like be good.

The role of the sector in community-led violence prevention is one of complementing communities as communities develop, implement, and evaluate community-led violence prevention strategies. This requires adequate investment of resources in professional staff in the delivery of services and crisis responses, both within safe housing infrastructures and easily accessible community spaces.

### Sector stakeholders as perpetrators of violence

One of the fundamental human rights is the right to communication. Article 19 of the Universal Declaration of Human Rights states that everyone has a "right to freedom of opinion and expression", including the right "to seek, receive and impart information and ideas through any media and regardless of frontiers." It protects the right to express opinions and communicate information and ideas in different ways. This inalienable right of all people *to be able to communicate lies at the heart of sexual violence and family violence prevention*. The denial of the agentic capacity of communities to understand problems critically and to create solutions based on their lived experiences, is violence. This recognition of sector stakeholders as perpetrators of violence is an important step in the much-needed transformation of the sector. In the voice of an ageing Māori disabled participant:

When I have tried to speak about solutions, and the community's ideas of solutions, I have been made to feel that this is not my place to speak. This is often how community members are made to feel. The ones from the outside, they have the attitude they are going to come from outside and are going to dictate to the community what to do.

This is reiterated by another participant who once worked with a national level sector organization in the SVFV domain. The participant noted, "There are people that are running these organisations to stop violence that are violent. They use threat and

intimidation to scare migrant women." Another migrant woman shared, "I worked at \_\_\_\_\_ The manager and supervisors there threatened me every day at work. They told me they will get me deported. Others were verbally abused. This is so much there in this sector."

The underlying power dynamics and contestations of power that shape the sector often act as barriers to community-led prevention of sexual violence and family violence. In the various elements of community-led engagement, we documented sector stakeholders attacking the rights of communities at the "margins of the margins" to communicate and make decisions in the development of community-led prevention solutions. The following excerpt is from a fieldnote, "When we presented the community's conceptual framework of creating community-led campaigns, the sector stakeholders around the table questioned the community's ability to do so. Instead, the suggestion was made that there are already existing materials such as the media materials of the "It's not OK campaigns" that the community advisory groups should use." When this suggestion was shared with a community advisory group in a meeting, notes an ageing Māori advisory group member:

It is just like how they have always done. Drop into the community. Have no lived experience of the community and our struggles. We have been doing violence prevention in the community, from house to house for many years. It's just that we don't go get a degree for it and don't get paid for it. It is the community that has the real knowledge of what goes on here. Not outside people that come in and out. So of course, they don't know what the community can and can't do.

Gatekeeping practices of dominant sector organisations are key structural barriers to community-led prevention, reproducing entrenched power dynamics that shut out communities at the "margins of the margins," potentially contributing to violence.

## ENABLING STRUCTURES

Building the momentum for and sustaining community-led social change requires identifying and working with enabling elements of structures. The recognition that communities theorize social change through their participation in social change processes serves as the basis for building relationships with structures that support strengths-based approaches to violence prevention in their work. Respect for indigenous knowledge as a source of solutions builds solidarity and partnership across diverse spaces. This includes Recognising the catalysing role of Te Tiriti, and the principle of Tino Rangatiratanga (community self-determination), in offering a conceptual foundation to community ownership and leadership in violence prevention and partnering with Māori-led efforts, organisations and movements to enable community-led prevention efforts to take root and sustain themselves.

## Cultural values as strengthening and protective resources

Spaces, organisations, and movements that are built on the recognition of diverse cultural values as strengths catalyse community-led efforts, enabling communities to enact their agency through participation in social change processes. The community-led violence prevention framework centres cultural values, and specifically traditional values, as sources of community strength. Multiple-level social change is needed across government and organisations to facilitate this community agency. Against the backdrop of the whiteness of government and sector organisations that devalue community-held knowledge, the concept of cultural values as strengths is a necessary paradigm shift for community-led prevention. The following is voiced by a Māori disabled advisory group member:

We have our knowledge here in the community. This is what we have known over the generations and have been preventing violence. This is our life, and what we do here in the community. There's no one from the outside that can come and tell us what to do and how to do here in the community. You have to live in the community to know what works and what doesn't, what are the things you need to do, which are the homes that you need to have in the conversations, and how you bring out some families where there is violence over the generations but Whānau will not come. Because an outsider coming in has no mana in the community. No one cares what someone from the outside wants to come and teach. It is our kaumatua living in the community who have been stopping violence here.

## Rooting prevention in Kaupapa Māori

The key tenets of Kaupapa Māori, Tino Rangatiratanga (self determination), Taonga Tuku Iho (cultural aspiration), Ako Māori (culturally preferred pedagogy), Kia piki ake i ngā raruraru o te kainga (socio-economic mediation), Whānau (extended family structure), Kaupapa (collective philosophy), Te Tiriti o Waitangi, and Ata (growing respectful relationships), should anchor community-led prevention in Aotearoa New Zealand. E Tū Whānau, a community-designed grassroots movement driven by Kaupapa Māori philosophy is already part of the government strategy to prevent family violence (E Tū Whānau, 2020). Interrogating the confines of government siloes, E Tū Whānau works across sectors and services, positioning Whānau as fully capable of enacting and promoting transformative change needed to realise violence-free Whānau. Equally important, is the reality that structural change is also required to bring about positive change within Whānau and communities (O'Reilly, 2015).

Drawing on the principles of Te Tiriti o Waitangi, it is vital that a decolonising approach anchored in Kaupapa Māori form the foundation of prevention of FVSV across diverse contexts, approaching diverse contexts from cultural strengths to mobilise prevention. This also foregrounds the salience of placing a partnership-based framework as the basis

of the ecosystem of community-led prevention of FVSV. The absence of Māori voices, Māori leadership, and Māori decision-making in the sectors addressing FVSV in diverse contexts reproduces whiteness in these sectors. For instance, the dominant approach to addressing FVSV in migrant communities reproduces the culturally essentialist ideology of whiteness. To de-center this ideology, Māori leadership as the basis of partnerships with migrant communities creates transformative openings for prevention of FVSV.

Smith (2017) articulates that Kaupapa Māori theory and method create the basis for transforming praxis that opens up spaces (and in this, the withdrawing of hegemonic ideologies) where Māori share in the decision-making in order to affect social transformation. The notion of resistance and struggle is embedded in Kaupapa Māori theory as it pushes back against the ongoing negative effects of colonisation and challenges the inequitable distribution of power that props up and perpetuates ongoing colonial structural violence (Pihama et al., 2002, 2016, 2017). Kaupapa Māori theory is dynamic and organic, driving social transformation practices that emanate from within Whānau and communities (Smith, 2015). Kaupapa Māori theory in practise strategises towards the pursuit and expression of tino rangatiratanga by Māori, as reaffirmed by the ethos of Te Tiriti o Waitangi in 1840 (Waitangi Tribunal, 2014). A disabled, rainbow Migrant participant refers to the Treaty of Waitangi, which should be the guiding principle across government structures:

Honour the Treaty of Waitangi. So, if the Treaty of Waitangi is meant to be a partnership between tangata whenua and manuhuri, that looks like which is what's in the original wording. Obviously in that document, we're welcomed to live together as a partnership. But the way our legal system works the way our government works, none of it is a partnership. At best, it's a consultation. Partners don't consult. They develop things together and if we based our society on a partnership, everything would look different because the intrinsic, the most core value in Te Ao Māori is relationships. And both relationships to the natural environment, relationships to each other. All kinds of relationships, and if we look at what in our society that doesn't work, they're things that are detrimental to relationships, they're not upholding relationships, harming people's relationships, to their own body to their Whānau, to the communities they're part of.

Centering community-led prevention in co-design with tangata whenua embraces Te Tiriti and Kaupapa Māori philosophy. At the intersectional margins, many Māori participants speak about either gaps in FVSV services and the dearth of appropriate Māori cultural practices, or in some cases, no knowledge of any FVSV services. The co-design and ownership by tangata whenua that E Tū Whānau exemplifies in the space of FVSV preventative measures is imperative to structural and social transformation.

## Culturally centered Crown infrastructures

Ongoing decolonisation is vital to the development of a national level framework for community-led FVSV prevention in diverse communities. E Tu Whānau is an excellent example of a decolonising formation within the Crown that foregrounds the strength of cultural traditions and cultural knowledge in the development of violence prevention solutions. Pasefika Proud is another Crown infrastructure that takes a community strengths-based approach to SVFV prevention. These two infrastructures depict the importance of decolonisation in creating openings for culturally-centered community led prevention. The effect of such shifts is articulated in this excerpt from a participant in an E Tū Whānau evaluation (2020, p. 28):

I think they [E Tū Whānau] just give us the opportunity to be able to do the things that we think are best for our Whānau instead of somebody else coming in and saying this is how you should do it. [They] give the opportunity to come up with the ways ourselves. It's not just new for government, it's new for us... they talked to us... and we have been talking ever since. In a good way. You wouldn't think they are government. I dunno. Just the way they are. E Tū Whānau Evaluation participant 2019

The inroads for transformation already made into the government for de-centering the dominant expert-driven modes of prevention theory and prevention design create positive and empowering pathways for communities. These innovations that have been brought about through Māori and Pasefika leadership in government are transformative entry points into community-led prevention in diverse communities.

## Culturally-centered sector organisations

Culturally-centered sector organisations work with communities in identifying their needs and in mobilising communities toward violence prevention. One example of a culture-centered organization that foregrounds a community strengths-based approach is Shama ethnic women's centre. Shama works with ethnic women and delivers community-grounded culture-centered workshops on sexual violence and family violence. The topics for these workshops are developed through extensive community consultations and community inputs, and the workshops are offered through relationships built with communities. The knowledge that Shama brings to the prevention of FVSV experienced by migrant communities is placed in conversation with the voices of community members.

## COMMUNITY ORGANISING FOR STRUCTURAL TRANSFORMATION

Developing successful and sustainable community-led violence prevention is intertwined with community advocacy and activism for structural transformation. Noting the role of community organising in violence prevention, voices a disabled migrant participant:

We have to come together here in the community. Take housing. When the rents are so high, our community is not safe. This is the kind of work that we need to stop violence from happening in our communities.

A rainbow participant voices this need to transform structures:

- Everybody deserves to have a home, everybody deserves to have a good paying job, everybody deserves to have shelter over their heads, food in their cupboards and clothes on their backs and good schooling. I don't know why the government has to do the separation, this diversion or division of low decile schools, you pay thousands of dollars to school fees. I don't know why there has to be a division of housing, all the Housing New Zealand homes are over here and all the flash homes over here. I don't know why there has to be a division of healthcare assistance, healthcare you don't have medical insurance where you can go to a private hospital where you get the best of the best care and go on the waiting list.

Community-led prevention requires mobilisation to address the underlying drivers of in-access to basic housing infrastructures, quality education, decent income, and quality healthcare for all.

## CULTURALLY-CENTERING EVIDENCE

The language of evidence is often used in dominant approaches and by those in dominant structures which silences the voices of communities at the "margins of the margins." Communities at the "margins of the margins" are either entirely absent from the evidence frameworks or are captured reductively in metrics imposed on them by outside experts. Deploying the language of metrics in such ways makes them an instrument of colonial erasure. A culture-centered analysis of the discursive infrastructure of evidence critically interrogates the interplay of power and control in the uses of evidence by sector organisations, policy makers, and experts. Of particular concern is the disempowering language within which evidence is framed, often being deployed to consolidate top-down control over communities at the "margins of the margins." Community knowledge is undermined by experts who are much removed from the lived experiences of community life and who use the performance of knowledge to shut down conversations.

Here is a field note from a participant observation of a sector stakeholder meeting organized by the JVBU where we had an ageing disabled community researcher accompany us:

As Matua \_\_\_\_\_ spoke, he shared about the power of community decision-making. He was excited to come to this meeting with the sector and the JVBU. It was an opportunity for him to be heard and for him to share the creative insights the advisory group has been coming up with. He wanted to communicate how the community felt strongly that the funding for community-led prevention must go into communities and not into paying for salaries of sector professionals. As he spoke, one of the participants from the sector organisations interrupted him, turned to the JVBU representative, and stated, "I will write to you separately." The sector professional went on to state to the JVBU representative, "What they are proposing, they can do in their nice little community. But I am going to tell you, that's not going to work." [journal entry, sector stakeholder meeting]

The narrative account reflected above shows the voice of a community advocate from the "margins of the margins" being quickly silenced by experts who use the language of evidence to claim they know what works and what does not work for the community. The CCA offers a decolonising framework for interrogating the power dynamics that shape the uses of evidence in decision-making processes, and suggests a democratizing framework for understanding and constructing evidence based on the participation of communities at the various stages of decision-making (Dutta, 2018).

The gold standard of evidence for the effectiveness of violence prevention efforts is the experimental design. Our literature review suggests that the evaluation frameworks currently in place in Aotearoa New Zealand have used a wide range of evaluation frameworks but have largely not used experimental design.

A culture-centered approach to evaluating community-led prevention efforts turns to communities, centering community agency and participation in voicing the form of evidence the community finds meaningful to evaluate the success of the prevention efforts. This requires empowering communities to participate in determining the forms of evidence to be adopted. For instance, narrative forms of gathering and disseminating evidence offer vital registers for interpreting community-led prevention efforts. Similarly, community accounts of lived experiences offer in-depth insights into the community responses to violence prevention efforts and help direct the ongoing development and transformation of community-led prevention efforts.

Building in the practices of critical reflexivity based on the anchoring questions of the CCA on presence/absence of diverse voices creates an opening for continually reflecting on the workings of power in the uses of knowledge. For community-led culture-centered prevention to work over the long term, the dominant approach to knowledge has to be continually challenged and the ways in which claims to knowledge are deployed in the mainstream must be interrogated so that community voices, particularly at the "margins of the margins," are not silenced.

## CHAPTER 6

# AGEING AND COMMUNITY-LED VIOLENCE PREVENTION

The first article of the Universal Declaration of Human Rights proclaims that all human beings are 'born free and equal in dignity and rights' (Human Rights Commission, 2008). These rights do not diminish with age, rather the need for protections is greater in older age. Globally, many ageing communities face challenges such as discrimination, poverty, and abuse, including family and sexual violence. The World Health Organization (WHO) estimates that 1 in 6 people or 15.7% of people aged 60 years and older are subjected to abuse (Yon et al., 2017). Ageing communities across Aotearoa New Zealand disproportionately experience the harm caused by mistreatment, abuse and neglect. Between 3% and 10% of older people experience abuse each year in Aotearoa New Zealand (Williams, 2019), approximating to one in ten older people experiencing some kind of elder abuse (MSD, 2020). Violence against ageing people is not specific to gender, religion, ethnicity, cultures, sexual orientations, marital status or even income groups, although the burdens of exposure to violence and the deleterious effects of violence are felt to a greater extent at specific intersections of gender, race, and social class. The drivers of family violence and sexual violence against ageing communities are complex (Brozowski & Hall, 2005, 2010). Colonisation, including the loss of power, land and traditional Whānau cultural structures and context – is considered to be a major factor contributing to the high rates of FVSV.

**Approximately 75% of abuse against an elderly person is carried out by a family member, and 50% of abuse is carried out by the elderly person's children or grandchildren**

Currently in Aotearoa New Zealand, people aged 65 and older constitute 15% of the total population, with just over half (53.4%) being women (Statistics New Zealand, 2019). The number of older people is expected to double in the next twenty years (Parr-Brownlie et al., 2020). By 2036, around one in 4.5 New Zealanders will be aged 65-plus (MSD, 2016). That would be 1,258,500 people, an additional 547,300 over 65s, up from a total of 711,200 in 2016, indicating a 77 percent increase. Though FVSV is not specific to gender, women are likely to experience violence more frequently than men. Aotearoa New Zealand has the highest percentage of violence against women out of 14 developed countries (Women UN, 2011). Gender inequalities, discrimination, and attitudes and beliefs make violence against women acceptable. Māori Whānau experience higher rates of violence, especially among women. In 2017, Māori were twice as likely to be victims of intimate partner violence (IPV) compared to other New Zealanders (Swarbrick, 2018).

According to New Zealand Crime and Victims survey (2021), Māori people are more likely to experience crime across all offences, household offences and personal offences (38%

vs New Zealand average of 30%) and Māori were more likely to be victims of both family violence (4.8% compared to 2.1% for the total population) and intimate partner or sexual violence (23% compared to 16% for the total population) (NZCVS, 2021). As per Te Puni Kōkiri, violence against Māori Wāhine (women) and Tamariki (children) and mokopuna (grandchildren) is not part of traditional Māori culture (Te Puni Kōkiri, 2010). Rather, the level of violence within Whānau reflects the patriarchal norms of the British colonising culture, and the historical and intergenerational trauma from the widespread and ongoing fragmentation of Māori social structures during and after the colonisation of Aotearoa New Zealand (Family Violence Death Review Committee, 2017).

The earliest references to elder abuse and neglect were published in 1992 by Age Concern New Zealand (Hong et al., 2004), outlining the importance of promoting the rights and responsibilities of older persons, as articulated in the United Nations Principles and the IFA (International Federation on Ageing) declaration (Age Concern, 1992). The report noted that elder abuse and neglect are widely under-reported, and it is difficult to know how prevalent the abuse is (Age Concern, 1992). Waldegrave (2015) noted that his study was one of the first in Aotearoa New Zealand on elder abuse. It used the New Zealand Longitudinal Study of Ageing data of 2012 which contains a national random sample of 2,987 older New Zealanders aged between 52 and 86 years, 1,699 of whom were 65 years and older. Waldegrave utilized the Vulnerability to Abuse Screening Scale developed by Australian Longitudinal Study of Women's Health to map patterns of elder abuses in Aotearoa New Zealand. Using four sub-scales (vulnerability; dependence; dejection; and coercion) for measurement, he concluded that elder abuse is prevalent for at least 1 in 10 participants aged 65 years and over on each of the four sub-scales. Women experienced significantly more abuse than men on three subscales, but surprisingly men were significantly more coerced than women (Waldegrave 2015) and Māori experienced significantly more elder abuse when compared with non-Māori on all four subscales (Waldegrave, 2015). Yeung et al. (2015) observed that 18% of the elder New Zealanders have experienced abuse/mistreatment. They also used New Zealand Longitudinal Study of Ageing data drawing on a national random sample of 3,923 New Zealand adults aged 50-87 years. Psychological (57.7%) and financial (49.3%) abuse were reported as the most common types of elder abuse in Aotearoa New Zealand (Yeung et al., 2015). According to Age Concern (2021), the present elder abuse data reflect 88% cases of psychological abuse, 44% cases involving financial abuse, 29% cases involving neglect and self-neglect, and 19% cases involving physical abuse.

Hall et al. (2020) observed that Aotearoa New Zealand lacks the necessary data to quantify elder abuse, but with a growing ageing population, an increase in the prevalence of elder abuse is predicted. Approximately 75% of abuse against an elderly person is carried out by a family member, and 50% of abuse is carried out by the elderly person's children or grandchildren (Age Concern, 2021). Our review suggests significant gaps in accurate data on elder abuse in Aotearoa New Zealand, with the rate believed to be higher than the latest known figure of one in 10 aged 65+ having experienced some form of elder abuse (Johnstone, 2021). Peri et al. (2009) observed that less is known about appropriate and effective prevention strategies in Aotearoa New Zealand. According to MSD (2020), the proposed future strategy for Elder Abuse Response Services (EARS) would be supporting

providers to deliver best-practice services, giving regions support to deliver an integrated response and recognising elder abuse services as a key family violence service. At present, Aotearoa New Zealand policies primarily focus on responding to any types of violence, with greater focus needed on primary prevention to ensure that Aotearoa New Zealand does not fall behind other countries (Ministry of Women's Affairs, 2013). Primary prevention aims to stop violence before it occurs, and limited steps have been taken so far to prevent FVSV against ageing communities.

### COMMUNITY-LED PREVENTION AND AGEING

Community led preventive measures for addressing FVSV proposed by ageing communities highlight community agency. They note that recognising the capacity of ageing community members to develop, implement, lead, and evaluate violence prevention solutions lies at the heart of sustaining violence prevention in communities.

#### Empowering community and community leaders

Community and community leaders should be empowered to take actions and make decisions to prevent FVSV. Communities have key roles to play in creating and implementing prevention efforts and empowering ageing community members to draw on their knowledge to guide prevention efforts is a vital element of successful prevention. Communities should be empowered to act, mobilising social change so ageing community members are respected and treated with dignity. Engaging the whole community in taking responsibility for changing attitudes and behaviours is vital, with leadership to those community efforts offered by ageing community members. The community leadership should be built to support prevention efforts. The following extracts from aged participants emphasise the community role in prevention:

I think with that preventive, we know as a family, you know we can even nip it in the bud, right there and then. Without it going into community. Without having to pull in all these resources. And I think we as Māori people, we can do that, prevent it before having to go out aye and coz we as Māori, we are people of just, kanohi ki te kanohi and ears are open and for me, that's what I am with mine. [75-84 year old Māori transwoman]

We all live in a community and so the community should be the first place to solve any problem. So, the community and community leaders should be empowered by providing them with skills they need to effect change and engage in action for community so that FVSV against the older people can be prevented. [65-74 year old woman]

Yes, I think community has vital role to prevent family and sexual violence. For example, when we lived in the village, the Union Parishad (referring to the village council) Chairman or Senior members of the village solve this type of problems. But here that system is not present. Here everyone is living individually. It is like an individualistic society. [55-64-year-old refugee man]

So what we would like to see in our community and I think communities all over Aotearoa is that Māori would have um their own set up for agencies, with counselling professional people, to enable Māori who understand Māori, kanohi ki te kanohi, to be able to help. [65-74 year old woman]

To empower a community" (*Thinking*) It's education again, so if you are knowing your neighbour next door is being sexually violated against, because she's told you, her husband's doing is...So, to empower her... is to say: This is where you could go. [65-74 year-old woman]

#### Dedicated community groups for ageing communities

There should be dedicated community groups to lead and implement the prevention efforts. These dedicated groups will work to connect community members and to develop and carry out prevention solutions. They will comprise ageing community members staying at home, in retirement villages, in homecare, in day care and/or in rest homes. One participant noted that in one of the predominantly Māori place-based communities, there was a programme for the aging - kaumātua years ago to learn waiata, reo etc. It was a tight group and served as a resource for support and problem solving. Participants noted that such groups, although they existed in the past, are largely absent in the communities today. These community-led groups are the key to creating, implementing and sustaining prevention strategies.

I think there should be community groups out there for the aged care that are more user friendly really. [55-64 year old woman]

And that there, so we need to have a buddy, yeah, you know it might be in the form of a support group ..." [65-74 year old woman]

Start with information and possibly a support group. Older people come out of their houses and go to support groups or um, from a preventive perspective... So, somebody like yourself... You would want to go along, because it's not something that's happening currently ..." [65-74 year old man]

Yeah, but it definitely is a group of people. Yeah, in this case people but... And it's often people who live close to each other. Yeah, not always..." [85+ year old woman]

## Spaces for ageing community

Designated spaces for ageing community members to gather, gossip, share feelings etc. form the infrastructure for violence prevention. They can be used by ageing community members to build ties that provide social support and a sense of belonging as well as provide places where community members get together to create and carry out violence prevention initiatives. Oldenburg & Brissett (1982) use the term "third place" to describe the specific places beyond the home (the first place) and the workplace (the second place) where aged people come together and express their feelings. Older adults often live alone, and social isolation or loneliness is a great problem for them. So, a dedicated "third place" helps older adults socialize and forge a sense of community and connection, which in turn can help with violence reduction.

Like Village Centre is one in \_\_\_\_\_. They're an interesting group of people who just get together to get to know other people work together with the idea of providing a place where people can come. [75-84 years old woman]

Some places where you know people say, oh you were just down there. Because they can get...together. It's often in the... Apparently more wealthy areas ..." [85+ years old woman]

"Yes, a proper place that's only for elderly. And a stage that they can sing, they can put on plays. they can play musical instruments and and they can learn different skills, keep mentally and physically and emotionally.... Active and healthy, that's and well." [65-74 years old woman]

## JANE'S STORY

Jane, 70 years old, had reluctantly relocated to another town. Her youngest son, Drew, had forced her to sell the family home after his father died—making her move closer to him. Drew felt it was best for Jane, not giving her any options. Jane felt powerless to stand up to Drew. He bought a two-bedroom unit close to his place with the money from the family home sale. He was moving her away from her small group of friends to his rural town.

From the outset of her marriage, when her husband was alive, he controlled all the finances. Her husband operated their bank account. Jane had never learned to drive, relying on her husband to take her to the shops. After his death, Jane had happily relied on the bus system to see her friends and go to the shops. She kept good health and was just starting to get out more. She enjoyed the time reconnecting again with friends after the loss of her husband.

Drew's possessive behaviour had been steadily increasing after the death of Jane's husband. Drew had forced her to give him control of her bank account. He thought this was best. He didn't want her to "blow all his inheritance". Jane's oldest son lived in Auckland with his wife and three children, having little contact. He was too busy with his company and his family to spend time with his mother and agreed that Drew should look after their mother. Jane's daughter lived in the South Island, recently separating from her partner. She had two young children and couldn't afford to relocate to be closer to her mother or to travel to see her. While she felt it was best Drew looked after Jane, she did not agree with everything that was happening to her mum. She felt powerless, being so far away to intervene in Drew's decisions.

Drew still hadn't set up the landline phone. However, he had bought her a cell phone, but she didn't know how to call out from it. She could text her daughter and son in Auckland though he didn't reply. Jane could not contact her friends this way, as they didn't have cell phones. Jane was feeling increasingly isolated and became depressed with her desperate situation.

Moving to the small two-bedroom unit now made Jane reliant on Drew to take her to the shops, medical appointments etc. He'd become increasingly unreliable and quite verbally aggressive. He was sometimes leaving her with minimal food before he would take her out again. Jane hadn't seen or heard from Drew in two weeks. She was surprised to see the supermarket delivery truck dropping off food. Why had Drew done this? Jane didn't even like the small amount of food he had chosen.

Drew arrived a few days later. He apologised for not coming to collect her, but this was happening more frequently. He would arrive and yell at her. He told her that he would now decide which food to buy as what she chose was too expensive. Later he would apologise for yelling, but Jane was becoming scared of Drew's erratic, controlling behaviour. One day Jane asked Drew to take her to get some money out of the bank. While Jane was there, she asked the teller for the balance on her account. The amount was only \$13,000. This was significantly less than the \$75,000 she thought she had after the family house sale and purchase of the small unit. The teller disclosed regular withdrawals had been made throughout the last six months. Drew was the only one with access to her accounts. Jane did not know how to confront Drew about this. When she had said something in the past, he wouldn't talk to her.

Jane's loss of control, loss of decision-making, and loss of voice were intertwined with her experiences of financial abuse by her son, Drew. Dominant cultural norms that legitimize the erasure of the agentic capacities of ageing people are deeply intertwined with the financial exploitation narrated in this account. These norms also shaped Jane's struggles with communicating with her son, Drew, and with establishing her own control over her finances as well as decisions-related to her life. Culture-centered community-led prevention therefore ought to build support infrastructures for ageing community members, develop financial literacy programmes and work to shift cultural norms that assume the ageing are incapable of autonomy over their own lives.

### Neighbourhood watch

Participants note the importance of community initiatives to build neighbourhood watch practices among community members to create and maintain safer, resilient, and more connected neighbourhoods. Neighbourhood watch is generally based on creating a community network of neighbours who

- help and support each other
- keep an eye on each other
- come forward for each other
- work together for each other

Neighbourhood Watch initiatives help people get together with their neighbours to take action to reduce any kinds of violence within a community. Neighbourhood watch encourages people to take an active role in the community for their own and neighbour's safety as well as to prevent any violence.

To ease that thing... so we need the community to come in like we've got neighbourhood watch and all that. And our neighbors, we know everybody. And then 'cause we've usually known them from other parts of them." [65-74 year old woman]

Neighbourhood watch, keeping in contact with your elders, elder neighbours which I do but some of them are pretty nose. Just visiting a neighbour and telling her I'm your support if anything goes wrong, here's my number. [55-64 year old woman]

Instead as a community you know if we, yeah just got to try, bit like a neighbourhood watch, same sort of thing like that, you know we got to, yeah, if we hear it, yeah you know don't treat it like a gossip thing, and all the rest of it, I mean this is a very serious business... [75-84 year old woman]

### Speak up/voice raise about any problem

Ageing community members are often isolated and a large majority of elders do not want to speak up about any violence they face. It can be harder for an ageing person to admit to the abuse and talk about it since the perpetrator may be a family member and they do not want to get family members in trouble. Encouraging ageing community members to speak up in safe community support groups is an important ingredient of violence prevention. Speaking up prevents violence by drawing attention to the issue, creating frameworks for others to witness it, and to develop strategies in culturally-centered and contextually meaningful ways. Communities should be empowered to support ageing community members to raise their voices so that FVSV against them can be prevented.

For not speaking out, I mean, obviously sexual and family violence is very personal, and I mean, you could be going through a really hard time. I mean it's bad enough having had experienced it, let alone the challenge of having to talk about it... [55-64-year-old woman]

Don't be scared to speak up, not even though it's family, it's not acceptable." [75-84-year-old woman]

One by having support, speaking about it, um yeah I think more in a big picture reaching out." [65-74-year-old woman]

### Strengthening family ties

Creating pathways for strengthening family ties is an important element in SVFV prevention for ageing communities. In diverse cultural contexts, ageing family members have experiences of life which can work as resources for the younger generations of a family. The family plays a vital role, not always through direct assistance, but indirectly through supporting the older person's own "guiding principles" for managing her/his situation. Strengthening family ties is about upholding the dignity and contribution of ageing community members.

Incidences of family and sexual violence against ageing communities have occurred in the family house the older person. Very often this happens for older people who depend on other family members for help with activities of everyday life — including bathing, dressing, taking medicine etc. Among all the family-perpetuated violence against older people in Aotearoa New Zealand, financial abuse is the biggest issue. Half of all violence against ageing communities is financial abuse, most of which is done by other family members (NZ Govt. report 2020).

Caring for the ageing person should be considered voluntary in the family, and is shaped by cultural context. In many cultural contexts, the responsibility for elder

care lies firmly on the family (Yap et al., 2005). An ageing participant notes that the philosophy 'care for those who once cared for us' is a key element in strengthening family ties.

Oh, the older people can be kept in the family. That's plus because even if they're not as able as they used to be. The teenagers will be great with them you know. [85+ year old woman]

...I think it comes back to family once again, sharing it with family first." [65-74 years old woman]

As a kaumātua like the first thing that you have is your family around you. [65-74 year old woman]

### Education across the lifespan

Participants note that education across the lifespan is vital to raising awareness about sexual violence and family violence, embedding education in community norms and cultural values. They envision education as a dialogic process that helps communities identify the signs of SVFV in ageing communities, speak out about it, and seek and receive support around sexual violence and family violence.

I think a lot of it is drugs and alcohol and just no education. I don't mean in the ABCs, I mean in life education, where you're just probably raised off to the side, you're pushed off to the side, you're not taken care of but that's how I yeah. [55-64-year-old Māori woman]

The absence of infrastructures of education is constituted amidst the widespread availability of drugs and alcohol. Participants highlight the important role of creating policy frameworks to build healthy communities, where access to drugs and alcohol are regulated. Community-led education on drugs and alcohol are highlighted as important elements.

Okay first one Very important Education from the age of say 35 to 80, 35 to 90 because our generation our generation was there was a lot of things that were covered up so we were uneducated about what was out there and how that could help us to overcome these sexual and violent situations. [55-64-year-old Cisgender woman]

### Engage in educating ageing communities

Lifelong learning is connected to improved cognitive function, healthy emotional wellbeing, and positive self-perception, which in turn prevent violence. Educating an ageing community member on how to keep himself/herself safe from any kind of violence is a key element of violence prevention. Such education addresses the signs and symptoms of family violence and sexual violence, strategies for addressing conflict, strategies for raising voice, and resources available for support. Moreover, creating programmes of financial literacy, detecting potential scams, and negotiating services effectively are voiced as key elements of community education directed at ageing community members.

So, if the older person was educated to know that they are worthy of not being treated like this... that, that would help stop, some of the family/sexual violence that does occur. [65-74 year old woman]

Noting the importance of building financial literacy for the ageing community, participants point to instances of exploitation within the family.

...because a lot of it is that saying, tātou tātou – what is yours is mine and with a lot of elderly, it is theirs. They have worked hard for what they have. And monetarily, some struggle, they are just hungry to have someone drop say peas and that seafood, all that kind of stuff. Don't take advantage of an elderly. Just because you see something sitting on the bench – it's like 'oh, they won't need that' and they help themselves. [65-74 year old man]

...is the abuse of power within the Whānau structure in terms of your Dad or your Mum when it comes to pension time and I've seen it in my own [family] where family members have offered to take them to the ATM to get their money out, only to give them their cards, some with no money or pūtea or some that have said 'oh we will go and get the shopping' and things like that. And by the time they get home, they don't have to do no shopping and think everything is going to be fine and nothing turns up. So, there is that form of abuse within the Whānau too. And sometimes, those young ones might grab a card and say, 'oh we won't be long, we will bring your card back' and they have gone to the pokies. Or they have gambled it away or something. They will say 'Koro Nan, your card needs filling up', they do go and fill it up, but not for them, but for themselves. So, I guess you have got that kind of family abuse. [55-64 year old woman]

### Educating communities, particularly youth

The dignity of ageing community members and their wisdom as cultural anchors have been targeted by ongoing processes of colonisation, individualisation and commoditization. Community-led education should teach younger community members about the rights and dignity of ageing and help them to learn the importance of respecting their elders. This includes understanding the insights and knowledge that older people hold along with the responsibility that younger community members have to look after ageing people. Inter-generational conversations and respect fostered through community education serve as protective features in violence prevention. Schools and other educational spaces can play important roles in supporting youths' development of positive attitudes toward ageing communities.

Community-led education should emphasise cultural forms of storytelling to return the dignity of ageing. Against the onslaught of capitalism and digital cultures, turning to cultural forms of storytelling serve as anchors for building community resources for violence prevention.

I think there should be a lot more awareness around prevention. I think it should start through education at a young age. I think it should be taught in school how we can keep ourselves safe, though I think there are some out there. [55-64 year old woman]

It's education again, it comes back to that again... knowledge, understand... which creates understanding... that it's not right and why it's not right...." [65-74 year old woman]

Learning to respect the many contributions of the ageing person. That the ageing person is a gift and brings so much to the Whānau. Seeing the many contributions of the ageing person can bring about change in attitudes. This will reduce violence. [65-74 year old man]

### Communication campaigns led by ageing communities

Community-led public awareness campaigns on family and sexual violence impacting ageing communities are important in building community awareness and in creating social change. A wide array of communication channels may be utilized for such campaigns. Partnerships with police, schools, ageing-related organisations, and other community level organisations may support community-led campaigns. At the heart of community-led campaigns is the role of the ageing community in creating and implementing the campaigns. Community organisations point to the "It's not OK" campaign that was initiated in Aotearoa New Zealand in 2008. The campaign was built around three key elements: community action, communication, and research

and it played a key role in mobilising communities to get involved in family violence prevention. The campaign increased reporting of family violence to police and enhanced development of community ownership (Roguski, 2015). However, when given the example of the campaign, participants note that the key campaign messages were not embedded in the context of everyday lives of ageing communities. Moreover, they suggest that it is not situated in local contexts. Community-led campaigns need to be created and implemented by local communities of ageing participants, foregrounding locally situated narratives.

Public awareness campaign may be organized for elderly people. A specific service of people checking in an elderly down the street may be also. Awareness campaign may be taken by the government and from the local agencies." [65-74 year old woman]

I think that would be the only way that you could really deal with it is if some somebody raises concerns. Maybe make it may be a bit of advertising to everybody. To raise their awareness so that they don't feel shy about." [65-74 year old female woman]

I mean, apart from the fact that that they could be a campaign I supposed organized or directed, ugh... You know what it's like within families or within communities." [65-74 year-old man]

### Media campaign

Media play an important role in awareness generation, storytelling, changing social norms, and creating the public registers for broader social change. Media campaigns are intrinsic elements of campaigns for prevention of family and sexual violence, offering large reach for the campaign message. Media campaigns create awareness, affect attitudes and educate people to act against sexual violence and family violence. Moreover, media advocacy, when led by communities, influences public opinion and creates the basis for policy change. The culture-centered approach places ageing communities as owners of the narratives to be crafted in media campaigns, rooted in the realities of the struggles ageing communities' experience.

Public media campaigning plays a role for awareness and protection of elderly." [65-74 year-old woman]

I think like a media campaign where we once drawn the attention to the fact that you are creating you know violence in the broadest sense ugh against somebody else, and so one could imagine that something like that would be a help, yes." [65-74 year-old man]

You, see, I wonder whether these campaigns...these campaigns about... I don't know whether, these anti driving, drunk driving campaigns on TV. Programmes, where older people generally watch. Yeah, yeah...and those drink driving, and they're quite entertaining too, those ad's because they usually catch your attention." [65-74 year-old man]

### Workshops in communities

Meetings, workshop, and community gatherings etc. create community awareness about sexual violence and family violence, generate open conversations, and create registers for social change. Community leadership in these workshops create follow-up plans and implementation pathways for violence prevention. Workshops also serve as channels of dissemination in communities.

Awareness of these things get them set up or else... Make them aware you know, make the community aware of what is there. For the old people you are talking about." [65-74 year-old woman]

I'm not much use on the solutions because it seems to be a long process of discussion and community and so on and raising awareness before anything changes or there are very small changes along the way." [75-84 year-old woman]

Higher awareness or an enabling people to intervene or... Having some authority. [65-74 year-old woman]

### Interpersonal conversations

Conversations serve as the basis for social change. Creating spaces for interpersonal conversations, training ageing community members and family members in interpersonal communication, and encouraging interpersonal conversations on sexual violence and family violence among ageing communities prevent violence. Interpersonal conversations within relationships, in safe spaces for ageing communities, and in open community spaces contribute to the prevention of sexual violence and family violence at different levels. Conversations among ageing community members is a necessary element in the creation of prevention strategies.

Community cultural and religious leaders play key roles in the prevention of FVSV against ageing communities by drawing on cultural norms and foregrounding the dignity of ageing communities. Interpersonal communication also facilitates community narratives, with ageing community members sharing their stories and lived experiences to generate awareness and bring about changes in social norms.

old people like to talk about the old times you know and when they get together that's what they talk about you know. [55-64 years old female remarks]

I think what's happening isn't – leaders of communities like the churches and so on, they can start speaking out about these sorts of things so that it's not happening anymore. Yeah. So different people with authority and are looked up to in their community...I hope these things are coming out in the open and people know it's not acceptable ..." [75-84 year-old female woman]

### Knowledge of resources

Ageing participants often note that they do not know where to go or where to call if being abused. Older adults may not have the knowledge appropriate and safe infrastructures for disclosure or may not have access to appropriate services that they can contact. Older adults from culturally diverse backgrounds face the added difficulty of accessing services that are both understanding and sensitive to the older cultural context. Creating community-wide initiatives to generate knowledge about necessary resources strengthens the effectiveness of community-led violence prevention.

Finding the help source, I do believe it is in the yellow pages, they may not have access to a phone they may they not have access and they may be restricted they may have problems but I am aware there are people, call the police and get onto it as soon as you are aware of it." [55-64 year old man]

Yeah there's a few agencies of the certain names that do a bit... look good on paper." [65-74 year-old woman]

### Organising collectives

Older people generally live as an individual person, often negotiating loneliness. Organising as collectives addresses this loneliness, as well as builds an infrastructure for the creation of programmes and policies that meet the needs of ageing communities. Individual rights can be achieved through collective strength, and this is evident in ageing communities. In collectives, members support each other to develop awareness on any issue, and simultaneously mobilize resources to raise demands.

Get the Whānau together that's all I can say. Whānau just have to get together, us people just have to get together and, because we not, the support out there is not helping us at all. [65-74 year-old woman]

Well as a community, we need to talk a lot more to each other about these sort of things, together you know and you know talk to whoever it's happening to, encourage them to you know for the police, and all the rest of it, Youthline or any of the other organisations you know, that they can be put on to, for something to be done about all this.' [75-84 year-old woman]

And definitely not be around alcohol. [55-64 year-old woman]

Once again, note the reference to alcohol in the articulation. A number of ageing participants point out that alcohol forms a key thread in the experience and escalation of FVSV. Organising collectives offers the basis for education on alcohol and its role, as well as for advocating to regulate the access to alcohol in the community.

### Ageing friendly Structural contexts

The structural context of a society or state also works as a source of violence against older people. This is captured in the term 'structural ageism' which is a form of systematic stereotyping. It is defined as the way in which society and its institutions sustain ageist attitudes, actions or language in laws, policies, practices or even culture (Age platform Europe, 2016). Structural ageism is present in Aotearoa, New Zealand, especially against ageing Māori people (Cormack, et al. 2020).

Some of the structural contexts identified in the interviews include, but are not limited to:

- 1) the legal justice system including the court system.
- 2) education system.
- 3) health system.
- 4) various government departments including the New Zealand Police (Police),
- 5) organised religion, particularly in the form of Christianity

A common thread across the interviews points to the structures that shape the experiences of FVSV in ageing communities,

Yes, I respect the rules and regulations of this country. But we cannot accept that. Because the rules and regulations of New Zealand Govt. do not help to protect the family rather to help break down. When one called the police, they at first separate the husband-wife that I think initiate the breakdown" [55-64 year old man]

Too much bureaucracy and not listening to the people enough. It's very well that you can say I just don't like the idea lumped into a group that this is them and this is for them and all that. I just don't like that mentality. [55-64 year old woman]

Well, that would be a policies and practices way that we would go about things which would be difficult for old people. [65-74 year-old man]

### RECOMMENDATIONS

The community-led prevention framework proposed in this report takes a hybrid approach to prevention, with ageing community groups playing key roles in shaping prevention activities targeting their own as well as in participating in broader community-wide efforts of SVFV prevention. The recognition of the dignity of ageing community members is an essential element in SVFV prevention. Led by community advisory groups composed of members from the community, community-led prevention efforts are anchored in the local context, and tied to the transformations of structures in the CCA.

Emphasis should be placed on listening to the voices of ageing communities experiencing FVSV at the "margins of the margins."

For community-led prevention solutions of FVSV experienced by ageing communities, the following recommendations emerge from the in-depth interviews, and are validated by the community advisory groups:

1. Empower communities and community leaders to support ageing community members, and to participate in community-led prevention of FVSV experienced by ageing communities
2. Create and sustain dedicated community groups for giving support to older people
3. Build community-led hui for conversations on prevention
4. Create specific places in communities where ageing people and ageing communities can participate, share their feelings and thoughts, and create solutions.
5. Recognise the human right to communicate of ageing people and ageing communities. Create infrastructures for listening to the voices of ageing communities, particularly those at the "margins of the margins."
6. Form community groups for neighbourhood watch
7. Empower ageing people and ageing communities to speak up about the violence they face

8. Create initiatives to strengthen family ties and Whānau infrastructures.
9. Decolonise the whiteness of the dominant structures and the conceptualisation of family, anchored in values of dominant white culture. Build spaces of learning from the cultural values, traditions, and contexts of diverse communities.
10. Build support infrastructures for the caregivers of ageing people and ageing communities. Recognise caregiver stress and create structural solutions for caregivers performing the essential work of care for ageing people and ageing communities.
11. Recognise the impact on Whānau that do the everyday labour of care, and build universal welfare resources for Whānau caring for ageing people and ageing communities.
12. Recognise the wealth of knowledge and resources brought by aging communities to the development and dissemination of prevention interventions.
13. Create community-led approaches to prevention of FVSV in ageing communities that are driven by the participation of ageing communities in decision-making processes.
14. Train and educate the ageing individuals and communities in strategies for having their voices heard and in leading prevention interventions.
15. Educate the younger generations to be respectful to the elders, anchored in the recognition of the dignity of ageing.
16. Build education around ageing in schools and other institutions. Create culture-centered education programmes to build intergenerational learning and to provide education on the human rights of ageing people and ageing communities. This broad education is vital to preventing FVSV against older citizens.
17. Create public awareness and media campaigns with government and local agencies addressing FVSV experienced by ageing people and ageing communities. These campaigns should be driven by local participation of ageing communities in place-based contexts.
18. Build collective support and advocacy groups of ageing people and ageing communities. These groups serve as spaces for social support, building prevention solutions, and advocating for structural transformation.
19. Empower ageing community members to be treated with respect and dignity, recognising their agency in driving solutions.
20. Ensure consistent and immediate trial of the perpetrators of FVSV against ageing people and ageing communities. Address the barriers to seeking justice.

21. Identify and remove barriers experienced by ageing people and ageing communities from migrant, Pacific and other cultural groups accessing services. More culturally diverse services are needed, anchored in cultural contexts and in the participation of place-based communities at diverse intersections.
22. Service providers should have available persons who can speak the same language as the older person.
23. Recruit, train, and retain Māori, Pasifika, and ethnic community members into service provider organisations for ageing communities.
24. Include Māori, Pasifika, and ethnic minorities in government reports/actions.
25. Build programmes for ageing communities rooted in cross cultural understanding, value sharing etc.
26. Change media representations of ageing communities, focusing on changing representations of ageing communities at diverse intersections, such as ethnic, Māori, and Pasifika communities. Anchor these diverse representations in diverse cultural values and narratives.
27. Address silencing/erasing structural contexts, especially at the intersections at the "margins of the margins."
28. Develop better training of people involved in older persons' issues, such as healthcare personnel, police, and the judiciary.
29. Increase the allocation of government resources/funds for the wellbeing of older persons.

## CHAPTER 7

# DISABLED COMMUNITIES

Disability is shaped by dominant social structures, and the power inequalities that are built into colonial capitalist societies rooted in whiteness (Grech, 2015). In Aotearoa New Zealand, one in four people (1.1 million) were identified as disabled in the 2013 New Zealand Disability Survey. Moreover,

- 35% of disabled people were over 65 years old – that's 370,000 people
- Most of the disabled people (96%) remained in their own home; just 4% lived in residential care facilities.
- Age-adjusted rates of disability were higher among Māori (32%) and Pacific peoples (26%), than among European (24%) and Asian (17%) populations (Statistics New Zealand, 2014).
- Rates of disability were well above the national average in the Northland (29%) and Taranaki (30%) regions, while Auckland had the lowest rate of disability (19%).
- The percentage of disabled people is projected to rise to 27% of the population in 2038 (McIntosh & Leah, 2017).

FVSV against disabled people occurs with greater frequency as they rely on a variety of people for assistance. Though Aotearoa New Zealand does not have current data on the prevalence and scale of violence against disabled people, global data indicate that disabled people are at greater risk of experiencing abuse and violence, especially family violence and sexual violence. People with  $\geq 1$  disability are more likely to experience interpersonal violence ((physical, sexual, psychological, controlling behaviors, and economic abuse) compared to those who did not report a disability (Fanslow et al., 2021). In Aotearoa New Zealand, disabled children are 3.7 times more likely than those without disabilities to be victims of any sort of violence (Jones et al., 2012) and disabled adults are 1.5 times more likely to be victims of violence than those without a disability. Those with mental health conditions are nearly four times more likely to experience violence (Hughes et al., 2012). According to New Zealand Human Rights report of 2016, disabled women are up to three times more likely to be victims of physical and sexual abuse and rape, and have lower levels of access to physical, psychological and judicial interventions (New Zealand Human Rights, 2016).

**Globally, the evidence on the effectiveness of prevention programmes addressing violence against people with disabilities is limited**

A 2017 report titled "Institutions are places of Abuse" by the Donald Beasley Institute, commissioned by the NZ Human Rights Commission, mentioned that those New Zealanders with intellectual disabilities who were able to give independent testimony about their experiences in institutions cited physical and sexual abuse during their lifetime (Mirfin-Veitch & Conder 2017). In the latest Crime and Victims Survey (Ministry of Justice, 2021), it is observed that disabled adults in Aotearoa New Zealand are 52% more likely to experience sexual violence in their lifetime. Disabled adults are twice as likely to suffer sexual violence, but do not always feel safe to report it, and up to 16% of disabled New Zealanders experience interpersonal violence (IPV) compared to up to 7% for non-disabled people (kvigstad, 2021).

Globally, the evidence on the effectiveness of prevention programmes addressing violence against people with disabilities is limited (Mikton & Shakespeare, 2014; Mikton, Maguire, & Shakespeare, 2014). Moreover, the evidence on the successful scaling up of prevention programmes and their cost-effectiveness is largely absent (Mikton & Shakespeare, 2014). The narratives shared in this section are voiced by disabled community members, their caregivers, and the social workers/advocates working with them.

### COMMUNITY-LED PREVENTION FRAMEWORK

The community-led prevention framework suggests that FVSV prevention for disabled communities requires reducing the communicative gaps that disabled communities face. This includes creating voice infrastructures for participants of disabled communities to develop and implement prevention solutions. Here are some of the key elements of the community-led preventive framework proposed by disabled communities, emergent from in-depth interviews and advisory group meetings.

#### Centering disability-related resources

Centering disability in the overarching umbrella prevention framework requires ensuring that prevention resources are anchored in the everyday needs of disabled communities. Consideration for visual, hearing, mobility, and learning-based support resources in guiding community-led prevention is vital. Notes a disabled Māori participant<sup>5</sup>:

You have to understand what is being said. How can you educate when everything is written, and this can't be read. Everything has to be given out so that we can follow what is being said. And also, in many different ways.

Building multiple forms of resources and making sure that these resources are communicated in multiple ways is essential for successful community-led prevention for disabled communities. At present many mainstream FVSV resources are inaccessible for parts of the disabled community.

<sup>5</sup> Please note that the demographic information presented with the quotations has been removed in this section as an additional safety measure.

Referring to the FVSV brochures that are often handed out, a participant notes:

It'll be pretty hard for people that's blind...they couldn't read a pamphlet. The current resource aren't targeted for certain disabilities. They need to have something for people who are blind.

Similarly, referring to FVSV community activities, a participant with mobility-related disability shares that they would have difficulty attending if the events are not held in accessible spaces:

- ...I think more access for disability people. Like more access to get to places as well... Especially if you're in a wheelchair. And.....to go to courses, I reckon it should be like free transport.

### Communicative gaps

Disabled community members often experience communication as gaps, with this community's articulations of thoughts and solutions often being erased from mainstream spaces. Disabled people with complex communication needs often struggle in negotiating the dominant structures, with communication working as a structural barrier that perpetuates sexual violence and family violence. Addressing these communication gaps translates into building nuanced and intersectional resources and services in multiple forms.

- Yep, I think a lot of things are hidden, a lot of people still don't open up, to what's happening behind their own closed doors. When people with disabilities can't speak out for themselves, they um there's nothing they can do about it really you know, violence.

- For a long time, I felt scared to talk. This was because of my disability. It made much harder to talk because I depended on the people.

I think they (organisations) do not have any services [referring to disability specific resources]. They give some printed docs which are also written in English. So that documents are not accessible by the person who cannot read or write English. Again, we don't have any member from our community. Again, the wellbeing community is a broad organization, and they work on under the DIA or the council but nobody from our community. So, I think there is vast gap between the community and the organization. The community thus does not know what is going on there.

I think more places need to get on board with hiring disability advisors. I think that there is such a huge gap in there... I think disability advisors are needed, especially in places like Women's Refuge. And yeah, those youth centres and stuff.

The main thing is the language...Due to the misinterpretation sometimes, the older disabled people could not say what actually happened in the family or home.

### Supporting relational communication by the community

Creating relationship-based support for disabled community members is an important ingredient of community-led violence prevention. It enables equity by mobilising the participation and involvement of disabled members in a community. This includes offering education and learning opportunities in relational communication support for family members, volunteers, and staff in sector organisations, and funding for those offering relational support.

Dedicated support people who will support with understanding and will communicate the message back by listening carefully. This can help many from the disabled community participate in stopping violence.

At the heart of all this is aroha. What can we build as a loving community? When we all come together. Community that cares for people with disabilities."

Well, communication is a huge thing...It's the only way things are really going to change.

Just communicating, some people can do it in a group, but then some people do it one on one, finding trust, in somebody which is the hardest thing to do an open up.

### Nurturing and supporting community leaders

Community leaders should be empowered to take action and make decisions on preventing family violence and sexual violence against disabled communities. This includes leading prevention efforts and bringing social change works alongside advocacy efforts to transform the structurally-situated drivers of violence. Community leadership shapes community participation in organising for social change. Building leadership within the disabled community to carry out prevention and sustain it is vital to anchoring prevention in the lived experiences of disabled communities. Communication training in leadership, self-efficacy, collective efficacy, prevention campaigns and community mobilisation can provide community leaders with the skills they need to effect positive change in FVSV prevention in their community.

Community support through local leaders. Just someone locally that everyone knows, and everyone can trust and stuff.

Community leaders with disabilities. Māori, Pasefika, and refugee community members with disabilities who can lead this space.

### Community pou for disabled communities

Community pou selected from the disabled community can play an important role in developing FVSV prevention strategies. The community pou will work to connect disabled people across the community and to identify their disability-related prevention and support needs. The community pou will anchor the community education programmes and community hui, and will also mobilize the disability support services that are available within the community, organising these resources to address prevention-related needs.

So, we live in a society that so within that I think taking as much choice and speaking up for ourselves, self-advocacy is really important or making sure that we've got someone to speak for us.

I think it just... A group of umm people in a certain area that. Um. work in together a bit and... Have a little bit of... Uh... Well, it's exactly hard to define, but I suppose almost like... A huge extended family where people...work in together and have services. For the people that live in that area. That's that kind of thing.

### Creating community spaces

Disabled communities are often considered as not belonging or as being 'out of place' (Chouinard 1999; Kitchen 1998). They are often pushed to the peripheries, subjected to a wide array of marginalising practices, with their voices often being erased by ableist structures. Due to their disability, they face numerous challenges to access, occupy, and use places and spaces. So, creating specific spaces within communities for disabled people to express their voices enables advocacy and community participation in developing prevention solutions for FVSV impacting disabled communities. These could be a building or a room in a community space where disabled people in the community can gather, have conversations, share feelings, and build solutions. Community spaces help to build ties that provide social support and a sense of belonging, contributing to prevention of violence.

I think, cos we have no place, other place, is only the church community. (There is no communal place other than the church.

I'd say we need a voice for people with disabilities as well as you could always do... Like little groups or something. We've got a really good space \_\_\_\_\_ up in the town square where you can hold little...group things and all that.

Space that is accessible to someone with a disability, and how do you make that happen. When the whole community comes together and develops these spaces, with different kinds of disabilities and representations of people with disabilities.

We need to make spaces in those communities in communities like \_\_\_\_\_ to have these conversations.

### Neighbourhood watch

As bystanders, neighbours serve as vital resources, creating community accountability for FVSV prevention. Community initiatives to build neighbourhood watch practices to create and maintain safer, resilient, and more connected communities plays an important role in supporting people with disabilities.

As already outlined in the previous chapter, neighbourhood Watch helps people getting together with their neighbours to take action to stop the violence within the community from happening before it happens. Neighbourhood watch encourages people to take an active role in the community for their own and neighbour's safety as well as to prevent any violence. Neighbourhood watch is also a community-led movement that brings all people and neighbourhoods together to create safe, resilient and connected communities. So, this movement is very much needed for the disabled people to prevent FVSV against them.

It wouldn't be too hard to put the word out, about that. In communities I imagine. There would be Facebook sites and you know like neighbourly and all those kinds of things, you could connect in with people.

Um, we could- you know way back in the days we used to have um neighbourhood watch. You don't have much of it now. You know and um people used to keep an eye on your place and things like that but if we come together and support you know, support our our neighbours, support our family, um... Maybe drop in now and again see how they're getting on.

## Advocating/Supporting voices

Creating and supporting voice infrastructures for disabled communities is vital to prevention of violence because having a voice gives an individual agency and power, and a way to express their beliefs (Alper, 2017). To support the voices of disabled communities, raise community awareness and encourage people with disabilities, prevention efforts should build infrastructures in the community. Community-led education should cover communicative strategies for speaking up and participating, being aware of the human rights of disabled communities, voicing rights, and organising to secure rights. It is particularly important to hear the voices of youth, and especially young people with disabilities. Simultaneously, the intersections of ageing and disability foreground the importance of creating voice infrastructures for ageing disabled community members.

When we have our voices be heard, the change will come. How do we raise our voices so we can be heard?

Like how...talking about the Māori wards. We need a voice. Because at this voice we don't have a voice. You know everything's all European, but we don't have a voice.

Yeah, so a lot of people with disabilities, I have a cousin with disability, and I know for a fact that they feel really isolated from the public view and they get discriminated. The voice has to step in and protect their young. So, there should be more awareness around it, to protect. Because everyone deserves to be.

## Community-led education

Community-led education includes a wide range of inclusive educational initiatives in the community, created by the community in place, and led through the participation of disabled community members. Community-led education should (a) address needs of disabled communities, and (b) generate knowledge in communities around disabilities and shift community norms. Community-led education provides opportunities for engaging with violence prevention strategies and empowers the active participation of people with disabilities to develop prevention interventions that are based on their lived experiences with disability and negotiating sexual violence and family violence. Community-led prevention education works alongside education that promotes the rights of disabled people anchored in their right to voice. Community-led education program should address the underlying ideologies of capitalism, colonialism, patriarchy, and whiteness that constitute the violence disabled

communities experience. This critical education, created through the participation of community pou, will be complemented by knowledge on Recognising family violence and sexual violence, strategies for communicating against violence, anti-bullying strategies, community organising skills, and advocacy skills. The community-led education programme should be based on the aspirations and skills that people are willing and able to share with each other in the community.

Probably an immediate campaign where people I think it just... It needs to be. There needs to be more education.

I remember countless hours him and mum use to be talking till early hours in the morning talking about whakapapa and land. When they were with their aunties and uncles...you know that you were there for a few days. You know they will be up all night talking about whakapapa. I remember all the tipuna names you know that they be saying and so that's how I was bought up you know around them, and I think because of that, that was my Maturanga of education. Just hearing there korero you got me.

People need to be educated in courses. Different types of programmes for people to attend, you know, not just for disability but for disabilities family to go to ask for. You know. even though you might not have a disability, but you might be able to pick up signs on a person who does have a disability and has been taken advantage of. Or been abused.

## Strengthening family support

The family is a basic unit of society that performs essential functions for its individual members as well as for community at large. It is recognised as the most stable and effective system for taking care of its members - able-bodied as well as disabled people (Kashyap, 1989). With ongoing neoliberal transformations, the family too has undergone changes in its structure and functions. Disabled people need long-term services and support to sustain their lives at home and in the community. The family works as a key source for negotiating services and support. Family members are the primary and often unpaid sources of support for disabled people, assisting with tasks that promote community living and integration across their life course (Grossman & Magaña, 2016). Strengthening family support plays an important role in the prevention of family violence and sexual violence against disabled people.

I do me myself I keep myself thinking straight keeping my mind clear and thinking straight I have my family around me we're I didn't have them with me Yip so who of umm your family members do you have here with you.

...If you have a strong support...family support...you're halfway there.

### Strategies for reducing stigma and fear

Stigma, fear, stereotypes and prejudice contribute to the discrimination and exclusion of disabled people from the community (Rohwerder, 2018). Discrimination and exclusion can have serious negative consequences for disabled people's participation, mental wellbeing and overall quality of life (Major et al., 2018). So, steps need to be taken to reduce the stigma and fear of disabled people so that they can be included in the mainstream community. Interventions like public information campaigns, engaging in social relationships, interacting with people who are similar, negotiating meaningful roles in the community, and navigating norms and expectations may help to reduce this stigma and fear. According to the United Nations, human rights education can also be used as a useful tool to combat stigma and the resulting discrimination disabled people experience. Reducing stigma and fear will in turn reduce the abuse and violence disabled people face.

It's the only way we're going to break down the fear barriers because fear is the is the biggest thing in. All in all, of anyone who's different, it's fear of the unknown fear of what we don't understand."

### Anchored in cultural context

Some cultures can devalue disabled people, deny their problems, and discourage attachment to the community. Because in many cultures, disabled people were treated as if they were responsible for the disability, social change is important. The prevention of abuse, neglect and exploitation of people with disability requires the promotion of positive cultures, drawing on cultural strengths and values that uphold the recognition of the agency of disabled people. Culture has an influence on the criteria by which disability is perceived, evaluated, and handled. It is to be noted here that disability is increasingly conceptualized as a positive cultural identity, and disability is treated as culture (Lawson, 2001). Though disability culture is a relatively new and contested idea, it offers an important anchor for addressing stigma. Developing prevention solutions from within the contexts and lived experiences of communities is important to the sustenance of prevention.

If you have a disability and are from a different culture, there is nothing here [referring to disability resources]. So, the people from within the culture need to develop and create things.

To support the prevention needs of disabled people, any education should be contextually grounded because every disability has different context. In the mainstream education system, finding ways to meet the learning needs of students with disabilities is an important element (Hayes & Bulat, 2017). This approach needs to be extended into community-based education so that what is offered can be accessed and addresses the needs of communities with disabilities, such as offering contextually based education on negotiating bullying etc.

You need to begin with the marae, in the marae.

Like I said, like self-confidence. Building your self-esteem. What is abuse and what isn't abuse so you can tell the difference.

I think, you know, that we are really lacking in general in the community is if there needs to be education in schools, there needs to be at risk... Families identified when kids are born so that they have wrap around services from that moment on...I think it...here needs to be a whole heap of, its education, but in all it's different forms.

## GEOFF'S STORY

Geoff is 56 years old and lives rurally, in a 3-bedroom house on Māori land. The land has been passed down in his Whānau for generations. Geoff's grandmother built a house on the land so that her descendants would be able to return to the land and Hapū for many generations. The local council's water scheme bypasses Geoff's house. Geoff has made numerous requests to the council to connect his house to the water scheme. Geoff has been unable to afford the connection costs and Geoff reports that the council staff are not helpful in facilitating the connection process. Geoff and his Whānau rely on their water tank for water. There are eight Whānau members living in the house. The water tank capacity is not big enough to supply their needs. Even though the Whānau carefully ration water, the supply often runs out in summer. Geoff and some of the Whānau members experience headaches sometimes, which they believe is a result of dehydration. In addition, the Whānau express their desire to grow their own vegetables but the lack of water prevents this. Geoff remembers that a social service visited their house once and promised to assist them with a Whānau plan, but never returned.

Geoff has type 2 diabetes and has struggled to manage his blood sugar levels. Recently, Geoff's right leg was amputated, due to a diabetes complication. Geoff receives the sickness benefit and a disability allowance. Additionally, Geoff has been undergoing physiotherapy at the hospital as a result of his limb amputation and uses a wheelchair for mobility.

Geoff's wife passed away due to cancer ten years ago. Geoff has three adult children. His oldest son lives in Australia. Geoff's daughter, Rāwinia, son-in-law, Mike and five mokopuna live in the house together. Geoff's youngest son died in a car accident two years ago. Geoff's eldest mokopuna is 13 years old. She has just been diagnosed with type 2 diabetes. Rāwinia contracted rheumatic fever when she was 12 years old. She now lives with rheumatic heart disease and constantly worries about the ongoing healthcare needs of the Whānau, together with the rising living costs.

Geoff experiences post-amputation pain and has been prescribed tramadol to assist with pain management. The pain has been increasing. Geoff says this is causing him to become irritable throughout the day. Geoff also believes that Mike is taking his tramadol pills, without his permission, to treat his own back pain that he sustained at work. Geoff is reliant on the Whānau for transportation and care. He does not want to confront Mike about taking his pain medication, not just to avoid conflict but more importantly Geoff believes that Mike is doing the best that he can to provide for the Whānau. Mike has no more leave entitlements and cannot afford to take time off work to visit his GP.

Geoff mainly relies on Rāwinia or Mike to transport him into town for GP appointments and to the hospital for specialist and physio appointments. The Whānau has one vehicle, which Mike uses to get to work. Geoff does not like using the health shuttle because he has experienced long waiting times, sometimes 2-3 hours, waiting in the cold hospital waiting room for the health shuttle. Geoff recalls that both his hands were so cold that they became numb last time he waited for the health shuttle.

Geoff has been missing his recent specialist appointments. He believes that the healthcare system is racist and is failing his Whānau. Geoff believes that western medicine has too many adverse side effects. He has begun reading his grandmother's old diaries of rongoā Māori and wishes to utilise rongoā for himself and his Whānau but does not want to bother anyone to help him. Rāwinia wants the Whānau to move to the city to better access health appointments for the Whānau. Geoff does not want to leave the homestead and land.

Geoff's story highlights the importance of ancestral land as an anchor to Whānau health and wellbeing. A CCA approach draws on Whānau cultural values as well as foregrounding their voices to drive strategies and solutions that are anchored in the cultural context of lived experiences. A CCA analysis does not simply inquire into the behaviour of individuals and or their Whānau, in order to place the onus of social transformation on their shoulders. Colonising processes, driven by whiteness and racism, reflected in council and health service interactions with Geoff, continue to impact on the health and wellbeing of Geoff and his Whānau. Organising support such as Iwi services, other social services including health, disability and ageing friendly services are essential, as a supportive infrastructure to challenge structural inequities that Geoff and his Whānau have been navigating on a daily basis. Dialogue about the nature and mechanics of interpersonal conversations to broker whether Mike is using Geoff's medication to self-medicate should be conducted within the structural context that Mike has been unable to access ACC for his work back injury, underpinned by the cultural values of the Whānau. Advocacy negotiations with ACC and Mike's employer are further considerations requiring social service intervention. Geoff knows that connecting to the council's water scheme would provide immediate relief to water insecurity impacting upon the health of the Whānau and providing options to grow vegetables and rongoā Māori. When services together with Geoff and his Whānau enter into dialogue with the council to gain access to water, cultural context is salient.

## THE STORY OF RANGIMĀRIE

Rangimārie is 35 years old. She was removed by Child, Youth and Family at a young age as a result of family violence. She was placed with nine different caregivers over 10 years. All the state caregivers were previously unknown to Rangimārie, and were not Whānau or friends of Whānau. Rangimārie's second caregivers began calling her Maree, when she was 9 years old because Rangimārie was too hard for them to pronounce. That name stuck with her all through state care. Rangimārie started experimenting with alcohol and drugs at the age of 12 years. While in state care, Rangimārie was sexually assaulted by two different carers. She told her social workers about the sexual assaults. They removed her and placed her with different caregivers. She does not know if the offenders were reported to the police. She also does not recall receiving counselling or any therapy as a result of the sexual assaults. She does remember being told by her social worker not to mention the sexual assaults to anyone and start afresh with a positive mind, with her new caregivers.

Rangimārie had intermittent supervised contact with her Mum as a child. Her Mum suffered a stroke and passed away when Rangimārie was 13 years old. No one told her until two years later. She has not seen her Dad since she was removed by Child, Youth and Family. Her older siblings were also removed by Child, Youth and Family. One of her brothers is currently serving time in prison. Her four other siblings have their own families and they are dispersed around Aotearoa and Australia. Rangimārie enjoys seeing photos of her nieces and nephews on social media.

Rangimārie started cutting herself when she was 15 years old. She has been admitted to the acute inpatient mental health unit three times and vows not to go back to "that hellhole." Rangimārie was diagnosed with schizophrenia and depression when she was 19 years old. Rangimārie also has partial hearing loss but has been unable to access hearing aids, due to the long wait in the hospital system and traumatic experiences in the acute mental health unit. She wishes to steer clear of the hospital. Rangimārie gets picked up every two weeks to attend a GP appointment, where she receives antipsychotic medication by injection and once every three months the depo-vera contraception injection. Rangimārie began using methamphetamine to reduce some of the side effects from the antipsychotic medication, such as weight gain, fatigue and low-energy.

Rangimārie has also engaged with a mental health service, who promised to help her get her learner's driver's license and prepare a CV. She was picked up to attend the service a couple of times but says that on both occasions they played games, drew pictures and drank about 10 cups of coffee from their espresso machine. She doesn't know if they will still offer her help to get her license and write a CV.

Rangimārie lives with her partner Jason, his Whānau and friends in a 2-bedroom Kāinga Ora state housing unit in a low socioeconomic suburban area. The tenancy agreement is solely in her name. There are seven people living in a 2-bedroom unit. They talk amongst themselves but rarely talk to Rangimārie. Rangimārie understands more than they think she does. She explains that she doesn't have to hear every word to understand what is being said.

The living arrangement was only meant to be temporary - for a month, but they have been unable to find accommodation. They have been living with Rangimārie for six months. During this time, Rangimārie became depressed. She has used the NZ Relay app on her phone to call a helpline. The NZ Relay app provides captioned relay calls for deaf or partially deaf people. Rangimārie reports that upon explaining her situation and depression, the caller told her to have a hot bath or shower. That was the only advice she received and she was not impressed or helped.

Someone has reported Rangimārie to Kāinga Ora, telling them that there are many people living in her unit. She has received a letter from Kāinga Ora informing her that they will be doing an inspection of her unit. They also wish to remind her that she is to be the sole tenant of her unit.

Every second weekend, Jason's three children visit and stay in the unit. Rangimārie has not disclosed this to Kāinga Ora either. Rangimārie loves the children and enjoys caring for them. Rangimārie worries that Jason will leave her if she can not provide him and his children with accommodation.

Rangimārie describes herself as "house proud." Every day she cleans the house, mops the floors, vacuums, prepares the meals, washes her clothes and her partner's clothes. She takes pride in maintaining a clean and tidy unit and has never received a negative inspection report. Rangimārie thinks she would be suited for a job in hospitality, maybe a motel.

Rangimārie and Jason have been arguing again about their overcrowded living situation. Rangimārie feels that the overcrowded living situation is causing her stress and she wants Jason's Whānau and friends to move out of the unit. Jason believes that Rangimārie is the one that has told Kāinga Ora that there are others living in her unit. Although Rangimārie denies this, Jason has become distant and cruel, calling her a "psycho handicap" and that it will be her fault if he cannot see his kids anymore and if his Whānau and friends are kicked out by Kāinga Ora. In her rage, Rangimārie threw a kitchen knife at Jason, which missed him. Jason grabbed her by the throat and held her up against the wall. Jason's friends had to pull him from her. The next day, Jason told Rangimārie that if she reports him to the police, he will tell them that she has been hallucinating, having violent outbursts and needs to go back into the acute inpatient mental health unit. Although surrounded by a lot of people in her living situation, Rangimārie feels alone and trapped.

Intergenerational abuse is often linked to structural violence, alcohol and drug addiction and ongoing mental health support. In Aotearoa New Zealand, Māori women have the highest lifetime prevalence of physical and/or sexual IPV. In addition, people living with disabilities are at a higher risk of IPV and sexual assault, when adjusted for age. The state effectively isolated Rangimārie from her Whānau when Child, Youth and Family did not look within her Whānau, Hapū and Iwi for suitable caregivers. Research foregrounding community voice indicates that the mental health system is stretched and is difficult to navigate (New Zealand Government, 2018). Rangimārie has accessed some services for support and has ongoing, regular health appointments with her GP. However, her story indicates that despite her engagement, some of the services are not meeting her needs, which is also highlighted in recent research (The Backbone Collective, 2020). A community-led prevention framework includes creating safe spaces in the community for people living with disabilities to dialogue together in order to construct strategies to navigate and/or spotlight the gaps in service delivery that they are experiencing. Community pou for disabled communities, who are either living with disabilities themselves and/or are specifically trained in this area and are living in, or very familiar with the community have also been highlighted as a necessary component of violence prevention. Reconnecting Rangimārie with Whānau, Hapū and Iwi, with Kuia and/or disability groups within her Iwi is a humane approach to accessing Hapū or Iwi-led mental health, alcohol and drug addiction services cloaked with Iwi-specific mātauranga and support. Support to access ACC to address the sexual violence against Rangimārie when she was in state care is also salient and could be undertaken by the community pou in her community.

### Dismantling whiteness

Whiteness is a normative, dominating, unexamined power that underlies the rationality of Eurocentric culture and thought (Smith, 2004). Disability prejudice is circulated through the lens of whiteness. Dismantling whiteness is necessary to ensure the rights of disabled people including within the FVSV sector.

There is the Pākehā gatekeeper. Always.

**A community-led prevention framework includes creating safe spaces in the community for people living with disabilities to dialogue together in order to construct strategies to navigate and/or spotlight the gaps in service delivery that they are experiencing.**

So, it's almost like, you need someone literally brown at each.... If there's a gateway right and they could, like the justice system and medical system... You literally need almost like a cultural adviser because when you go into a room and it's just a white person, in a uniform. It doesn't matter what kind of uniform you cannot engage.

You have all the white people that don't understand the culture or the community and think they know.

### Creating community awareness

Community-led awareness creation forms a basic component of community-led violence prevention. Awareness may be developed/increased through training, workshop, communication campaign and education. Participants note the importance of sustaining awareness generation efforts, to offer awareness programmes throughout the year. Awareness can prevent the family and sexual violence before it occurs. To develop/increase awareness among the community people various awareness programs like meeting, workshop, community gatherings etc. should be taken by local and national stakeholders. These awareness building programmes in turn help to prevent family violence and sexual violence (FVSV) against the disabled people.

More awareness around the signs and what people can look for in their own communities? You know, sometimes, you can pick up on signs if you're really close with someone, but sometimes you won't. And like, even like, just off the top of my head, I'm thinking like, a community safe space. You know, where people can go if they're feeling like they may be victims of family violence? And, you know, community volunteers who can run that place would be good.

Raising awareness and planting, you know whoever wants to, you know, cos pe-, so many people want to aye, wanna be part of the teaching, the teachers of um you know planting seeds, who wanna be a part of the planters, it's just getting out there 'would you like to plant seeds' you know like a fruit tree [unclear] you know.

I would get notices out there... and then I would draw in all of the people. I would look around for all the people that could help me come onboard with me. I'd ring them up, text them, email them, messenger them, whoever. To just say, hey I'm doing this project. Are you able to help?

## Media strategy

Increasing public awareness of disabilities is a key element in removing social and environmental barriers that disabled people face. Theoretically driven media campaigns raise awareness, create new norms, and bring about social change. Disabled people are rarely featured in TV ads and other popular media. To address this erasure in the USA and Canada, an initiative titled 'Visibility for Disability' was launched in 2019, aimed at changing how people see disability by changing what they see in popular media (O'Brien, 2019). The campaign launch video portrayed a focus group reacting to TV commercials featuring people with disabilities, exposing the misconceptions surrounding them.

---

**In many cases, disabled people or their carers do not know where to go or who to call if a person with disability is being abused. This needs to change through targeted awareness campaigns.**

---

And on commercials. For instance, even. You know television commercials on the movies, and you know and on social media and people like that.

Like I said, on social media I see quite a few social media ads where and actually on the police... On Instagram, they share quite a few posts about violence and sexual violence and.

I learnt, weird as it is, the past year I have learnt more on Tik Tok than I have in like in my 20 years of life! I feel like, you know, we're building social media to be quite an informative platform. And I think that is a great way to reach people as well. And it's also like, most of the time I'm not saying people will have control over what they're saying in their social media...

Notice, notices like TV, radio, like plastered all over in peoples' offices and all along the agencies... and everything so long as we've got an awareness out there that this violence is not okay.

There's always awareness raising. It always depends on who you are talking to like we, We tend to get people from all walks of life, from people you know in government organisations, non-government organisations, families.

## Support resources

There are existing resources for helping people with disabilities, but our participants revealed that these are not familiar to family members, community members or even disabled people themselves. In many cases, disabled people or their carers do not know where to go or who to call if a person with disability is being abused. This needs to change through targeted awareness campaigns. The support infrastructure and organising work of Carers New Zealand offer robust openings for engagement.

It is to be mentioned here that there are no specialist domestic or sexual violence services for disabled women; very limited culturally specific services for Māori, Asian, Pasifika and other ethnic minority women (National Council of Women of New Zealand, 2016).

Knowing. Knowing what resources there are and how to contact um how to contact those resources. Um, I have a problem with um if I've got to ring someone, I'll get real- I'll get really anxious about it and um before anything happens if anything happens. Um I've got ADD so I procrastinate and um it's a real thing. It's not just something that lazy people do. I thought it was but um no it's actually yeah. A real thing.

A lot of our people don't know the resources. They don't know where to go to. They don't know who to ask for help. They don't- or the ones that do ask for help, ended up they're not trustworthy. And they send them down the wrong path. You know um, housing. Housing in our community it-it-it is not diverse. It is oh what are they doing here, why don't they go back to their own country. You know it-it-it's not communal like it used to be? Um, multicultural. That's what we need to try and do.

Public kind of, like a campaign, I guess. Targeted at the community. With resources and proper support and people, who know what they're doing in that community to link too. Not just the campaign by itself, 'cause then there is nowhere to go but have everything set up... So, that there's the campaign, there's the people in the community...there's these people you look up to, there's that place to go.

## SAM'S STORY

Sam, 19 years old, was diagnosed with autism shortly after starting school. Sam's autism is severe, having limited ability to communicate. Sam's mum, Carol, has been his primary caregiver after she divorced his father when Sam was just a toddler. Carol married again when Sam was 12 years old. Jeff was initially supportive and loving. However, increasing pressure with work and making enough money for the week put pressure on the family. Jeff was starting to drink more heavily, hiding his habits from Carol.

Carol and her new husband, Jeff, have had four more children over the last seven years. These changes for Sam have been unsettling and the stress and frustration sparks episodes of rage. His younger siblings would touch his things, and he would run around uncontrollably. Carol had been smacking Sam to get him to stop. However, she was now hitting him most days for his outbursts. He would often miss school so Carol could hide the bruises from his support worker.

Carol and Jeff met at church, and this was a place of peace for the family. However recently, Sam had been playing up more and not wanting to attend the church meetings, screaming as they were preparing themselves each Sunday. Sam had told his carers at school that someone at the church had been hurting him. Police were still investigating this incident, but Carol and Jeff did not believe the carers and thought they were just meddling. The investigation seemed to be at a standstill, but Carol and Jeff still made Sam attend church meetings as they had support from family to take care of him during this time. Carol had been questioning the bruises along his legs and arms for months now. Carol had always dismissed it, saying Sam was clumsy and tripping over toys at home.

Before the Covid lockdown, Sam was at school most days, but his behaviour had become violent and aggressive at times. He was starting to hit the other students, which caused periods where he was on stand down for other students' safety. During lockdown, the family were sent into turmoil, having to care full time for Sam in the home. The noise of his younger siblings was too much for Sam, and he would have meltdowns that lasted for hours. Carol has become increasingly stressed with the number of children and the lack of support she was receiving. She started to hit Sam more violently and locked him in the garage. Jeff was an essential worker at the supermarket and has been trying to secure more shifts, meaning that he was gone for long days and sometimes at night. Carol lost her part-time admin job before lockdown. She did not qualify for the Government Covid payments as she was made redundant the month before. They were struggling financially and emotionally with Sam's career's accusation about the treatment he was receiving at the church.

Carol began leaving Sam in the garage most of the day as he became more violent to his mother and younger sisters. Carol felt guilty but also thought she had no support options. One evening Sam was squealing to get out when his stepfather came home smelling of alcohol. The rest of the family were eating dinner at the table. Jeff went into the garage and dealt to Sam. He would have lost consciousness from the beating this time. Bruised for days, Sam started to wet himself frequently.

Carol had tried to get help in caring for Sam. Her relationship was on the rocks, with Jeff not understanding Sam's needs. They felt Sam was too challenging to handle, but Carol did know lashing out at him didn't help... She just had nowhere to turn.

## Community conversations

Conversations can prevent FVSV against disabled people by creating awareness, building frameworks of accountability, and opening up opportunities for creating preventive solutions through community platforms. Creating opportunities for conversations dismantles the silence around sexual violence and family violence. Conversations may take place in a family, in neighbourhoods, with organisations, within a community, and with the government. Conversations for prevention cover:

- Ways to think about the possibilities and life potential for disabled people, considering their needs, their likes, dislikes, interests, hopes, dreams, vulnerabilities and safeguards;
- Why and how the communities may be involved to improve the life possibilities of people who live with disabilities;
- Creative strategies for preventing sexual violence and family violence experienced by disabled communities; and
- The role of communities in creating and sustaining violence free environments where disabled communities can participate

Just say whatever you want to say, its open questioning and any context of conversation is fine.

Yes, yes lovely so really getting out there and getting people together and making conversations happen you know.

We have to have these conversations in the community, and at the same time you might have for instance like in a very top-down way you know...people at the top saying these conversations are not safe to have. So that seems like a real challenge doesn't it.

There is also... a component of racism that plays out. For instance, you know say for instance if it is a white Pākehā system that is saying that these conversations are not safe to have then that prevents these conversations from happening.

## From Individual to collectives

In capitalist societies, disabled people are often individualized, disconnected from networks of care, and negotiating loneliness. Translating individual agency into collective organising in communities can strengthen family violence and sexual violence prevention efforts. Collective understandings of experiences of disabled people serve as the basis for advocacy for structural transformations.

We need to everybody get- try and get in as a collective, and...look after our own, and make sure we are secure as well as, as well as looking after everyone else. Because if we look after ourselves if we look after our own, we can look after them. You know, I-I've been volunteering forever.

...we need to be as one on some things. And that is one, that we need to, we need to get together and stand up for our people, as one.

I see everyone just works together, comes together as one and you know, um put some things in place for the community to prevent these problems.

If we all come together as one and we support each other and just keep your eyes and your ears open, and just keep an eye out for each other. Cuz at the end of the day we all human, and we need to support each other.

## Transforming structures

Structural contexts of societies work as sources of violence against disabled people. Disabled communities negotiate structural barriers created by society and state, anchored in ableist ideologies that are intertwined with colonialism and capitalism. These structural barriers prevent disabled communities from accessing preventive resources and securing access to adequate services. These structural barriers include inaccessible communication (for example, lack of sign language, braille, pictorials or simple language, oral communication which ignores the needs of the hearing impaired and written information which ignores the needs of the visually impaired); health facilities that are difficult to access because they are far away or there are disabled unfriendly roads and poor transport infrastructure or even doorways that are too narrow for wheelchairs etc. To identify the structural contexts of disability, a model titled 'Social Model of Disability' emerged, noting that people are disabled by the barriers that are set up and perpetuated in society, not by their impairment or difference (Shakespeare, 2006). Barriers can be physical, like buildings not having accessible toilets or they can be caused by people's attitudes to difference, such as assuming disabled people cannot do certain things. The Social Model of Disability was developed by disabled people to identify and take action against discrimination, and to ensure equality and human rights for people with disabilities. This model challenges the traditional biomedical model, which presents disability as an individual, medical 'problem', through its focus on what a person cannot do because of their physical, neurological or psychological characteristics.

Top government structures that you know, it is not safe to converse about sexual violence and family violence, you know. This might actually create more trauma...we actually to stop this from happening. We need to have these conversations.

Structural transformation is tied to changing how the state engages disabled people and communities, particularly communities at the "margins of the margins."

That's...to know and understand what the government is built for, what it's structured for, and what it consists of is the people, so.. the word in knowing what it, saying what it is, not like... not just you know um we need the right signatures, so we need to be saying it to the right people. We need to be saying on the medium... We need to stand united, not in pieces.

Moreover, disabled people and communities at the "margins of the margins" note the necessary transformation in how prevention activities are carried out. They suggest that prevention resources need to be placed directly in the hands of organic communities at the "margins of the margins" rather than supporting the salaries of a professional managerial class.

- Funding and resource are put to ground. Grassroots to the community.

## Educating social workers

Social workers provide care, advice and support to people with disabilities. Social workers play an important role in the activities of the disabled people because they help to coordinate services between the residence, the families, care providers, doctors, and community support staff. Social workers are the glue that holds all of the silos together in a disabled person's life who needs additional support services. Social workers help to bridge the gap between the person and the community. Educating social workers on sexual violence and family violence, and providing them with proper skills to assist disabled community members is vital. A well-trained social worker can help to prevent FVSV against people with disabilities by being bystanders, witnessing the violence, and advocating for communities with disabilities by walking alongside communities.

The social worker should be educated to look for signs, to understand the person she is working with, what their needs are. Also, to see for any signs of family violence and sexual violence. Then what they can do and how they can support the person they are working with.

...it's things happen and for the girls, who experienced that having someone like the social worker, who would just let... It's all good, let's go together, I'm holding you.

Yeah maybe um social workers going to check keep it in contact with say just check on families.

Yeah I guess that's what social workers would call the case by case buzz...I think it's just always, you know, keeping an open mind to every single situation you're in. Like when I do my externals, I just make sure that I clear my mind and don't have any biased views before I go into that- go into that korero and I hope everyone practices that. [disabled social worker]

And then they should have some sort of system at school. Not just a social worker that's specific like... Sexual violence, Family violence you know. And not in a punitive way where we are like... we're going to take your children away from you. More of like... It's a thing that happens, you know what I mean?

## RECOMMENDATIONS:

For Community-led solutions to prevent family violence and sexual violence against disabled communities, the following recommendations are provided through the in-depth interviews:

1. Center disability resources in community-led prevention activities. Work with communities to assess the various disability needs, and identify disability-based resources to address these needs. This includes being attentive to the diverse intersections, and to the "margins of the margins" of the community.
2. Educate social workers to work for disabled communities in partnership with them. The education programme for social workers should be grounded in the key tenets of listening, dialogue, humility, and democracy.
3. Advocate for service providers to have available persons from the disabled community, with resources that are directed to meet the needs of disabled communities.
4. Ensure various intersections of disabilities, such as rainbow community members and ethnic community members are incorporated into the service provider organisations, play leadership roles in these organisations, and participate in decision-making processes. This is particularly salient in the backdrop of the overarching whiteness of the FVSV sector.
5. Address the communication gaps disabled community members experience. The recognition of the fundamental human right to communicate should guide the development of FVSV prevention and delivery of services.
6. Empower community members and community leaders to support disabled members of communities, to respond as bystanders when they witness FVSV, and to participate as supportive advocates for the rights of people and communities with disabilities.

7. Build infrastructures and dedicated community groups for giving support to disabled people and communities. These community groups serve as spaces of support, information sharing and organising, and spaces for the creation and implementation of community-led prevention programmes.
8. Build specific places in communities where disabled people can share their feelings, experiences, and everyday struggles.
9. Create community-led hui for conversations on prevention of any violence in the community, and specifically FVSV impacting disabled communities.
10. Form community groups for neighbourhood watch.
11. Create social and communicative support resources for disabled people and communities to voice the violence that is experienced in the community. Build support resources for safe disclosures and access to healing services that are culturally-centered and contextually anchored. Attend to the complexities and nuances that constitute disabilities in understanding and developing the social and communicative support resources for voices of disabled people and communities, particularly people and communities at the "margins of the margins."
12. Resources for the disabled community must take multiple forms to ensure different parts of the community with their different needs can actually access them
13. Create opportunities for community initiatives to strengthen family support for people with disabilities.
14. Create community-led approaches that are driven by the participation of the disabled people and communities in decision-making processes.
15. Train and educate people with disabilities in strategies for having their voices heard and in leading prevention interventions. Build the capacity to communicate among disabled people and disabled communities.
16. Educate the younger generations to take care of disabled people and communities.
17. Develop education and other institution-based programmes to build intergenerational knowledge and strategies for prevention of FVSV among disabled communities. This includes educating youth so that they are committed to prevent FVSV against disabled people and communities within their interpersonal networks, Whānau, and communities.
18. Recognise the wealth of knowledge and resources brought by disabled people and disabled communities to the development and dissemination of prevention interventions.
19. Create public awareness campaigns addressing FVSV experienced by disabled people and disabled communities. These awareness campaigns should be led by disabled people and disabled communities at the "margins of the margins" in place-based contexts.

20. Include disabled people and disabled communities in the media campaign activities. Disabled communities at the “margins of the margins” should be empowered to design and carry out media campaign activities.
21. Empower disabled community members to be treated with respect and dignity, recognising their agency in driving FVSV prevention solutions.
22. Create adequate support resources for disabled community members in the community. Creating support resources addressing family violence and sexual violence for disabled communities within the local context is vital to the sustenance of prevention solutions.
23. The leadership and participation of tangata whenua experiencing disabilities is vital to building a decolonising approach to the prevention of FVSV experienced by disabled people and disabled communities.
24. Include disabled people and disabled communities at various intersections, including intersections with rainbow communities, ethnic minorities, and ageing communities in government reports/actions.
25. Create programmes that promote cross cultural understanding, value sharing etc.
26. Promote change in media representations of disabled communities, including Māori values in the portrayals of disabled people and disabled communities. Draw on diverse cultural values such as Pasefika values and ethnic cultural values to disrupt the whiteness in the portrayals of disability and the approaches to addressing disability.
27. Address the silencing/erasing structural contexts, especially at the intersections of disability with other diverse identities, attending to the “margins of the margins” that are historically erased.
28. Create culturally centered training of people involved in disabled persons' issues, such as healthcare personnel, police, and the judiciary.
29. Increase the allocation of government resources/funds for the wellbeing of disabled communities, and specifically resources for addressing FVSV against disabled communities.

## CHAPTER 8

# MIGRANT COMMUNITIES

Profound changes have been made to Aotearoa New Zealand's Immigration policies since 1987 to attract skilled migrants as catalysts for economic growth (Trlin, Spoonley & Bedford, 2010). Before that, Aotearoa New Zealand had limited entry for migrants who were not British or Irish (Bedford, Ho & Lidgard, 2000). Since the late 1980s, several diverse communities have migrated, especially from Asia. As of 2018, more than a quarter (27.4 per cent) of the Aotearoa New Zealand population was born overseas (Statistics Aotearoa New Zealand, 2018). Among the ethnic communities, the Asian population is projected to surpass 1 million in 2024–2027. Aotearoa New Zealand shows its allegiance to humanitarian obligations and responsibilities to protect refugees under international law (Marlowe & Elliott, 2014). From 1987, resettlement spaces were offered to refugees under a formal annual quota, however, Aotearoa New Zealand was hesitant to accept large numbers fearing public backlash and insufficient refugee integration, economically and socially (Spoonley & Bedford, 2012). In July 2020 the refugee quota increased from 1000 to 1500, but the resettlement programme has been affected by the Covid 19 pandemic. Despite its strong humanitarian commitment, the government's approach to resettlement has been criticised for producing unsatisfactory outcomes for refugees (Ferguson, 2011).

While Aotearoa New Zealand maintains high rankings in the annual Global Peace Index (Institute for Economics and Peace 2018), discrimination against refugees and other migrant communities exists. A belief still persists that migrants are disloyal and use their tactics to plunder Aotearoa New Zealand's social and environmental reserves for their own (Ip, 2000). In Aotearoa New Zealand, hostile attitudes or discrimination towards ethnic minority communities has been recorded in education (Salahshour & Boamah, 2020), criminal justice (Patterson, 2020) and healthcare (Kanengoni et al., 2020). Moreover, the General Social Survey (2018), MBIE's Migrant Survey (2017), and MBIE's Community Survey (2016) report accounts of discrimination against migrants. The New Zealand Election study (2017) highlights that 48 per cent of New Zealanders wanted to see immigration into the country reduced either 'a lot' or 'a little', and 15 percent of New Zealanders think that immigrants increase crime in the country. As noted by Liu (in Baehler, 2009), "Aotearoa New Zealand is demographically multicultural, formally bicultural, and with few exceptions, institutionally mono-cultural".

The diversity of the refugee and migrant population in Aotearoa New Zealand denotes that they carry diverse cultures, histories, gender expectations, linguistic competencies, human and social capital. Refugee communities go through numerous stressors during pre-migration and post-migration processes (Lustig et al., 2004), which may trigger violence. Aotearoa New Zealand has one of the highest rates of violence among

OECD countries. Even though there are studies on family and sexual violence in New Zealand, studies on violence among migrant communities are scarce (Rahmanipour et al., 2019). The lack of research in this area further masks the experiences of FVSV and accompanying experiences of mistreatment among migrants. As per the Immigration Aotearoa New Zealand report (2019), most applicants for Immigration NZ's Family Violence visas are from India or Fiji. Reports show that 76% of family violence in Aotearoa New Zealand is not reported, and the numbers are likely to be higher in the migrant population (Gerrard & Lambie, 2018; Simon-Kumar, 2019). Also, help-seeking characteristics and/or self-reporting are low in ethnic communities (Simon-Kumar et al., 2017).

---

**Reports show that 76% of family violence in Aotearoa New Zealand is not reported, and the numbers are likely to be higher in the migrant population**

---

The commonplace challenges refugees and migrant communities experience are related to and intersect with experiences of structures of inequalities (Kale & Sara, 2020). Not knowing the dominant culture's language is a participation barrier for many refugees and migrant members in Aotearoa New Zealand society generally (Altinkaya & Omundsen, 1999). Tse (2007) notes that migrant families find it challenging to adjust to a new living environment and often experience hardship and difficulties in finding jobs. Also, the racism and discrimination that migrant women go through while trying to get a paid job or be independent increases the risks of violence. The Connection Hui organised by Shama (2019) highlights how racism amplified sexual violence in migrant communities, stopped people from seeking help and eroded the fabric of cultural communities. Participants also drew attention to the racism of privileged/bureaucratic organisations, institutional racism and the tendency to generalise races. The groups noted the lack of statistics involving ethnic communities and the gaps between ethnic communities and sexual violence responses/prevention and decision-making processes. The members call for developing a national service that is grounded in diverse cultural contexts, is collaborative, and resonates with the diverse ethnic communities and their diverse cultures.

Studies highlight that western models of family and sexual violence prevention strategies miss out on the importance of family and community in ethnic communities (Zheng & Grey, 2015). The rearrangement of the family structure after migration and displacement affects family members and children (Higgins, 2008). As second-generation children become assimilated to 'kiwi' culture, first-generation parents might have a loss of control or a sense of alienation from their children. Tensions may arise when people migrate from countries with specific gender roles. It is observed that men who migrate from patriarchal societies might find it hard to adapt to a new culture (Kapur & Zajicek, 2018).

Migrant women are more vulnerable to violence than non-migrant women (Amanor-Boadu et al., 2012). The violence experienced by migrant women of colour are often the by-products of intersecting forms of racism and sexism, and migrant women of colour often suffer racism and sexism in their daily lives that are non-synonymous to experiences of white women (Crenshaw, 1991). Also, migrant women have less information about protection orders and are less likely to apply for those. Researchers have indicated how Asian women desired to keep family problems within the family, outside the realm of formal preventive interventions (Fanslow et al., 2010). Research also suggests that migrants are less receptive to dominant responses to violence prevention (e.g., safe houses, support services, and community organisations) and favoured informal assistance through neighbours, friends and family (Tse, 2007). The 'vulnerabilities' migrant women encounter is shaped by structures that operate in gender and migration. Many of the changes in the familial structure due to migration may alter traditional gender roles and might increase the probability of violence. Sexual and family violence prevention programmes need to acknowledge this gap and develop programmes by working alongside communities, drawing upon cultural contexts, and Recognising the agentic capacity of migrant communities to participate in the processes of social change (Simon-Kumar et al., 2017).

The uptake of support services or counselling is low among migrant and refugee communities (Simon-Kumar, 2017). Many of them find it challenging to access these services due to cultural disparities, social stigma and not being accustomed to Western biomedicine. Therapeutic practices based on Eurocentric ideologies may not work well with migrant and refugee communities, and ways of healing may be different for them. This is accompanied by FVSV services that are not really grounded culturally and prevention strategies that take a "one size fits all" approach. Such flawed violence prevention strategies and services for migrants and refugee communities reflect the colonial make-up of policy making and interventions (Came, 2014), marked by the erasure of community voices. By speaking for the refugees and migrants, the Government, non-Government Organisations (NGOs) and other organisations ignore the voices of the refugees and migrants and overlook the interplays of patriarchy, whiteness, and colonialism. Top-down projects to 'care' for the refugees and migrants further obscure the voices of refugees and migrants, augmenting the asymmetric power relations between the 'experts' and the refugees and migrants.

Many researchers have highlighted the need to consider migrants and refugees as heterogeneous with their own lived experiences and culture (Spoonley and Bedford, 2012; Vertovec, 2007). There is scant research in Aotearoa New Zealand, on culturally relevant preventative solutions for combating violence in ethnic communities (Robertson et al., 2007). The recent Migrant Victims of Family Violence Project Report (MBIE, 2020) indicates how structural issues and policies hinder migrant women to seek help. Also, the report indicates that

Due to competing Government priorities, policy work to investigate these issues further and any consequent remediating actions cannot be undertaken at this time. However, within the wider context of Government action to eliminate family violence additional immigration operational and policy changes may be considered in the future as part of a longer-term work programme.

Such inaction from the Government exposes migrants to abuse and violence. As Massey & Kirk (2015) argue, there is a mismatch in policies based on western principles and the life context of migrants and refugees. Hence, the lack of culturally informed research, policies and practice needs addressing. The dominant FVSV prevention frameworks treat migrant culture as a monolith and locate migrant culture as the source of FVSV (Visweswaran, 2004). The culture-as-primitive conceptualizing of the FVSV that occurs in migrant communities is based on cultural essentialism, fixing migrant culture as static and backward, and in doing so fortifies the narrative of global imperialism based in patriarchal whiteness (Abu-Lughod, 2002, 2008, 2013; McKinley, 2009). The victimization and racialization of migrant communities through the circulation of the "savages-victims-saviours" discursive trope reinforces white imperial patriarchy while simultaneously erasing the agentic capacities of migrant women. Particularly worth noting here are the interplays of whiteness and patriarchy in the deployment of imperial projects such as the U.S. invasion of Afghanistan and Operation Iraqi Freedom (Abu-Lughod, 2002, 2013; Cloud, 2004; Dutta, 2005) which disproportionately impact women, many of whom are displaced because of these wars and enter Western nations as refugees. The experiences of FVSV in refugee communities need to be situated in continuity with the traumas inflicted by wars, military occupations, and organized forms of SV. Particularly worth noting are the intertwined relationships between the propaganda of gender-based cultural essentialisms and the current rise of Islamophobia, which in turn is directly related to the seeding of anti-immigrant attitudes, anti-immigrant policies, and violence targeting Muslims (CAIR, 2017; Considine, 2017).

Therefore, it is imperative to have a framework where the lived experiences of migrant communities, and particularly people at the "margins of the margins" of the communities, will open up pathways toward solutions to prevent FVSV. The concept "margins of the margins" is particularly salient in the context of FVSV directed toward migrant communities as it recognises that migrant communities are not homogeneous. They are imbued with inequalities in gender relations, class composition, forms of abilities, and diversity of hierarchies within. For instance, the Indian migrant community is replete with caste hierarchies that are reflective of the caste hierarchies in India (Kumar, 2012). Similarly, a proportion of the Hindu Indian community holds Islamophobic attitudes that are aligned with the Islamophobia of the alt right in the West (Ashutosh, 2021; Thobani, 2019). The concept "margins of the margins" creates a sensitizing anchor to situating FVSV in migrant communities amidst these inequalities.

For working class, precarious migrant communities, the domination of FVSV prevention efforts place by middle class and professional migrants positioning themselves to speak for all migrants exacerbates these inequalities, contributing to disempowerment and additional layers of erasures.

Through their participation and ownership of decision-making processes, those at the "margins of the margins" within migrant communities participate in garnering social change anchored in their lived experiences at the margins. Using a Culture Centered Approach (CCA), this section of the report seeks to co-create communicative infrastructures for voices of the migrants at the "margins of the margins" to emerge. Through this work, by keeping community voices and culturally anchored narratives at the centre, we try to bring primary prevention needs of migrant and refugee communities to address family violence and sexual violence by learning to learn from below (Dutta, 2004; Kapoor, 2004; Spivak, 1988). Exploring the intersections of patriarchy, colonisation, and whiteness, the culture-centered analysis here attends to the spaces of erasure and the communicative processes through which the voices of people and communities at the "margins of the margins" (migrant women, migrant rainbow communities) are erased, both historically and on an ongoing basis. The analysis moreover points to the communicative strategies for social change when agency of people and communities at the "margins of the margins" is recognised. The participation of those at the "margins of the margins" of migrant communities offers the register for building theories of social change, for designing solutions, for carrying out these solutions, and for evaluating them.

Sincere listening to the voices from the margins is essential to realise the transformative potential of community-led organising for social change in the CCA. In keeping with CCA's focus on establishing relationships with the participants in localised meaning-making, in-depth interviews were conducted to understand the everyday lived experiences of migrants, particularly attending to the narratives of women, refugees displaced as a result of wars and/or state-sponsored genocide, rainbow migrant communities, and migrant people negotiating poverty. The study participants included 67 migrants and refugees in the Palmerston North, Levin, Wellington, Highbury (Palmerston North), and Glen Innes (Auckland) regions. Participants were recruited with the help of cultural facilitators, who then referred the researcher to the next participant, based on the participant's understanding of shared experience and commonality. We paid attention to cultural and gender matching in the interviewing process, with the interviewer in most cases reflecting the gender and cultural context

---

**... interviews were conducted to understand the everyday lived experiences of migrants, particularly attending to the narratives of women, refugees displaced as a result of wars and/or state-sponsored genocide, rainbow migrant communities, and migrant people negotiating poverty**

---

of the interviewee. The findings emerging from the in-depth interviews were shared with an advisory group of migrant women located at the "margins of the margins." The emergent framework situates prevention of FVSV in migrant communities amidst communicative gaps and silencing structures (see Figure 5).



Figure 6: Culture-centered framework explaining FVSV in migrant communities

### Responding to the communicative gaps, erasures, and silences

Migrant and refugee participants highlight that communicative erasures are tied to their everyday living and that these erasures are reflected in migrant bodies that are physically, verbally and sexually abused and absent from discursive spaces. Their narratives point out that migrants are left out, with no to less information regarding support services and welfare resources. Migration status determines access to welfare resources, magnified by the absence of communication infrastructures that offer structurally-directed information on how to access these resources. The lack of information about support services was uttered through words like "I really don't know", "I think most of the women do not know" and so on. For instance, this account by a migrant woman<sup>6</sup> depicts that she was unaware of the violence inflicted on her.

In our community, they really hide it inside. These things are not talked about freely about sexual harassment or family violence, or anything else. They just hide it inside.

When asked about the resources available in the community, the majority of the participants reported that they were unaware of the services available. The narrative points to the communicative gap between government and organisation infrastructures and the everyday experiences of migrants at the margins. The accounts portray that the information needs of migrants are inadequately comprehended, communication between services and migrant communities continues to be deficient, and mainstream systems are not equipped to respond effectively to their needs. For instance, a migrant woman participant explains how she is not aware of any resources in the community.

I do not think any resources are present in our community. When any crisis happens then we do not know where to go. When someone is fighting with each other, then we do not know what to do.

Most family and sexual violence campaigns adopt a persuasive message-based approach without attending to socio-cultural and structural factors. The stories of migrants reveal that groups of experts working separately from communities are unable to meet the information needs of the community. For example, a participant mentioned "In general at first, most of them are not aware of their rights... They don't know what it is... what their husbands shouldn't do". This circle of physical and social invisibility and silencing exacerbates the suffering of migrant communities at the margins.

<sup>6</sup> In this section, the identities of the participants and their migration contexts have been anonymized because of the racist and Islamophobic responses from people working in Crown structures

## NINA'S STORY

Nina, a woman in her sixties, came to live with her only son and her daughter in law in New Zealand four years ago. Her husband passed away and after his demise she sold her properties in India and wanted to settle down in New Zealand with her son and grandchildren. The money from selling the properties was used by her son and daughter-in-law as a deposit to buy a new house in New Zealand. To her utter disappointment, her son and daughter-in-law started treating her badly. She was given a small room next to the garage. Nina likes to eat Indian food, but her daughter-in-law offers only bread and some vegetables. She often goes to bed hungry. The daughter-in-law has asked her not to cook any Indian food in the house as they do not like the smell of the curry.

Nina is very attached to her grandchildren. She does not know English and has limited interactions with grandchildren, as she is asked not to speak about Indian stories or use Indian language with them. She has no support network in New Zealand and is deeply dependent on her son's family. She is yelled at for coming out of her room when her son and daughter-in-law have friends over. She feels coerced into cooking, washing and cleaning for the family. She has been having chest pains, urinating a lot, feeling dizzy and tired. Nina is not registered with a GP and has not visited a doctor since her arrival in New Zealand. Nina is going through a cycle of tiredness and her daughter-in-law yells at her if the housecleaning is not up to her standards. She is told that she will be sent to a nursing home if she does not listen to daughter-in-law's instructions and would not see the grandchildren again.

Nina's story gives a snapshot of how migration impacts on the lifestyles and social networks of ageing migrants. Migration alters family dynamics or roles between younger and older family members, and this should be recognised while framing policies for the ageing migrants. Nina was socially isolated because she was not familiar with the culture and language. This prevents migrants like Nina from being 'visible' in their own community and society. Nina is dependent on her abusers for care, and she just does not know who to turn to. The story narrates how intergenerational responsibilities and power dynamics between ageing women and other family members may change after migration. Ageing migrant members are often a 'forgotten generation' in both the host country and the homeland. Hence, there is a need for culturally appropriate support for them, as many people who need the help do not realise it exists. It is important that older migrants are aware that there are services out there where they can get free legal advice and culturally appropriate assistance. Community welfare checks for all new immigrants, structural changes at the immigration level and follow ups are necessary so that ageing migrant members like Nina can live well, contribute to, engage with and enjoy their communities and have access to support when they need it.

## Anchoring prevention in dialogue with Kaupapa Māori

The experiences of FVSV in migrant communities amidst the processes of patriarchy, colonialism, and whiteness foreground the importance of solidarity with tangata whenua. Rooting FVSV prevention in Kaupapa Māori created the basis for drawing on and building cultural strengths-based frameworks. The E Tū Whānau values of aroha, whakapapa, whanaungatanga, mana manaaki, kōrero awahi and tikanga build spaces positive, strengths-based spaces for community participation in social change, driven by community agency. The analysis of violence as rooted in colonialism drives prevention (p. 26):

E Tū Whānau's approach is underpinned by the notion that by accessing and connecting to inherent indigenous strengths, whānau Māori are able to utilise this cultural capital to fortify their lives. A fundamental principle guiding this approach is the understanding that whānau dysfunction and violation is not traditional but rather a direct impact of colonisation. Although warfare and violence occurred in pre-European times, there is a great deal of evidence to suggest that traditional family life was characterised by loving whānau relationships.

The knowledge systems guiding FVSV prevention anchored in mana Wāhine approaches offer vital intersections for mutual learning and drawing on FVSV prevention strategies. The theoretical approach to prevention of FVSV reflected in KM aligns with the cultural strengths-based approaches needed in migrant communities to enable the agentic capacity of migrant communities, based on the recognition of the lived experience, knowledge, and transformative values held in communities. Turning to cultural values as the basis for care and connectedness creates the basis for challenging the underlying processes of eviction, displacement, and loss (p. 26).

Tikanga and other traditional values provided a social system and structures that actively discouraged any wrongdoing against whānau and there were harsh sanctions for those who transgressed. Whānau health and wellbeing was maintained through a balance between: te taha wairua (the spiritual dimension), te taha hinengaro (the emotional or mental dimension), te taha tinana (the physical dimension) and te taha whānau (the extended family dimension).

Moreover, KM offers an infrastructure for challenging the hegemonic approach to migrant communities that reproduces the whiteness of the FVSV sector. Building solidarity and creating capacities for tangata whenua and migrant communities to partner in creating and driving prevention of FVSV builds creative entry points for transforming the hegemonic approaches to FVSV through the recognition of the agentic capacities of migrant communities at the margins.

### Addressing structural contexts of violence

Participant stories point out that socio-structural contexts lead to inequities and violence experienced in migrant communities. Language barriers and a lack of familiarity with legal and judicial frameworks undermine access to resources and assistance with FVSV.

Whenever you go there, the police will ask you many questions. It's not easy. Many times, I went there and asked. I did not understand all, but I was asking again and again. For 3-4 hours they asked questions. They were trying to explain. It's not easy to understand all.

Structural barriers such as transportation, language, and inaccessibility of assistance programs also manifest themselves as gaps in community-provider interactions.

When I was in the court, I did not understand anything that the judge said. The vocabulary was so different from what I have learned or heard. My social worker pretty much explained everything to me when we left the room.

Migrant experiences of violence have been largely overlooked and erased, incorporated into the majority population, or treated through the racializing lens of cultural essentialism. These narratives demonstrate how racializing structures constrain the choices of migrant communities, often reproducing racist and shallow cultural tropes as explanations while simultaneously erasing the role of structural violence.

The individualising ideology of neoliberalism that shapes the organising of immigration services foregrounds individual action, and migrant people are asked to take actions to protect themselves by accessing services such as police, counselling and so on. However, structural barriers prevent people at the margins in migrant communities from accessing the resources. These barriers are exacerbated by the classed ideology of existing migrant-directed services that thrive through the circulation of cultural essentialisms that are not empirically substantiated and largely don't interrogate or mobilise to challenge the structures of immigration. For instance, a participant who was struggling to survive, was worried about the price of the accommodation and noted there was not much she could do.

Other participants offer the following accounts,

---

**... a participant who was struggling to survive, was worried about the price of the accommodation and noted there was not much she could do.**

---

I couldn't go to the women's refugee safe house because I wasn't a resident. I had to wait for a month, over a month. When I rented a house, my ex-partner turned up. So, I went to another place at the \_\_\_\_\_. Then \_\_\_\_\_ house, and I got the residency application through. I was pretty much on the run for two months.

Yea, most of the women do not have jobs. They only stay home and look after the children. The main problem is the rent/accommodation. Sometimes the rent is very high. And so, the problem starts with money.

For one year. That was really hard. I would take the bus. I would take his pram and walk lots and lots of walk. We passed all that.

Current violent prevention strategies overlook the roles of larger cultural, socio-economic, legal, and political structures that shape FVSV experiences, all of which effect migrant women's health, wellbeing and ability to access support services.

### Tackling Immigration issues which acts as sites of violence

Fear about immigration policies is an overriding feature of participant narratives. Migrant women's statements indicate a high degree of misinformation and lack of information regarding the immigration policies, further hampered by language barriers.

So, the immigrants are struggling as they do not get their PR or residency. And after coming here some violence may arise in the family also. As the women are dependent on their partners as they are the principal applicants. They worry as they might be sent back home.

Migrant women who are sponsored by their partners and who experience violence have few options for leaving a violent marriage for interpersonal, socio-cultural, legal and other structural reasons. For example,

Yes, sometimes ...when we have a partner, we are scared. If I break up with him, I would not have money to pay the bills or move out. I am here because of my partner. He can do whatever he can do, that is not ok.

In addition to the gender, race, and language barriers to accessing health and social services, immigrant women are further constrained because their rights and entitlements are tied to their immigration status.

## SANTI'S STORY

Santi, a Nepalese woman in her thirties came to New Zealand with her two children. Her visa is tied to her partner. She hails from a patriarchal society. She lives in a rental property which is in her husband's name. She has no extended family support in New Zealand and has limited education. Santi has an abusive husband, and he uses the dowry money he got to fuel his drinking and gambling habits. He even beats her up even in front of children. After the move to New Zealand, the troubled relationship worsened, and Santi experiences emotional and physical abuse from her husband.

Santi does not have a job. She depends on her husband for transportation and for grocery shopping. Her husband accompanies her even to the doctor and hence she cannot reveal the IPV to the doctor. She can speak to her extended family in her native country only when he is around. Santi's husband often compares her to other successful migrant women in the community, shames her and brands her as useless. Abuse is not spoken about in the Nepalese community. Hence, Santi is hesitant to share it with anybody and fears that she will be shamed by the community for letting her husband down. She also feels that with limited English she would struggle to navigate an unfamiliar system to prevent violence.

Santi's husband threatens that the children will be taken away from her if she dares to speak up. She fears that her visa will be cancelled, and she will be deported if she voices her issues. Raising the children in New Zealand is best for them, she believes. Santi wants the abuse to stop, but she does not want to leave her husband. But with her husband threatening to pull support for her residence visa, she endures the violence to stay with her children.

Santi's story affirms the need to consider the "granular" experiences of migrant women, such as visa status, cultural context, and expanding the definition of what constitutes abuse. Many immigrant women like Santi come from cultures embedded in ideologies that privilege men's power. Santi's story depicts how she is socially excluded as power differentials cut across economic, social, and cultural factors. This power imbalance resulted in Santi having less access to resources, capabilities, and rights. There is a need for culturally tailored, trauma-informed interventions to meet her needs. Violence prevention strategies must be tailored to acknowledge the distinct norms, challenges, stigmas, and shame that migrant women like Santi face which prevents them from seeking services. Structural changes are needed in immigration policy to create support systems for migrant women like Santi. Family violence interventions must include culturally informed risk assessment, safety planning, and customized resources based on migrant women's distinctive situation and racial, ethnic, religious, and language background.

### Effectively addressing language and cultural context

The narratives point out that migrants with limited English proficiency face substantial barriers in accessing support services. The challenges included the lack of access to readily translated information or difficulties in filling out forms for accessing support services. For example, participants stated,

... We get general information before coming here. The one good thing about New Zealand is they are good at sending email, but they are not as specific. So, barely people with second English language have time before their immigration, to come, go through all the stuff.

Many participants were unfamiliar with the idea of individual therapeutic sessions and may feel uncomfortable engaging in intimate conversations with police or with counselling services that are designed in the overarching ideology of whiteness. Particularly, migrants may find it difficult to trust service providers, given their history of discrimination, even in migrant affirming spaces. Not surprisingly, the stigma and shame associated with seeking services among migrants may act as a barrier to receiving traditionally Western forms of health services.

Women do not want to just come out and say that this is the problem I face. So, they don't want to talk about their personal problem. Means I will be very ashamed to say oh I faced it. Oh, my mother faced it, or my sister faced it.

Further, another participant states that deeply personal issues such as trauma and violence arising as a result of violence encountered by migrants and refugees were particularly difficult to discuss as there were no culturally centered counselling services or interpretation services available.

Sometimes they cannot speak English. I know women who have been here for 15 years. They Iranian women, they...I ask repeatedly. Ask her to go to a counsellor... She said I cannot talk in English, for mental, and some of it is because of her sex life... you know, when you are on the call in UK, they ask you what is your language and there is something provided... and sometimes for helpline you on a very long queue and they make it you know, discouraged to go further...it is not accessible to everyone especially people with who don't speak English very well.

Although some online and telephonic services are available, migrants at the margins and refugees found it hard to access it and often found the process prohibitive. Furthermore, online providers were not able to offer inclusive or culturally responsive care. Participants explained how they face critical language and technology barriers limiting access to various services.

For me, I really don't know how can I start the conversation and the first time when I came here. I do understand English but you know the accent is not really good for me, as it... Oh my God... and is a different English, the real international English

## JAHANGIR'S STORY

Jahangir, a Syrian refugee came here to Aotearoa New Zealand with his parents and siblings 13 years ago. At the age of 12 he migrated to this country. He is a practicing Muslim and now he is staying with his parents and siblings in New Zealand. When Jahangir was staying in refugee camps in Syria, he was sexually abused by his family relatives. But he could not disclose as he was a child at that time, and he was also threatened by the perpetrator.

After coming to New Zealand as a refugee he struggled with his parents. He is the elder son of his family and he has four younger siblings. His parents are aged, and his siblings are still kids and so he is the only breadwinner of his family. As a refugee with less education, he could not find a good job here. He works in a meat processing factory in a temporary position. He is paid below minimum income and receives salary in cash. He earns 10 NZD/hour. During COVID lockdown his working hours were reduced.

At his workplace Jahangir faces bullying, harassment and discrimination from his fellow workers as he is a refugee. But he cannot complain about it to his supervisor for fear of losing his job. One day he was sexually harassed by a fellow worker, and was totally shocked by the incident. As a refugee with little education, he does not know who to reach out to or what resources are available in New Zealand. As his is the only income source for his family he cannot quit his job.

As a Muslim, Jahangir also goes to the Mosque for Friday prayer. In the community, topics like sexual abuse, bullying or harassment are not generally discussed. His community networks are mainly refugees, and they are not aware of the resources in New Zealand.

With lower wages, bearing pain of bullying, sexual abuse and discrimination Jahangir still continues to do his job as he does not have any alternative.

Jahangir's story highlights some of the struggles refugee New Zealanders face. Jahangir came to New Zealand with his parents having a dream of living here with dignity. But his dream was shattered as he could not find reasonable paid work. Jahangir could not access proper advice from his community members or even from Islamic scholars on the sexual abuse he faced at his workplace. Jahangir faced bullying, discrimination and exploitation at his workplace for being a refugee. Giving voice to the silenced, strengthening community agency, creating safe and culturally accepting spaces in the workplace and improving awareness of support services in refugee and migrant communities are essential to support refugees like Jahangir.

### Supporting voices that are silenced

Migrant participants reveal how they are silenced both by the language and cultural barriers they face as migrants and by the norms within their own communities. This is particularly so for migrant women and rainbow migrant people at the "margins of margins."

Some of the house head, maybe inside the room, don't want to take out, like, yeah, sometimes, you know, this is our family fight, we have to solve inside...Oh yes, don't take it out into the public arena

In our community, they really hide it inside, these things people are not talking about it. Sexual harassment or family violence, or anything else, they just hide it inside. They need to be exposed.

Community norms act as barriers to the expression of voices of migrants. The structures of migration reproduce spaces of silence, placing new and added forms of structural barriers for the voices at the "margins of the margins" to be heard. Migration in this context is experienced as a site of erasure amidst multiple intersections, working alongside culturally held norms in specific contexts. These intersecting and double marginalised identities create unique burdens and barriers, and foreground the importance of building community spaces for the voices of the "margins of the margins."

### Recognising Patriarchy/Gender inequalities/Structures

Patriarchal structures shape women's subordination globally. Migration produces multiple interplays in patriarchal structures. Migrant women negotiate multiple, often intersecting layers of patriarchy in immigration, socioeconomic, legal, and political structures. The voices of migrant women point out that the intersecting layers of patriarchy reproduce the silencing of women and the erasure of their agency. They note for instance, normatively, the husband is the central authority to whom the wife and children must ultimately respond, and this is shaped by the policy structure in Aotearoa. These intersections of culture and structure produce silences, undermining the agency of migrant women, and further reproducing their erasure and marginalisation.

Migrant women represent a marginalised population that faces enhanced risk of gender-based violence across diverse contexts. While most research has largely focused on client-perpetrated violence and associated negative health outcomes, the gendered power dynamics and consequences of violence perpetrated by intimate partners in migrant communities has been relatively overlooked.

They are always thinking the women are wrong... Wrong, yeah and the man is always right... The man is one of the strongest pillars of the house.

In the Philippines, when you are marrying the guy, you are totally at home. You're not working, you're looking after the house, everything and looking for the children, but the man, the one who can provide for you financially, the money isn't yours.

If my husband, my ex-husband was violent, I would always sit down, but he was a different person. Sometimes, he says why are you sitting down one, why are you not talking. and he...if I am talking... You are so bad women, why are you talking so much and slap.

I understand that New Zealand is not our country. It is different from our country. We are coming from a Muslim community. A man is stronger than a woman. A husband is the main income generating person in a family and that is the norm in our society.

For another participant, dominant cultural and social systems work together to cause her sufferings and force her into a life where she is branded as a bad woman. "I'm talkative and I'm friendly and in Nepalese community, talkative girls and friendly girls are always wrong, always bad."

### Having conversations around family and sexual violence in communities

Organisations working with migrant populations need to have dialogues around family and sexual violence within the communities to understand contextually situated meanings of FVSV, to create policy and prevention frameworks that are relevant to the lived experiences of communities, and to share information with communities in culturally meaningful ways, creating points of access to seeking relevant services. Participants note the importance of dialogue as the basis for creating prevention solutions, where community members from the "margins of the margins" participate in articulating their lived experiences, narrating their experiences with FVSV, and building solutions that are rooted in their lived experiences.

Moreover, having conversations within migrant communities creates infrastructures for accountability to the extended family and to communities. Conversations on strategies for preventing FVSV create registers for diverse migrant communities to develop contextually-specific, culturally-centered practices of community accountability. Participants note that community participation ensures that the norms of accountability are grounded in cultural values, create the basis for social change, and critically interrogate unequal structures that constitute FVSV. Moreover, through community conversations, prevention of FVSV addresses the health and wellbeing of children in diverse migrant communities.

---

**... through community conversations, prevention of FVSV addresses the health and wellbeing of children in diverse migrant communities.**

---

The participants were typically concerned about migrant associations not having conversations about family and sexual violence in the communities. For instance, a participant narrated "I think it is not their priority at the moment. I think it is really important. It should have been planned ages ago. I haven't heard much about it." Creating infrastructures for conversations, particularly attending to the voices of the gendered, classes, raced, precarious "margins of the margins" creates openings for shifts in community norms around accountability, simultaneously holding communities accountable. Simultaneously, participants point to the vital role of conversations in transforming gendered contexts of FVSV by engaging men in diverse migrant communities and holding them accountable through community norms. Conversations serve as the basis for educating men about the interplays of patriarchy, colonialism, and whiteness in the context of FVSV.

You know communities always want to portray themselves in a very good light. Nobody wants to say, especially when you're away from your country that, you know, we have this problem and that's a big problem.

I've been here for more than two years, but I joined the association, I think last year. We have Instagram and Facebook. It's just about parties or fun, camping. I've never seen anything related to this. So that would be another thing for New Zealand to ask communities to put random information on websites or on the group on Facebook, because there may be new people joining.

Note here the conceptualising of cultures as dynamic and communities as spaces of change, constituted by communication as conversations. The active co-creation of spaces for voices of the "margins of the margins" builds the basis for preventing FVSV.

### Community agency

A consistent strategy which emerges from the interviews is the development of strong community networks to combat sexual violence and family violence. Most of the participants displayed a reliance upon and preference for the assistance of their friends and community members as opposed to sole reliance on NGOs and caseworkers for seeking solutions. They point to the large reservoir of experience and expertise that exists in the migrant community which largely remains untapped. Even as migrants struggle to seek access to resources and services because of cultural and linguistic barriers, they turn to other migrants with knowledge and expertise embedded in community contexts.

The moment the problem has gone outside the community, the family is going to be broken up. Community leaders need to be trusted and given the role. There should be trust in the community. The community can solve these problems and support the family to stay together. When the family is broken up, it does harm.

There are lot of qualified migrants...They can help, and they can work, and can be work opportunity for them and because New Zealand pays a lot after these things happen, if they can hire people to help them with the situation. I think it will be very financially helpful for New Zealand, so it's better for you know, to have a meeting, even if they cannot talk, they can have an interpreter, so in front of the man explaining to the husband / partner, explaining this is your women's rights, whatever was in your country here this is a crime, you are not to do so, so giving the option in front of the person so I think it will be very encouraging for women if they do that , so the guy is aware of his, you know, his attitude and what he shouldn't do. And it gives more power to women.

The community can solve this problem. It needs to be introduced to these ideas to solve them. Many of us know this from our life.

### Anchored in diverse cultural contexts

The diversity of the migrant population denotes that they carry diverse cultures, histories, gender expectations, linguistic competencies, human and social capital. The narratives portray the need for culturally based interventions to address violence.

I think women go through various issues like divorce. It happened in our community. The women do not get help from the community. Sometimes they become upset. They went to the clinic, but everything here is different. They faced problems in the court, in the bank everywhere. There are many cultural differences here.

No, it's better to be a local community, because, because she can completely understand, you know women have challenges here, and also, they are, and she um, completely understands, um culture, Iranian culture as well as the relationship between men and women.

Culture has a great role to prevent the violence. For example, here we have a different culture. Sometimes here we do not understand what we should do. Sharing and caring is also important in a family.

The voices highlight that there are limited services that explicitly attend to the cultural and community context of perpetrators and victim-survivors of family and sexual violence. Moreover, they note the nuances between and within diverse migrant communities. The term "migrant" is a broad umbrella that often writes over difference, thus erasing the various contexts and cultural values in diverse migrant contexts. Much of the dominant FVSV literature in Aotearoa New Zealand addressing FVSV in migrant contexts is driven by broad culturally essentialist categories such as individualism-collectivism, tending to clump migrant cultures in broad categories without understanding the nuances of cultures, the dynamic contexts of communities, and the various sites of negotiations of power within communities. Culture-centered theorising of social change communication for preventing FVSV emerges through the participation of diverse cultural communities. This is reflected in the theory of social change utilised by Pasefika Proud (2020, p. 5):

For many Pacific peoples, family is the site where identity, belonging and sacred relationships are nurtured and protected. Violations of sacred relationships create sites of terror, dysfunction and loss of belonging and identity. "Violence within the family assaults the sanctity of family and the safety and wellbeing of our most vulnerable family members – children, women, youth and elders." The Pasefika Proud Theory of Change is strengths based, focusing on community-led solutions that harness the transformative power of Pacific cultural values and frameworks to encourage violence-free, respectful relationships that support Pacific peoples to thrive. In summary, our theory posits that family violence contradicts family wellbeing practices and disconnects Pacific peoples from the values that provide anchors to their identities; and that reconnecting families to these anchors will help to restore peace, harmony and wellbeing to impacted family systems.

Culturally-centering FVSV prevention in diverse migrant cultural contexts translates into building voice infrastructures that are specific to the context and situated in place. The hegemonic approach to migrant communities that constructs them as monoliths, reducing their cultural diversity and contextually situated differences into fixed categories should be critically interrogated. These approaches often conflate diverse migrant cultures, write over their cultural differences, and reproduce static and essentialist images of migrant cultures that serve the dominant approaches. This is shaped by the practice of relying on small set of dominant non-

The theory of social change emerges from within the context through the participation of people at the "margins of the margins" within the cultural contexts. The work of Pasefika Proud is exemplary, in its development of community-rooted culture-centered theories of social change that emerge from specific and diverse Pasifika contexts (Malungahu & Nosa, 2020).

### Creating invitational spaces of care

The participant accounts highlight a need to create invitational spaces of care (institutional, legal, organizational and policy) for communities to take on initiatives/ services to address family and sexual violence.

The Indian community does not come forward to share anything to the police until or unless there would be big violence in the house, and somebody might have complained and then police might suddenly come to the house...That is a different case ...but by their own wish they do not go to the police.

Such spaces of care create an environment that is culturally safe and supportive and facilitates disclosure of family and sexual violence.

### Nurturing and supporting religious leaders

According to migrant participants, religious leaders are in a key position to help victims, particularly those who are hesitant to disclose the abuse to professionals such as police officers, doctors, and social workers. Religious leaders tend to have close and trusting relationships, access to families' homes, are familiar with families' histories, and are often the support to communities at the margins.

I think the government can arrange such a workshop in a mosque or Islamic center as there will be woman or other man. Because mosque is the place that everybody goes. They regularly visit and everybody feels welcome and they have a special association with that place and this might be a good place to arrange a workshop.

Sometimes we take counseling from the preachers in our church. Take the husband and we talk...We respect, like, follow what he's telling you to [do].

### Respecting cultural and ethnic diversity

The voices point out that preventive services must hold a core value of respect for cultural and ethnic diversity, recognising the agentic capacities that exist within cultures for social change. Culture is that which shapes migrant communities, their identity and influences their behavior, is situated in contexts, is dynamic, and is negotiated amidst structures (Dutta, 2004a, 2004b, 2008). Culture is also the site of expressing of agency. Respecting cultural and ethnic diversity translates into dismantling the hegemonic approach to migrant communities that reproduces essentialised and racialised cultural stereotypes that erase the agency of migrant communities. Diverse migrant communities are lumped under the broader category of migrants, targeted by top-down solutions immersed in whiteness. Consider for instance the depiction of the South Asian community in the sixth report of the Family Violence

Death Review Committee (2020), that constructs Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Pakistan, Sri Lanka, and Fiji into an overarching category. In addition to the diverse cultural contexts of the countries categorised as South Asia, note the inclusion of Fiji, a country in the Pacific because of the cultural ties of Indo-Fijians to Indian food, rituals, and faith. This process of clubbing together differences writes over the complexities in migration and the negotiations of trauma. For instance, for a significant proportion of Fijian Indians, the migration experience is constituted amidst broader context of colonisation and slavery (Thiara, 1995). Note then the deployment of culture to explain FV, "These women were trapped in a relationship that reflected cultural norms, passed on across generations, that saw men as entitled to use violence against their wives. Men used violence as a method of restoring traditional values of their homeland culture." The sources draw upon to make these claims are personal communication with the founder of a non-governmental organisation and an article based on interviews with women from Asian countries, including China, South Asia, and Southeast Asia who lived in a safe house or had left a safe house. The construction of cultural essentialism reproduces the tradition-modern binary, locating FVSV in culture. This depiction of tradition as deficit contradicts the strong cultural strengths-based Kaupapa Māori framework proposed in the rest of the report. Approaching prevention of FVSV from the principles of Te Tiriti would turn to culture as strength, and create openings for communities to draw upon positive cultural values to mobilise for social change.

It is necessary to acknowledge the complexity and diversity of ethnic communities in Aotearoa New Zealand. Simultaneously, it is vital to recognise the elements of cultural contexts that offer anchors for social change.

I think these policies are not perfect for us. Because the policies are framed on the culture, religion, or system of New Zealand. Those are formed for the Kiwis, not for us. For our culture, religion, those New Zealand policies are not perfect. We respect those policies, but we do not want to follow. We have our own religion and our own culture and according to that we try to lead our lives.

My suggestion is they (New Zealand Govt) should not treat us by their cultural thoughts. Rather, they should consider our cultures. The rules and regulations should be according to our cultures like respect each other (husband-wife)

In this country there are many refugee communities. I think there is no special policy for refugees to prevent family and sexual violence.

We respect the laws and policies of New Zealand. We want that we should first follow the religious culture and norms and our cultural norms and then we should go to the Govt.

### Developing culturally appropriate media strategies

Community members state that media strategies featuring empowering and culturally responsive messages about prevention and pathways to support can be beneficial. It is essential to work with culturally and linguistically diverse communities and develop culturally appropriate messages.

In India, you have a lot of things that come up. Media plays a big role. Here it's almost dead. So, maybe you know Indian community can have something on its own. Something of its own. Newspaper or newsletter, which or women specific magazine or something.

I think everyone needs to know what violence is...most of us don't know.... social media.... any kind of communication that would help... if there could be some video explaining in all languages, it could be voluntary...I would do that to help kids...

### Creating economic safety nets

Participants reported that they are interested in seeing resources for supporting community-led prevention efforts like economic support programs, including direct financial assistance, housing and employment assistance. The refusal of financial rights to migrant women by their partners undermines their economic independence and security. For migrant women going through violence, it is difficult to seek legal advice or support if they lack the financial resources to pay for a lawyer. The voices highlight that the precarity that migrant women experience is connected to their financial dependence, often entwined with their migration status and it outlines their negotiation of sexual violence and family violence. In Aotearoa New Zealand, subsidised or free health and social services are inaccessible to temporary migrants, partners of temporary migrants, and international students, limiting the choices available to them. Migrant women call for independent access to social and community services in supporting community-led prevention. Social support, financial resources, and other sources of help may contribute to migrant women's choice of coping strategies.

I think it would help if the Govt. gave some support to the women who face these kinds of challenges, if they get some weekly benefits from the Govt. that would really help. Then they would be more independent than they are sometimes dependent on others. Then the women who are under all those stresses might fulfil their wish and keep them happy as well.

### Migrant volunteers in communities

Participants point out that migrants as volunteers can forge connections, build networks, and draw on cultural and community resources to create norms that prevent family violence and sexual violence.

The other thing is if New Zealand can locate...women who from each migrant community who are happy to do volunteer job, you remember me telling you... You know, if they can come up with a group of women who are happy to work with this, so we can share the message, we can knock on the door and have a meeting and talk to people about their rights... (INT 3)"right yeah maybe we can have volunteers in each... not in each street but maybe in palmy, you know. We can have zones and we can have a group of volunteers. Women volunteers working for their community and other communities as well.

### Internationalist knowledge frameworks rooted in agency

Participants note that they bring with them vast resources of knowledge based on the lived experiences and struggles against FVSV in the national cultural contexts they come from. They offer multiple examples of community-led gender-based FVSV prevention efforts in diverse cultural contexts, particularly from the Global South where migrants to Aotearoa New Zealand come from (Gouws & Coetzee, 2019; Mohanty, Russo & Torres, 1991). Examples of community-led FVSV prevention solutions include the "Bell Bajao" (ring the bell) campaign in India, the gender advocacy leadership of Mukhtar Mai in Pakistan, the socialist feminist movements against FVSV across Latin America, the diverse Islamic feminist movements across Muslim-dominated countries, the organising work of Revolutionary Association of Women of Afghanistan (RAWA), the resistance strategies of the Kurdish Resistance Army, the Shukumisa Campaign (legislation on gender-based violence and sustained activism) in South Africa among multiple others across the globe.

Consider for instance the organising of Luisa Amanda Espinoza Association of Nicaraguan Women (AMNLAE) that connected its feminist principles to the struggles against capitalism and colonialism (Criquillon, 1995). Salient in these movements led by women across the Global South is the international framework built through women's organising on preventing and holding to account forms of violence related to colonialism and capitalism, such as the organising of Latin American feminists to create a global framework for holding to account sexual violence in wars (Kelly, 2000). A thread that runs through these campaigns and movements is the agency of those at the "margins of the margins" in creating norms of community accountability and in leading social change.

---

**The participation of women from the Global South as the agents of transformative social change builds a register for decolonising the whiteness of the human rights framework**

---

The participation of women from the Global South as the agents of transformative social change builds a register for decolonising the whiteness of the human rights framework (MacManus, 2015). The organising of rural women, women farmers, working class women, sex workers, transgender communities in processes of social change foreground the role of community agency in challenging the intertwined forces of patriarchy, colonialism, racism, and capitalism (Armstrong, 2013; Selwyn, 2009; Stephen, 1993, 1997). An internationalist framework includes in the analytic lens wars, genocides, organised sexual violence carried out by the military industrial complex, carceral systems, destruction of environments and ecosystems (Hunter & Nawrotzki, 2016), and neoliberal land grabs as the forces that shape FVSV, just connecting community-led prevention to collective organising against these forces of colonialism, patriarchy, and capitalism. It is important to build an internationalist framework of FVSV prevention that draws on robust examples of strengths-based approaches witnessed in diverse national cultures across the globe.

### Safe spaces

The ubiquity of violence against women and the ways in which the materiality of space can augment these forms of violence necessitate the need for 'safe spaces'. Participants highlight the need for culturally relevant multi-functional centres and safe spaces offering recreational and support services. Migrant women's descriptions of safe spaces blur the boundary between shelter and the broader community.

Maybe the space and also some educator person, who are, um, you know, for example who have studied about psychological, you know... somebody who are familiar with everything, some, um an experienced consultant, maybe yeah there aren't, we don't have I think in Iranian community, we don't have specific people who you know have studied psychological. But space also.

I think we need someone in, for example, a Brazilian. She needs to have a space room. Like where the other women feel confident to go to talk about it ... it could be a person who did the social studies, service social services, or people from the community as well. Just what I have in mind, it's like, many rooms with many representatives from many communities. Okay. You know, yeah and it's where people can go into talk about.

These spaces need to be situated in context and draw on the cultural values of communities. The concept of what is safe space needs to emerge from within communities, through the participation of community members at the "margins of the margins." Because the voices of community members at the "margins of the margins" have been historically and continues to be silenced, listening to these voices in understanding what constitutes safety and how to create safe spaces is vital.

### Community representatives

Migrant participants envision positioning community members in local implementation networks, i.e., a model of cooperation between community members and government networks in rolling out family and sexual violence prevention strategies. Community members are anticipated to play a dynamic role in addressing the discrepancy between diverse families, cultural communities, and the system.

Maybe, we have a, we have a preventative woman as a representative to speak about, you know, to be a representative of other women, that would be very helpful, but we don't have...um... and you know, especially that would be... maybe some female consultant..., having some female consultant in Government can be helpful, especially in New Zealand.

So, I think if we have Indian people in a high position then that would be more comfortable...They can speak their own language to share their problems and then they would be more comfortable to express their feelings.

### RECOMMENDATIONS

1. The goal of community-led prevention is to break the cycles of silences and to make migrant voices heard. This needs to occur both within migrant communities and across government and non-government organisations working with migrant communities. Participants call for deeper engagement with the cultures of migrant communities.
2. There is an urgent need for a more dialogic relationship between migrant communities and service providers. The voices of migrant communities are often erased from decision-making spaces, and communities experience large gaps in access to and delivery of FVSV prevention services and solutions.
3. The community's role is vital in FVSV prevention. The community is a stronger resource than regulations. Culturally based prevention interventions focus on cultural values that protect the family, and emphasize a dialogic and whole-of-family approach to prevent family violence.
4. It is critical to challenge the ideology of individualism that dominates the FVSV sector. Most violence-related resources and services are individual-centric. There is a need to recognise the importance of collective strength among communities, building networks of support and community-led accountability.
5. Most FVSV-related services erase the role of the broader Whānau and the collective. It is vital to create infrastructures for the whole family, drawing on the strengths of the Whānau, and connected to the collective and the community. For migrant participants from diverse contexts, the family plays a vital role and needs to be recognised in prevention strategies as well as in the FVSV services.

They suggest the need for challenging dominant frameworks that fail to take into account the role of the family and the need for safeguarding the health and wellbeing of children, which is a key cultural value in diverse migrant contexts.

6. The umbrella category "migrant" is a broad category that writes over differences across migrant communities, erases diverse cultural contexts, and imposes a top-down ideology that is embedded in whiteness. This ideology of whiteness essentialises migrant cultures and fails to engage with the diverse cultural contexts in migrant communities. This needs to change.
7. Build infrastructures for the voices of the "margins of the margins" in migrant communities. Engage with the inequalities in power and distribution of resources in migrant communities, and seek out the voices of people and communities that are historically and continue to be erased in migrant contexts. Bring an intersectional analysis to migrant communities, foregrounding the intersections of class, gender, ethnicity, and migration status. Address the middle-class bias of FVSV-related services and organisations, building solutions for the working classes and precarious classes amidst migrant communities through their participation in decision-making and implementation processes.
8. Address the whiteness in the FVSV sector that minimizes the voices of migrant communities, essentializes migrant cultures, and treats migrant cultures and communities as primitive and passive recipients of top-down policies and programmes.
9. Address the racism, racialisation, and cultural essentialism in the FVSV sector. We note the current and extensive racism in the Crown organisations and in non-governmental organisations serving migrant communities. Given these observations, we recommend an audit be conducted to review organizational practices. Anti-racist programmes anchored in critical race theory need to be carried out targeting these organisations. Education in the culture-centered approach will build habits of listening in organisations serving migrants. Migrant communities should have a say in the creation and implementation of these anti-racist programmes.
10. Address Islamophobia in the FVSV sector. We have observed multiple instances of Islamophobia in Crown organisations and in nongovernmental organisations serving migrant communities. Our observations of Islamophobia are corroborated by in-depth interviews and analysis of secondary data. Against the backdrop of the Christchurch attack and the subsequent Royal Commission of Inquiry, we recommend an audit be carried out to monitor the extent of Islamophobia in Crown infrastructures and non-governmental organisations funded by the Crown. We propose an educational programme addressing Islamophobia be carried out for Crown and non-governmental organisations.
11. Address the continuity of trauma in FVSV prevention. Recognise the experiences of trauma produced by imperial wars, conflicts, militarized sexual violence, genocides

etc. that shape the FVSV experiences of diverse migrant communities. The current approaches to FVSV in migrant communities do not address the impact of these existing forms of trauma. It is vital that FVSV prevention be connected to the experiences of traumas that underlie the displacements experienced by diverse migrant communities.

12. Community-led violence prevention is rooted in the development of communicative resources in the community that are designed and owned by migrants from diverse cultural contexts. It is not only important that the messages be created in different languages, but fundamentally that stories emerge from diverse migrant communities. The monolithic one-size-fits-all approach promoted by the ministries and non-governmental organisations is detrimental to communities. Create resources to understand and prevent sexual violence through media that is linguistically and culturally available, and with the participation of diverse cultural community members in the creation of media strategies.
13. Create infrastructures for educating and supporting cultural facilitators in place-based communities. There is a need to create a pool of cultural facilitators who understand the diverse migrant cultures, and can assist in providing, securing, and negotiating services.
14. Develop community resources that support cultural participation. More resourcing is needed for cultural groups, which can deliver appropriate messages around the prevention of sexual and family violence by in-depth engagement with the nuances of cultural contexts.
15. Context matters. Dismantle the one-size-fits-all approach to developing a monolithic solution that is replicated across migrant communities. Change the pattern of chasing one model prevention that becomes the showcase for a timeframe, only then to be replaced by another monolithic model. The community-led, culture-centered approach places context and place at the heart of the development of prevention solutions.
16. Build an infrastructure of community leaders in diverse migrant cultural contexts. Develop a group of community leaders from the communities to spearhead prevention programmes so that it is community-led and community-owned. Create and educate leaders from the "margins of the margins" within diverse communities.
17. Create culturally appropriate safe spaces to have discussions. The lack of culturally appropriate spaces prevents women from reaching out for help. Such cultural hubs would provide safe spaces for women to discuss their issues.
18. Advocate for more funding to support migrants at the "margins of the margins."
19. Develop culturally appropriate media strategies that are owned, developed, and led by migrants, particularly attending to the voice and ownership by migrants at the "margins of the margins."

20. Involve migrants and refugees in creating education and awareness within communities and disseminating information within communities in culturally appropriate ways.
21. Recognise the strengths in FVSV prevention that migrants bring from diverse cultural contexts. This recognition serves as the basis for building an internationalist approach to prevention of FVSV, drawing on prevention strategies that have been created and led by communities at the "margins of the margins" in diverse international contexts of national cultures the migrants come from.
22. Advocate for community consultants in government organisations and other services.
23. Anchor prevention strategies in a cultural lens. This process of anchoring prevention in cultural values through the empowerment of the voices of community members at the "margins of the margins" also serves as the basis for bringing about social change.

## CHAPTER 9

# RAINBOW COMMUNITIES

**I'm becoming a whakawahine and I have been living as a whakawahine for almost the past ten years now...We're not an abomination and it's not a medical defect. So why fix something that's not broke?...As far as I'm concerned, or where my ancestors are concerned, they accepted people not based on their genders, but what they could give and bring to the wider society. (Female, Whakawahine, Māori, 45-54 years).**

Number of published reports over the past five years have highlighted the myriad ways in which violence impacts rainbow communities (Dickson, 2016; Family Violence Death Review Committee, 2020; Ministry of Justice, 2019, 2021; The Backbone Collective, 2020). Rainbow communities in Aotearoa New Zealand experience disproportionate burdens of physical violence, sexual violence, verbal abuse, and bullying, in a wide array of contexts from intimate relationships to families to schools and workplaces to public spaces (Dickson, 2016; Henrickson, 2007; LeBrun et al., 2004). Several studies have portrayed the relationship between colonisation, structural discrimination, and neoliberal economic policies that increase the burden of violence experienced by rainbow people and communities (Ellawala, 2019; Hutchings & Aspin, 2007). Specifically, in Aotearoa New Zealand, the historic and contemporary effects of colonisation continue to shape the normative structures that perpetuate the marginalisation of rainbow communities (Merry, 2020). The continuing violence of colonisation exacerbates and perpetuates the adverse negative effects experienced by Māori. This is evidenced by the disproportionate number of Whānau experiencing multiple forms of marginalisation (New Zealand Government, 2018). As the trans woman's narrative shared above suggests, before colonisation, Indigenous peoples with diverse sexual identities were valued members of a wide range of Indigenous societies (Marino, 2020). The advent of colonisation, and the accompanying expansion of Christianity, introduced gender binaries into Aotearoa New Zealand. The dominant structures in Aotearoa New Zealand are rooted in the values, systems and ideology of the hegemonic white culture (Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare, 1986), and this overarching ideology of whiteness creates the constitutive matrix shaping the FVSV experienced by diverse rainbow communities (Hunt & Holmes, 2015; Merry, 2020; Morgensen, 2012).

Policy frameworks in Aotearoa New Zealand demonstrate incremental changes in addressing the dominant structures of discrimination against rainbow people and rainbow communities. The Human Rights Act (1993) states that it is unlawful to discriminate against anyone because of their sexual orientation or gender identity.

The Marriage Amendment Act (2013) eliminated legislative homophobic views of the institution of marriage, providing for the legal union of two people, regardless of sexual orientation or gender identity. However, discriminatory practices and prejudicial attitudes towards rainbow communities continue to perpetuate across society, affecting the everyday lived experiences of rainbow community members (Read et al., 2017). Hegemonic societal norms pathologize rainbow communities and constitute the fabric of FVSV experienced by rainbow communities in Aotearoa New Zealand, adversely affecting the health and wellbeing of community members.

Rainbow people and communities are part of every demographic group of Aotearoa New Zealand - present across intersecting ethnicities, socioeconomic status, disability groups, and religious affiliations. However, there is little population-level data that quantifies the number of rainbow community members in Aotearoa New Zealand, with the census report lacking a reporting infrastructure for sexual orientation and gender identity. This erasure from the national census acts as a primary barrier to creating and delivering targeted assistance to rainbow communities. Broad indications suggest that the rainbow community comprises between 6% and 15% of Aotearoa New Zealand population (Clunie, 2018).

The prevalence of FVSV is higher in the rainbow community compared to population-wide burdens of FVSV. For instance, accounts of same or both sex-attracted secondary students highlighted that 32% of them were touched sexually or were made to perform sexual things they did not want to engage in (LeBrun et al., 2004). This was higher than opposite-attracted male and female secondary school students. Accounts of rainbow participants in the *Counting Ourselves* report illustrate that one-third of the community reported experiences of sexual violence since they were 13 years old (Veale et al., 2019). The latest data released by the Ministry of Justice from the *New Zealand Crime and Victims Survey* (2021) observed that lesbian or gay individuals are more than twice as likely to have experienced sexual violence, and bisexual adults are almost three times as likely to suffer from sexual violence than the average New Zealander (Strang, 2021). Rainbow communities experience high partner and sexual violence rates in Aotearoa New Zealand (Dickson, 2016). In the *Hohou Te Rongo Kahukura – Outing Violence* report, Dickson (2016) observed that more than half the sample of rainbow participants experienced some form of emotional, verbal or psychological abuse by an intimate partner; one in three reported experiencing threats of violence by an intimate partner; and over half the sample voiced experiencing some form of physical violence. Moreover, more than half of the sample of rainbow participants in Dickson's report shared having experienced unwanted sexual behavior; half the participants reported experiencing being made to perform or receiving unwanted oral, anal or vaginal sex in various circumstances; approximately two thirds of the respondents noted experiencing unwanted sexual acts from partners, one third from friends or someone they had just met, and one third experienced sexual violence from a stranger.

Shaped by an overarching heteronormative ideology, violence support services are designed to respond to men's violence against women or vice versa. There are limited support resources for rainbow community members going through violence and such services are highly dependent on geographical location. Moreover, support agencies are not equipped to recognise or respond to violence, lack empathy, and as a result, re-victimize rainbow communities. Dickson (2016) cites that most people in the rainbow community do not seek help when they experience sexual violence. Those who did seek help from specialist agencies often did not experience that help as supportive. Intersecting interpersonal, structural, and cultural contexts shape the practices of help seeking in rainbow communities (Harvey et al., 2014). The cisnormativity of dominant organisations in the violence sector and the lack of proper knowledge about the needs of rainbow communities results in large gaps experienced by rainbow communities in seeking preventive resources and in seeking support (Shelton & Delgado-Romero, 2011). The patterns of these inequities in accessing services around FVSV need to be further explored in the context of the intersections with social class, ethnicity, and diverse gender identities and orientations.

The interplays of cisnormativity, heteronormativity, colonialism, capitalism and whiteness produce multiple intersecting layers of discrimination and bias that rainbow community members experience. For example, before 2008, changing one's gender in the birth certificate required a medical document confirming surgery to alter one's genitals (Schmidt, 2015). The General Social Survey (2018) points out that gay/lesbian (34.1%) and bisexual (39.3%) people reported severe discrimination compared to heterosexual adults (16.3%). Also, gay, lesbian, and bisexual victims were less likely to report crimes to the Police than the national average (13% compared to 23% of the general population (NZCVS, 2021).

Furthermore, our examination of the literature identifies the dominance of the voices of white, upwardly mobile and largely middle-class rainbow members in spaces of advocacy and the absence of other diverse rainbow voices (Farrell, 2017; Hinkson, 2021; Schimanski & Treharne, 2018). This points to the need to listen to diverse rainbow voices, particularly rainbow voices at the "margins of the margins" to develop violence prevention strategies that work for those communities. Drawing on the CCA, we seek to co-create spaces of solidarity for listening to disenfranchised voices at the "margins of the margins" to center their knowledge claims and strategies and solutions for preventing sexual and family violence in rainbow communities (Dutta & Mahtani, 2020; Dutta, M., Pandi, Zapata, Mahtani, Falnikar, Tan, ... & Sun, 2019). Our method therefore is guided by the question: Which rainbow voices are missing from the discursive space? How can invitational spaces be created for the participation of these rainbow people and communities that have been hitherto erased?

The rest of this section draws on an analysis of in-depth interviews with rainbow community members, offering insights into key elements of community-led FVSV prevention, held in dialogue with the articulations of necessary transformations in societal structures, institutions, and cultural norms in Aotearoa New Zealand. Programmed into the operating system of these structures, institutions, organisations and social networks is a labyrinth of binary coding (emphasis added). Whiteness, cisgenderism, heteronormativity, racism, Islamophobia, misogyny, coloniality, classism, ableism, ageism, bigotry, hate and violence are embedded into this coding structure, privileging some of the population and producing systemic inequalities that harm the rainbow community. The compounding convergence of structural violence across multiple layers of marginalised communities constitute structural intersectionality (Cho et al., 2013).

### Structural contexts of violence

Participants highlighted both historical and contemporary structural contexts of violence. Some of these contexts are identified as, but are not limited to: 1) the legal justice system including the court system; 2) education system; 3) health system; 4) various government departments including the New Zealand Police (police), Ministry for Children, also known as Oranga Tamariki, Accident Compensation Corporation (ACC), Housing New Zealand, also known as Kāinga Ora, Work and Income New Zealand (WINZ) and Ministry of Social Development – Te Manatū Whakahiato Ora; 5) religious structures, particularly in the form of Christianity; 6) heteronormative and cisgenderist societal norms, values, beliefs and attitudes that uphold and perpetuate societal structures within the family, community and public spaces; 7) heteronormative and cisgenderist policies that are also coded into each component comprising government and non-government structures; 8) non-government organisations that provide social services to the community; and 9) entrenched heteronormative and cisgenderist beliefs and attitudes that are enacted within society and many families on a daily basis.

One of the participants explains that government structures are largely non-responsive to Māori, rainbow communities, and people living with disabilities. She points out that government structures have been built “to uphold cis white able-bodied folk.” Consequently, she recommends that all government systems be fundamentally transformed.

...overhaul all of the government systems because they don't respond to Māori people. They do not uphold the principles of Te Tiriti. They're working from a standpoint of... a coloniser...Like they're not gonna be for the interests of our people and I feel the same about queer communities. It's like our entire system, like government, like structures and stuff have been built upon like anti-queer, anti-Māori and Indigenous, anti-disabled...Like they've been built on those sort of like pillars and so how are they even gonna work for us? (Female, Lesbian, Pansexual, Disabled, Māori, NZ European/Pākehā, 26-35 years).

The following themes that emerge from participant interviews point to a wide array of structural factors at the intersections of colonialism, whiteness, patriarchy, and capitalism. These structural factors intersect with hegemonic cultural norms:

- Family violence bears the scars of colonisation, racism and systemic violence;
- High rates of homelessness are experienced by transgender people and communities, people living with disabilities and people of colour. These high rates of homelessness are situated amidst neoliberal housing policies and the cisnormative framework of housing;
- Intersex communities draw on their lived experiences to foreground the violence that is carried out by doctors;
- Economic status affects lived queer experiences;
- Violence perpetuated by NGO services;
- Christianity has damaged the identities and cultures of Māori, Pacific and people of colour (PoC) creating a patriarchal bigotry;
- Society dehumanises sexual violence experienced by the queer community;
- Children are damaged by poverty and violence in community;
- The bureaucracy of seeking help is classist and racist;
- Control is used from straight understandings of family violence;
- It is scary to have the government involved in your family;
- The justice system is not about justice;
- The white justice system is not the model for engaging in conversations about rape or abuse with people of colour;
- People of colour have worse health outcomes and more likely to die because of the white justice and medical systems;
- The education system lacks training in gender and sexuality;
- Rainbow health is a specialist topic with no specialist funding;
- There are targets for increasing PoC professionals but not rainbow;
- Racism on top of homophobia;
- Skin colour as a fetish creates sexual harm;
- Experiences of violence from family and police: Who do you trust?
- A protection order is not violence prevention for some migrant families;
- No cops without criminals, no money rotation and job boosts without violence;
- Current violence prevention programs are built on heterosexual relationships;

- Schools are not equipped to embrace transgender students;
- The law is transphobic;
- Mainstream policies are linked to homophobia and physical violence against the rainbow community;
- Policy planners do not see the whole rainbow community;
- ACC sensitive claims are not worth reliving the trauma;
- There are pressures on the family when moving to a new country to live a certain way;
- Young men and violence on Courtney Place, Wellington is an issue but there is no intervention by police or the public.
- Family violence is when my family doesn't accept me as a transgender women and actively destroys my female clothing.
- A lack of education and conversations permit sexual violence to exist.

In outlining the necessary work of transformation, many participants speak to the tenets of humanity that are both present and lacking in society. One participant hones in on aroha or love, and how when shared and received, it constitutes one of the essential ingredients of the necessary transformative work:

It is really important to me that trans people feel affirmed and loved in our world because they fucken deserve it cos they're human, and everyone deserves it... You deserve to live a life with people that love you and with the chance to love other people as well...cos that is the greatest thing that you can do with your life is experience love and give love (Female, Lesbian, Pansexual, Disability, Māori, NZ European/Pākehā, 26-35 years).

### The “margins of the margins”

Transgender and gender diverse people (TGD) and communities comprise the “margins of the margins” within the rainbow community (Tan et al., 2021). Government and non-government structures and services are inherently built on cisnormativity, privileging cisgender people as an institutionalised dominant social norm (Winter et al., 2016). Cisgenderism undermines and delegitimizes people's own knowledge base to understand and self-determine their own gender and bodies (Ansara, 2012). In addition, cisgenderism perpetuates isolating societal behaviours and attitudes towards TGD, inflicting further harm and trauma (Green, 2016; Tan et al., 2020). A cursory view of the literature in Aotearoa New Zealand reveals scant research that highlights the intersectionalities that often constitute the “margins of the margins” of the rainbow community, or explores the layers of power inequalities within the rainbow community.

A culture-centered analysis of research that has engaged with the rainbow community looks for the voices of those who are not heard in the research. An analysis of the demographics of any participant-based research reveals the missing participants. In Aotearoa New Zealand, these missing participants within rainbow communities are Māori, Pasefika, migrants and people with disabilities. Yet the over-representation of violence experiences are felt acutely at these margins. We opt not to highlight the research reports that omit the voices of the “margins of the margins” within rainbow communities, though we are aware of it. Conversely, a culture-centered approach foregrounds the voices of community members living on the “margins of the margins” of society because their voices are typically missing from mainstream communicative spaces (Dutta, 2008). Furthermore, the daily lived experiences of socio-economic hardships are accentuated at the “margins of the margins” of societies (Elers et al., 2021).

I think people don't talk about class enough and I think it has a massive, massive, massive impact on harm and trauma and ability to...and ability to um, like address all that stuff. In two ways, I think that one is that people who don't have money... are often forced to address their trauma more head on, because it like, has an effect, very material impact on whether they're gonna have a roof over their head. (Queer, Intersex, Disability, Pākehā, 35-44 years).

One participant highlights the intersectional experience of many trans women, particularly trans women of colour and their lived experiences of multiple forms of discrimination, harm and violence.

...the people who experienced the most violence, and we all know this, is trans women of colour, and once you add in, people with disabilities, these women with disabilities as well. They're significantly more marginalised or more likely to be, hurt and assaulted, and yeah.” (Non-binary, Transgender, Māori, 26-35 years).

Another participant, reflects upon her lived experience as a “street worker.” She describes herself as female, heterosexual, transgender female, New Zealand European/Pākehā and Māori. She also lives with a disability. This participant shares her experiences when dealing with the police. She reports that she had good experiences dealing with the police “as long as you were honest” and “you behaved yourself.” However, when dealing with the violence and trauma of rape against street workers, there was very little trust in the willingness of the police to investigate these violent crimes.

...there was a lot of the girls, on the streets and that, if they got raped or something, and you said to them, 'so why don't you go to the Police,' and usually nine times out of ten, they use to turn around and go, 'there's no use going to the Police cos they won't do nothing.' You know, so we go oh wow that's real sad...and the police are supposed to be there to um to help you, doesn't matter what, who you are or what, you know when those sort of things, when you're getting raped...and um, but um, I mean, I even did it myself when I got raped up at [place name removed], and that I got back to the streets and I told my friends and that, um 'okay what are you going to do about it?' 'I'm not gonna go to the Police. What are they going to do?' They're gonna do nothing, cause that was our attitude when we first started out, you know, you just had to deal with it yourself (Transgender woman, Whakawahine, Disabled, Māori, NZ European/Pākehā, Ageing).

Some trans women in an urban community spoke about better relationships nowadays between the transgender community and the police due to the inclusion of transgender community members in the police force. A similar sentiment was echoed in a suburban community, with participants referring to the presence of one transgender police officer that made the police more accessible to the transgender community. In a rural community, the prevalence of heteronormativity dominated any interaction with the police, spotlighting the essential need for police training and the inclusion of rainbow staff in order to gain trust amongst the rainbow community. That said, one of the advisory groups reported that the police station in the community is understaffed and any callouts will now come from the urban central police station, citing possible 1–2-hour delays between callout and police arrival.

Various participants highlighted the inability of the current structures to properly care for transgender communities. Furthermore, many transgender women of colour navigate an array of socioeconomic disparities, including the general lack of housing and more particularly appropriate and safe housing facilities. The housing situation for trans folk is currently at a crisis point.

I know the statistic is 1 in 5 trans people will experience homelessness in their life. And that the number goes up for disabled, and people of colour, and there aren't enough housing resources to begin with, let alone for that community, and with housing is a big factor in being able to leave abusive situations. (Non-binary, Queer, Pansexual, Disabled, NZ European/Pākehā, 26–35 years).

Heaps of trans people being like oh actually the main problem for us is housing like, we don't have a house, then we're like, really at risk of violence (emphasis added). (Male, Takatāpui, Gay, Disabled, Māori, NZ European/Pākehā, Ageing).

## TRACY'S STORY

Tracy is a 30 year old trans woman. Tracy grew up in a provincial town. Tracy loves watching netball and has tried to join a couple of female club teams but was refused because she is a trans woman. Tracy believes that she could jump higher than the Silver Ferns. She has experienced transphobia more times than she can remember from family, friends, government agencies and the general community.

Tracy has a learning disability. She struggles to fill in the forms that she needs to complete for employment, for access to accommodation support or any type of WINZ benefit. Tracy also reports that she has been treated unfairly when using WINZ services in the past, so she steers clear of WINZ offices. Tracy earns her living as a sex worker. On the one hand, she experiences discrimination and abuse because she is trans and on the other hand, she gains clients because she is a trans woman. Most of Tracy's clients are white men, who she says have a fetish for trans brown women. When Tracy was younger and first started working as a sex worker, she was often raped. Men didn't see her as a human being because she was a Māori, Pasefika trans sex worker. She never told the police because she does not believe that they will do anything. Most sex workers that Tracy knows have been sexually assaulted. Tracy says that they will message one another with a photo or a username to stay away from that one. Tracy says she can handle herself now and has a few strategies to keep herself safe from attack. She still carries pepper spray and recently purchased a taser, or stun gun, disguised as a cell phone from an underground market for her own protection. Tracy uses drugs to block out the trauma from sexual violence. She says that drugs are everywhere and she can easily access drugs.

Tracy's main difficulty is finding safe housing. She is currently living in a halfway house in the city. She believes she is safer on the streets than in her current accommodation but she'll stay put until the end of winter. Tracy has often experienced homelessness, which includes couch surfing (paying rent but with no private space), party hopping and rough sleeping (e.g. in a public place). In the past, she has performed sexual acts in exchange for accommodation.

Tracy's family is staunchly religious and refuses to accept her as a trans woman. The last time she stayed with family, they cut up her clothes, threw out her hormone pills and feminine toiletries. She also had to sit through nightly prayer while her family prayed that God would make her realise that she is male. So Tracy left and went back to the sex worker industry.

Tracy's goal is to build up her business so that she can rent a decent house in \_\_\_\_\_, run her own brothel and be a safe haven for other sex workers. Maybe one day, she can provide a safe house for transgender youth, who have nowhere else to go. Tracy also dreams of being able to afford gender affirming surgery. On family and societal discrimination of transgender people, Tracy believes that it is their responsibility to wake up and educate themselves. She's not waiting around for their acceptance of who she is, she would rather focus on her business goals.

Tracy's story indicates that structural violence, particularly for trans women of colour is cemented to interpersonal violence and the ways in which whiteness (manifested through transphobia and the violence that Tracy has experienced as a result of being a transgender woman of colour) is deeply ingrained in society. Housing is a dominant issue for trans people. This has been highlighted in recent research (Gender Minorities Aotearoa, 2020) and again by some of the participants in this research. The lack of safe housing for trans people perpetuates the violence that they experience because they must either remain in unsafe accommodation or go into unsafe spaces. Disabled trans and non-binary people experience increased levels of violence, discrimination, hardship and isolation (Veale et al., 2019). An equitable response for services and communities would be to ensure there is increased funding and infrastructure to amplify disabled, trans and non-binary voices within the margins of communities. It is crucial that their voices are not lost within generic or broad community or rainbow community platforms, in order to drive equitable strategies towards violence prevention.

### Societal attitudes: Dehumanising sexual violence experienced by the Queer community

Heteronormativity is ingrained into the structural framework of society, which is manifested in societal attitudes that are heavily prejudiced against diverse sexual orientations and gender identities (van der Toorn et al., 2020). These heteronormative attitudes are shaped by the processes of colonisation and whiteness, often reproduced in hegemonic religious norms in society.

Oh! Drugs... Um, trans sex workers, trans woman sex workers, maybe trans sex workers in general... If you look gay, or trans, you're more likely to be offered drugs. Like, 'I don't have any money, but I'll smoke meth with you.' Like, you're, I don't respect you as much. So I'm gonna assume that you'll take this. There's a whole lot of assumptions behind that that are shitty (Non-binary, Queer, Pansexual, Disability, NZ European/Pākehā, 26-35 years).

...like most of us [the rainbow community], either have been or um know someone whose been affected in like other physical or sexual violence. So, and it's not necessarily families... just like the very, society that we live in, thinks that it's ok or funny (Non-binary, Pansexual, Disability, Asian<sup>7</sup>).

These prejudices are often deeply felt by rainbow community members living with a disability or disabilities, and embodying other diverse intersections. These underlying intersecting drivers of FVSV cause enduring harm in rainbow communities.

<sup>7</sup> The specific ethnicity within the Asian community has been removed, in order to maintain confidentiality.

A big one for this is that disabled people often aren't recognised as sexual human beings. So, this has been like quite a big thing I've seen going around social media at the moment, is that disabled people are often... you could see a photo of a disabled person dressed in lingerie, and a photo of an able-bodied person dressed in lingerie. That able-bodied person will get comments saying 'you're so hot, I want to have sex with you', all those sorts of things. The disabled person will be like, 'Oh, you look so cute.' You know, like, yeah, and very demeaning. Often not thought about as being very sexually active. So, I think that's why there isn't a lot of talk about sexual violence in regards to the disabled community, because we're not recognised as actually having a sex life (Female, Lesbian, Disability, 18-24 years, NZ European/Pākehā).

I've seen cases of a disabled person coming in and saying, 'yeah, I was sexually assaulted.' You know, that happens to us too and then people backlashing and going, 'oh, well, you know, you are probably the only person you were going to get, you should have just taken it' (Female, Lesbian, Disability, 18-24 years, NZ European/Pākehā).

### Communicative gaps and silences

Participants articulate the communicative gaps in rainbow communities around sexual violence, situating these gaps around the basic lack of conversations on sexual violence and family violence. Notes a migrant rainbow gay male participant:

As a gay man now. Um, unless I seek for those seminars or those conferences or those talks, um, it's not really there, unless I create a platform for it, you know, invite people to talk in a panel. We talked about this last year, with a few friends, especially in the gay men perspective... saying, are men ready to talk about sexual harm? Are men ready to talk about sexual violence? Or is society still saying that men do not experience that, you know? And we don't see it? Particularly. We don't see these conversations happening yet. Or are people even ready to hear about it? Um, yeah. And, yeah, I think it, it's a lack of it's a lack of talk really, and a lack of education in that whole area. That's why it permits sexual violence to exist. Because we didn't talk about it enough.

### Community-led prevention framework

Many participants speak to the healing power of dialogue, when it is constructed in spaces of trust, where there is an emphasis on listening to learn from and about the challenges and celebrations that are happening in the community, rather than listening to provide well-meaning, top-down advice to communities. Some participants clearly articulate what community-led prevention work means to them. One participant sums it up, "...if its community-led to me - its, its decided by people in that community, what,

what's been led and how to lead it if that makes sense." (Female, Gay, Māori, 35-44 years). Furthermore, she signposts the pathway to community-led prevention, " how do you tap into it at that kind of community type level? So, you've got to go to where they are." Other participants offer these insights:

I'd like to see a rainbow group come together, brainstorm with some ideas, and take it before the government and present it to them with their ideas on how to deal with violence within the community, sexual violence, and also include the police as well. And brainstorm and take it to parliament. They have a rainbow room there. Use it! (Transgender, Whakawahine, Takatāpui, Māori, Ageing).

It's [current services] the ambulance at the bottom of the cliff. It's not preventative, it's like aww someone got sexually assaulted... Do they know who to access? I'm like no no no, no we're doing this the wrong way. We should be stopping it from happening (Non-binary, Pansexual, Asian).

...you're never gonna get like a white-led... like, first - it has to be outside the government, because we don't trust the government, honest to God. (Non-binary, Pansexual, Asian).

Community-led should be well funded and well-staffed...and with preventative measures, we forget that whoever is leading it are also taking a lot of emotional labor. And for them, so there should be counselling services available for these leaders, which lacks a lot in New Zealand in general. Once your accounts like you don't have access to other counsellors, because you're taking a lot of stuff on I think we have we have to come from like that whole taking care of each other. (Male, Gay, Asian<sup>8</sup>, 18-24 years).

Community overseeing community and holding people - each other accountable is like the most effective way. Because people want to be loved, we want to be loved by our communities so we're gonna do what it takes to like - be good. Yeah. (Queer, Intersex, Disability, NZ European/Pākehā).

...but I feel like... it [community-led] would start with, like raising just more work on like: that it's okay to be rainbow. It's okay to be rainbow in this space, kind of thing. I think that, that's really important, um, and I think it would be about giving... making sure that people have access to ways to articulate themselves, if they want to (Female, Lesbian, NZ European/Pākehā, 18-24 years).

8 The specific ethnicity within the Asian community has been removed, in order to maintain confidentiality.

## Creating invitational spaces of care

Building invitational spaces of care where difference is celebrated and empowered strengthens community-led violence prevention. Participants point to local and traditional cultural spaces where difference has been historically celebrated and embraced. They also note that dysfunctional social and cultural norms introduced by colonialism need to be challenged, turning to building communities as accepting and caring spaces. These invitational spaces of care foster open discussions among community members, invite in difference, listen on an ongoing basis for erasures in community and participatory spaces, and work to invite in those voices at the "margins of the margins" that have been excluded from the dominant forms of engagement. These invitational spaces of care are thus dynamic, with membership being fluid and continually evolving, ever-including those community members who inhabit disenfranchised spaces and struggle with everyday resources of life and living.

..we were gonna come back here to [location removed] marae and then have a noho there and like, like and this is an ideal place to bring these out you know, to bring these, you know, physical, sexual, emotional abuse all of these things out...we have to have someone write up something first and then we need to discuss that with whoever's organising this noho and then yeah, so that we're in a better understanding so that we can talk freely amongst ourselves about any of these things. If you don't feel like talking within a group, you can just pull one of us aside and speak to us personally (Whakawahine, Queen, Takatāpui, Disability, Māori, Pacific).

I think being able to have like open discussion, about the, the violence that we do experience, I think that changes, is life changing for a lot of people, knowing that they aren't alone (Non-binary, Transgender, Māori, 26-35 years).

I think, I think it need a different conception of safety, cos when you are having those open conversations, it's like, if someone is responding in a "dick way" that hurts others, you say to them, "Yo, I think you're responding in a dick way that might hurt others, you know and being able to do that in the moment...I think you can still have safety, but you have to conceptualize it... you just have to have different skills. (Female, Lesbian, NZ European/Pākehā, 18-24 years).

You have that circle of that rainbow community and stuff and just making people aware that it - that you don't have to be gay or trans just to be in that circle that if you support gay marriage or if you support um, your older sister, loving the same sex as her then you're more than welcome to be in that circle you know (Male, Takatāpui, Gay, Disability, Māori, NZ European/Pākehā, 56-64 years).

Come on yeah and just make it [spaces] not so just for the gays because then it segregates everyone else it's more so for minorities. People who don't feel included, now that everyone can feel included within this space then somehow that space just grows bigger and when, when it grows bigger there's more acceptance to everything and more realisation for homophobes and stuff (Male, Takatāpui, Gay, Disability, Māori, NZ European/Pākehā, 56-64 years)

### The practice of listening

The ongoing erasure of voices of communities at the "margins of the margins" perpetuates the oppressive practices of FVSV. Participants point out that FVSV-related services are often built to exclude community voices. These practices of erasure are reflective of the broader societal approach to rainbow communities, and particularly toward rainbow communities at the "margins of the margins." Creating the practice of listening in communities, ministries and sector organisations places the lived experiences of rainbow communities at the "margins of the margins" at the center of community-led prevention of FVSV.

...like close the waha and open the ears and that's sort of all you need to do sometimes. Um and you know there are certain friends that I can speak to about that stuff and there's, there is, certain other friends that I can't because they don't huakina taringa and kati their waha sort of buzz? So it's sort of like you know who you can speak to with certain um, certain situations that have happened in your life (Male, Takatāpui, Gay, Disability, NZ European/Pākehā, Māori, 56-64 years).

I feel like a huge challenge for the community would be that they are the minority and people don't usually listen to the minority people (Female, Cis woman, Lesbian, Māori, Cook Island).

### Building narrative anchors

Storytelling serves as a building block of community-led FVSV prevention. Stories that are rooted in the lived experiences of community life create the basis of social change theories emerging from within the community.

One thing that I find captivates me and captures my attention is hearing the personal stories. So you're hearing real life stories from someone who's experienced it. If I'm hearing a story from someone who's talking about somebody else's experience I'm not, that doesn't capture my attention because it's not personal, it's from someone else it's like Chinese whispers right. So, if I was gonna lead a something like this, I'd personally would myself talking about my own stories have other people talk about their stories to an audience to these people and then we'd know, it's such an important thing talking about their personal stories like I said it captures people's attention and they can see the effect it has (Non-binary, Pansexual, Disability, Asian).

Here is an example of a participant narrative that foregrounds the overarching context of violence:

...that..you can't..like you can't..be who you are truly..inside and out, if you haven't gone through that surgery and umm..and that's a big thing here in New Zealand..there's no doctors that do it...they did have a few years ago.. one doctor..but he only did one a year...and the queue was that long..you know thousand..over a few thousand..they just give up waiting...it'll be awesome if it was funded um by the government, because it is a lifesaving um operation... people die over it, through depression and stress, they don't feel themselves, they don't, they can't be who they feel inside (Female, Takatāpui, Intersex, Disability, Māori).

### Safe spaces

Many rainbow participants spoke about the urgent need for safe spaces within communities across Aotearoa New Zealand to gather and have conversations as a FVSV prevention strategy. As simple as this strategy may seem, for some communities, the thought of gathering in a collective space as rainbow participants is frightening. Yet it is acknowledged, that in order to loosen the cisgender and heteronormative grip on communities, the establishment of safe spaces for rainbow communities are imperative for the normalisation of sexually diverse identities and the prevention of structural violence that gives rise to FVSV.

I think also knowing that there are safe spaces, something that I know that you focus on particularly with girls, and that um I mean there's very few clear or rainbow spaces in Wellington to be quite honest um but knowing that they are intended to be safe spaces that there are rules in place about how you behave how you treat people, um and like rules around consent, in particular I think even just having spaces where "hey we're going to discuss this these are this is how you behave this is how you we expect this of you or will be asked to leave, or you'll be removed I think that to me is an opportunity for learning because people who maybe haven't been exposed to that before are seemed like oh can't just go up and like put my arm around someone that I don't know. Um who I think is like cute or whatever, like you can't just behave like that, I think that is an opportunity to learn but yeah (Non-binary, Transgender, Māori, 26-35 years)

Create that kind of space in which people feel stronger and safer and also, less able to be targeted because it's not...so out there as different, if the space is already kind of welcoming. So, I feel like that's already... it's already kind of prevention (Female, Lesbian, NZ European/Pākehā, 18-24 years).

## JAY'S STORY

Jay is a non-binary Asian New Zealander living in Aotearoa, New Zealand. Jay was born here as his parents migrated to New Zealand 51 years ago. Jay is 40 years old and he is now living with his aged mother in a rural area of this country. Throughout his education journey Jay received verbal abuse (spat on, received the cane in early years) for being 'different' Asian and not fitting a specific gender.

During childhood Jay faced some obstacles as his mother was a vegetable picker with limited income. Jay was the only child of his solo mother with no sibling support and limited living facility. So, Jay had to accompany his mother, but he experienced sexual abuse while in the fields as a teenager while his mother was working. Now Jay is working in a job with an unsatisfactory salary but is able to support his mother. His mother has ill health with a back injury from picking vegetables.

Jay is a non-binary (intersex) person. He is separated from his partner (gay, male, Pākehā) after experiencing domestic (family) violence from him. When experiencing domestic violence Jay tried to complain to the police but when he reported it, the police did not believe Jay, and sided with his partner who was a Pākehā heterosexual appearing person. Finally Jay separated from his partner and is now staying with his aged mother.

Jay also had experiences of racism in the workplace especially during COVID. During lockdown he had reduced shifts which resulted in limited income. He is also experiencing homophobic attitudes from colleagues in the workplace. Jay faced discrimination from his female colleagues during his use of female toilets, but he has no alternative as the office do not have any non-binary toilets. Jay has talked to the authority about the issue, but he has been advised to use the male toilets. Jay does not want to take a personal grievance against the employer as he feels he may lose his job and then who will support his mother.

Jay's story as a non-binary New Zealand born Asian person depicts the structural complexity those at the margins can face. Jay did not get proper treatment from the Police when he laid a complaint of family violence against his partner, rather the police supported Jay's partner. Jay faces discrimination in the working place because of his sexual identity as the working environment only has male or female oriented but no non-binary toilets. Even in COVID-19 lockdown period Jay experienced racism in the workplace as his working hours were reduced by the employee. Therefore creating safe spaces in the workplace for people of all sexual identifies along with disability-friendly working environments are essential for reducing stigma.

### Connect space values to rainbow acceptance

Participants suggest that spaces created in communities need to be anchored in rainbow values for them to be safe. Moreover, building in critical reflexivity as a practice that organizes the space roots the space in ongoing openness to diverse and hitherto erased voices at the "margins of the margins." It is necessary to create spaces of rainbow acceptance across a wide range of organisations and institutions in society, building openings for rainbow diversity.

I think if the space is not an overtly rainbow one, then it has to be the values of that place, somehow. For example, I'm just thinking about the soup kitchen, which is you know, kind of a catholic run place... Um, there's cartoons, there's this guy from America who does cartoons but they all just like, like Jesus interacting with sheep... but some of the sheep have like a rainbow, like their wool is rainbow and it's like... Like, for example, Jesus pushing a trans sheep on a swing... and the sheep, and they are both real happy. But that like connects it to those values aye... So, I feel like, in the soup kitchen, to put that up as a poster... connects, connects rainbow acceptance to the values of that place. So, it's not, 'cause I think, the rest of it is like weird and foreign, people don't really take it on but if it's seen as connecting, more confronting to start with, but it's more likely to actually become part of like the fabric of the place (reference removed).

### Connecting on social media

Digital platforms serve as vital resources for connection in rainbow communities, especially when finding face-to-face connection is difficult because of the size of the community, stigmas, etc. These digital spaces offer opportunities for networking, for seeking out and sharing resources, and for receiving and giving social support.

...on Facebook too..umm..sister..sister boys, sister girls..umm..which is a blessing to Facebook you know, coz you can get information out there." (Female, Takatāpui, Transgender, Intersex, Disability, Māori).

There is less shame on social media. (Non-binary, Transgender, Māori, 26-35 years).

I think truly in places like that [rural areas] things like social media, and the internet are life changing for people because you can still, despite not having physical community presence, there still can be the community presence where people can feel involved or um part of it. Just by like talking and meeting people and having like developing these um friendship relationships, through the internet, I think that's really powerful (Non-binary, Transgender, Māori, 26-35 years).

I don't think cancel culture is helpful, and certainly I think that restorative justice is something that is more important, um and it's something that I've learned about through social media. Um through social media I've learned about ah how to support people better, or different ways to support people and I think there's more discussion especially with like younger people, and coming from, me coming from like tumbler before (Non-binary, Transgender, Māori, 26-35 years).

The phone line, texting and the internet to reach out for help for rainbow people (Non-binary, Pansexual, Asian).

I think truly in places like that [rural areas] things like social media, and the internet, are life changing for people because you can still, despite not having physical community presence, there still can be the community presence where people can feel involved or um part of it, just by like talking and meeting people and having like developing these um friendship relationships, through the internet. I think that's really powerful. (Non-binary, Transgender, Māori, 26-35 years).

### Community care

The community is at the heart of the everyday negotiations of FVSV. Participants note that they experience FVSV within communities and the solutions to FVSV also come from within communities. They point toward caring resources in communities as the basis for developing the infrastructures of prevention of FVSV in place-based communities.

I see umm..like yourself working with the youth on how they are, that sort of creates a prevention, it shows that they've got someone who really cares about them, and that sort of prevents. (Female, Bisexual, Disability, Māori, 35-44 years).

As a community, we need to stand together. We need to be able to come together in our times of need, and not be judgemental. It's not about the blame game. It's about separating who's involved. So they can calm down for starters and heal (Female, Whakawahine, Māori, 45-54 years).

Those simple, basic, you know, you've got a wheelchair accessible, wheelchair toilet, like, you've got all those things that aren't going to prevent people from going. I know, for me, like, if someone invites me to an event, I will look up where it is; is it going to be accessible to me? Is it going to require that I park like a million metres away and I have to walk far? There's all that sort of stuff that's really important. You know, is there going to be sign language? Interpreters? And you know, like, now I'm just thinking like, there are no sign language interpreters on that domestic violence, family violence ads, like, you know, simple things like that are really important (Female, Lesbian, Disability, 18-24 years, NZ European/Pākehā).

If there's an abusive situation, there's the perpetrator of the abuse, and the - I'm going to say the recipient of the abuse. If the perpetrator had friends to talk things out with, and a good community that would check their behaviour, give them feedback. People to care for perpetrators of violence and to hold them accountable, and to meet those needs, and for the recipient of the violence, people that would notice if there's something wrong, and people to turn to if they need to leave, if they need support around things (Non-binary, Queer, Pansexual, Disability, NZ European/Pākehā).

### LEILA'S STORY

Leila was in her early 40s when she first came out. Leila identifies as female and lesbian, of Tongan and NZ European/Pākehā descent. Leila experienced intimate partner violence from her ex-husband for years, which included emotional abuse and physical abuse. Leila and her children spent many months in and out of women's refuge safe houses when the children were young and into their early teenage years. Despite various protection orders, Leila's ex-husband still found them, often resulting in further abuse and trauma. Eventually, Leila and her children moved cities. Without family support, Leila struggled with the transition to a different city, so found support, friends and kāinga in a local church community. Leila worked two jobs, as a part-time administration assistant during the day and a part-time early morning office commercial cleaner.

When Leila's youngest child moved out of home to join a rugby club in another city, Leila had the time to reflect on her life and her sexuality. Two years later Leila moved in with her new partner - Mary. Leila met Mary at a work function party with her employer's associates. Mary identifies as female and lesbian. Mary has a strong and long connection with the lesbian community. Mary owns her own small business. Leila left her job to help Mary and work in her business as the administration manager. Leila says that Mary controls their household finances. During the course of the relationship, Leila's queries into the household finances have been discarded by Mary. If Leila wants to purchase anything, she must first ask Mary. Many of Leila and Mary's friends are lesbian and have been long-time friends of Mary. During a brief breakup, Leila confessed to Mary that she had a casual sexual relationship with a male. Since then, Mary has been taunting Leila about her heterosexual casual relationship and Mary's friends have joined in on the casual, seemingly 'polite' but derogatory comments directed at Leila. Leila has no other community or family support as she left the church community when she began a relationship with Mary. Leila's family refuses to speak to her. Leila's contact with her adult children has mainly been by phone and video calls. Leila's adult children have indicated that they just want their Fa'ē to be happy and to that end they support their Fa'ē in her relationship with Mary, though they do not mention to anyone that their Fa'ē is lesbian and in a lesbian relationship.

Leila has kept her own savings record of her planned trip to Tonga with her adult children. Mary also has control of those finances. She has booked the return plane tickets for Leila. Mary is upset that Leila does not want Mary to accompany her to Tonga and guilt trips Leila about her closet life. Leila says that Mary does not understand Tongan culture and that this trip is about cultivating relations again with her adult children and kāinga in Tonga and Mary has to understand that the kāinga will not accept their relationship. Behind Leila's back, Mary booked three more tickets to Tonga for herself and her two lesbian friends at the same time as Leila's trip with her adult children. Leila found the email tickets and confronted Mary. Mary has demanded that Leila reimburse her for the flight costs for her and her adult children. Leila is adamant that the flight costs were paid from her own wages. Mary has told Leila that she will take the flight costs out of Leila's wages and if Leila leaves their relationship, Mary will make sure that Leila will not find another lesbian partner in this city.

Like Leila, some of the participants spoke about their experiences on the margins of cliques within communities. These marginalising experiences drive their articulated strategies towards accountability processes, whereby community members hold each other to account. In this instance, community-led accountability processes for addressing the dynamics of power and control in relationships can include conversations about interpersonal communication strategies to challenge these dynamics, amongst partners, friends, Whānau and communities. Many rainbow participants have commented on the lack of rainbow diverse specific FVSV prevention workshops, noting that the current suite of workshops are designed for heterosexual masculine cis men and heterosexual feminine cis women.

### Connecting in person

Having face-to-face conversations within communities works as the basis of social support in the prevention of FVSV. Building and sustaining spaces of trust where rainbow people and communities can have conversations in safe ways is a key tool in the prevention of FVSV experienced by rainbow communities. Building diverse rainbow support groups within communities that are built on the principles of dialogue, humility, and democracy, and are critically reflexive about creating safety for community members at the "margins of the margins" is vital to violence prevention. These support groups need to be rooted in place, situated within the cultural context of the community and embedded within the lived experience of community life.

I think the good thing about that is that we all connect up and have a kōrero about what we've all been through and we send our support and help each other out, better that way, more with people that I've only just met up with or people that have been a part of my street. But I've never noticed um and not around the people that I have been hurt by. So I think the biggest challenge for everybody is to be able to trust each other, have their kōrero...you know coz I know what it's like to have to tell people and they've gone and told people yeah. So, forming a proper support networking group for people like ourselves who have all been through the same thing umm..but not with those people who have done it to you, you know what I mean, it's sort of got to be outside that, so that's the biggest challenge is trusting you know (Female, Bisexual, Disability, Māori, 35-44 years).

### Communication

Participants observe that their challenges to accessing preventive resources around FVSV are often rooted in communication. The solutions they propose therefore are communication solutions, suggesting the building of communication infrastructures for prevention in communities. Having culturally-grounded contextually-based information is voiced as an important element in prevention.

Yeah yeah the biggest thing in the factor of that I think communication is totally a big part in that. Because if we can't communicate then how do you know what the hell's going on with that person, you know, or that person's what's going on with you, you know? But sometimes stepping forward too can be a big step for that person. You know some people have got to have patience, some things take time, you can't just give it to them just like that and they'll be like woah! You know some people just sort of sit back and go hmm. And if they feel they, and if they hear more and then it makes them feel comfortable then they'll step you know, step in forward more and before you know it they're looking at you eye contact. Not looking down on the ground, looking at you eye to eye. Contact. Looking at you, communicating with you. Yeah. (Female, Lesbian, Disability, Ageing, Māori).

...and solution...is to talk about it and saying this is not right. And having services that allow us to talk about this (Male, Gay, South Asian).

### Collective responsibility

Collective ownership and collective participation in the creation of prevention solutions is highlighted by the participants in the in-depth interviews. This notion of community collective responsibility is also brought up by the advisory groups, with a focus on creating rehabilitative spaces within communities for perpetrators of FVSV, and building in pathways and processes of accountability within communities. Participants note that it is the community that can hold people to account and build the normative infrastructures for learning and practicing violence free behaviors. Educating community members in communicative practices for holding each other accountable is an essential ingredient in the prevention of FVSV.

If someone is being a bit offensive and stuff about maybe talking about like rainbow stuff or sexualizing it or whatever but calling it out. It's be like: 'oh wow, you got real personal there. Wow, I just met you 20 seconds ago.' 'Oh, ok then,' but like you know like, the point is serious, but the tone of voice is like chatty and just you know like... not being like you're a dick kind of thing. (Female, Lesbian, NZ European/Pākehā)

I've never been a fan of perpetrators of violence just being cancelled. 'No they're dangerous, they're bad, and now they're going to be punished and isolated for that'. I don't think that works, I don't think that makes sense. I think some serious rehabilitation needs to take place, and some serious intervention. But it has to be done with community focus...Both sides [perpetrator and recipient of violence] need support in different ways, separately. Those supports need to be backed up by community, in-group community in the case of rainbow people, and also public resources like housing and stuff (Non-binary, Queer, Pansexual, Disability, NZ European/Pākehā, 26-35 years).

...starting with the you know kind of having a group to try and come up with some stuff doing that kind of work I think the key in the in the actual work... um is the right people it's always the right people...and uh it's the people that make the difference I think that's the key to um most you know social services is people (Female<sup>9</sup>, Māori, NZ European/Pākehā).

<sup>9</sup> Participant chose not to fully complete the demographics sheet.

## CHRISTAL'S STORY

Christal is a 22-year old Māori trans woman and is grateful for her supportive Whānau. Though Christal's transition has not been without its ups and downs, she says that for her, luckily, she has extended Whānau who are takatāpui and were her closest allies when she came out to her Whānau. Christal is an active part of a takatāpui youth group and is the administrator for various takatāpui groups, including trans groups on social media. She is really concerned about the rising anti trans messaging on social media, recently via women's rights groups. Christal has openly debated on social media with feminist cis women about the Births, Deaths, Marriages and Relationships Registration Bill designed to make it easier to self-identify gender on birth certificates, without going through a family court process. Christal has received hate messages online and she says the hate mail is gaining in frequency and intensity. Christal is quick to report these messages to social media providers and the police. She says that she receives automated social media responses telling her to block the person and she is still waiting for the police to investigate her complaints.

Christal is a student and works part-time as a nail technician. Her employer has received messages via Facebook telling her that Christal is trans. Christal's employer already knows that she is trans. Christal says that imagine if her employer did not know, these people would have outed her, and they obviously do not care about the possible ramifications of outing transgender youth, especially in terms of their mental health and wellbeing.

Christal has recently attended protests against public speaking forums by feminist groups opposing the Bill, which is really about engendering hate towards trans people, she says. Christal says she was loud and proud at the local protest and felt hugely supported by the rainbow youth community. She has serious concerns about some of the life members in the rainbow community group, who are openly anti trans on social media, using free speech to mask their hate towards the trans community. She believes one of the life members sent her a message from a fake online profile threatening her life and saying "that even her gang family won't be able to protect her." Christal's Whānau have never been affiliated to a gang. Christal wants the rainbow community group to hold its membership accountable for any and all anti trans and racist messaging and if those responsible refuse to be re-educated and change their stance, then she believes they should be expelled from the group. Christal would like conversations about transmisogyny and racialised transmisogyny to be conducted within rainbow groups as a collective strategy towards violence prevention.

We are deeply concerned at the rise of transmisogyny and anti-trans messaging in Aotearoa New Zealand. Freedom of speech is being weaponised to justify the spread of hate messages deliberately targeted at trans women. Christal's story tells us that this is also happening within the rainbow community, which is supported by recent research (Dickson, 2016). Some participants across the four cohorts have talked about having conversations in safe spaces in the community to hold one another accountable. Not just to call one another out, but to hold dehumanising behaviour to account by building a community-led restorative justice process. A focus on creating processes towards community accountability and rehabilitation pathways within communities is integral to community-led FVSV prevention practice. This would require the community to flesh out further and build the community-led restorative justice process through dialogue and as Christal recommends - holding authentic conversations to combat misinformation and disinformation, and also grow solidarity within communities.

### Community education workshops

In addressing the heteronormative and cisgender ideologies that shape dominant societal norms and institutional practices, community education workshops are offered as solutions. Participants suggest that these workshops ought to be led by members from the "margins of the margins" in communities, building spaces for their voices, with support infrastructures in place to support their voices in being heard. The workshops are envisioned as being embedded in community life, with understanding of the norms that shape the context of community life. The participants note that a "one size fits all" approach is unlikely to work, and is likely to continue the marginalisation of people and communities at diverse intersections. Moreover, they note that the workshops need to have local ownership, critiquing the dominant model of conducting workshops that bring in outside professional experts with no experience of community life and community struggles in the place-based context.

...more education. I've met trans people who are like 'trans women couldn't be abused by their female partner,' that's not how that works - but they can. It's not just physical abuse, there's emotional abuse, financial abuse, sexual abuse, breaking it down. Those are red flags, warning signs. Controlling your money, controlling what friends you can see, noticing that - can save someone from potential, serious abuse down the line. General, these are what different kinds of violence looks like, especially within the community, just workshops (Non-binary, Pansexual, Disability, NZ European/Pākehā, 26-35 years).

Run education workshops through multiple community hubs about violence prevention...have drop-in hours and be connected to counsellors and safe health professionals and be a hub conduit to finding healthcare (Female, Lesbian, Pansexual, Disability, NZ European/Pākehā, Māori).

So, what can be done is we can get into a group meeting...to have these talks about why should the...communities...that don't have...more of an understanding of who we are. And to understand that we can't go back as a man (Female, Whakawahine, Transgender, Fa'afafine, Intersex, Disability, NZ European/Pākehā, Pacific, Māori).

### RECOMMENDATIONS

The hybrid approach to the prevention of violence is centered on the lived experiences of community members from the "margins of the margins." It foregrounds a strengths-based approach to supporting communities in creating and leading violence prevention solutions. The role of sector stakeholders therefore is one of support, with communities leading the prevention work. Moreover, it is critical that sector organisations bring a community strength-based approach to their interactions with communities, respecting community knowledge and capacity for social change. Community participants, particularly those living at the "margins of the margins" of communities do not need more policies, programmes and services designed for them and targeted at them, but without them. An analysis of the rich data reveals the participants' own articulations and re-imaginings of a thriving community, free of violence from which the following recommendations are offered:

1. Community should be where one is accepted for who they are and how they are. Community-led prevention should work toward building spaces of acceptance and safety in communities. Addressing stigma is a key part of building accepting communities.
2. Community-led prevention is built upon open conversations in communities. Efforts should empower and encourage open conversations to take place.
3. Community-led education should be carried out across communities about the diversities of rainbow identities, and more specifically about trans identities. Underpinning this education should be critical conversations on gender and power, queerness and gender identity. These education initiatives should be led by rainbow community members within communities.
4. Community -led education should empower rainbow communities about the signs of sexual violence and family violence, communicative strategies for addressing sexual violence and family violence, and resources for addressing sexual violence and family violence.
5. Community-led education on consent, grounded in the cultural contexts that shape conversations on consent. The basic idea, "No must be respected," is embedded in power dynamics and cultural norms. Building dialogic spaces for culture-centered conversations on consent is vital to addressing sexual violence.

6. Community-led education should address relationship communication, conflict management and resolution, and the ingredients of healthy relationships in diverse rainbow contexts.
7. Community-led education targeting the police, service providers, and the justice system should be carried out.
8. Policies should address the need for adequate and decent housing for rainbow communities. Safe housing structures should be created to address the needs for rainbow people and communities experiencing FVSV.
9. Platforms should be created for community-led conversations, anchored by rainbow communities and located in place. These place-based platforms can be complemented by digital platforms. The platforms serve as communication infrastructures where transformations take place.
10. Community-led prevention should strengthen families and create infrastructures for building familial relationships. For communities at the "margins of the margins," building strong and supportive family networks is an important resource for survival and resilience.
11. Community-led prevention should create space for the concepts of struggle, resistance, and transformation in social change communication. That the process of transforming the colonial, capitalist, patriarchal, racist structures is embodied as community organising against these dominant structures must be recognised. Communities should be offered education in culture-centered approach to community organising to voice their rights to basic infrastructures of health, safety, and wellbeing.
12. Community-led prevention should be grounded in collectives of common interest for the betterment of the collective. Building collective community capacity for organising for social change is a critical element in creating capacities for community-led FVSV prevention.
13. It is important to build and sustain habits of critical reflexivity. The recognition that NGOs are not the community is an important element in this process, so spaces can be created for acknowledging the voices that are erased and for the participation of these voices from the "margins of the margins" in decision-making processes. We recommend that policies not use the terms NGOs and community interchangeably, Recognising the landscape of power and its distribution in communities. This creates the basis for Recognising the power differentials that exist between NGOs and communities, and attends to the necessary elements in building the capacity for community-led prevention of FVSV.
14. Community-led prevention should build frameworks where Whānau thrive. Such frameworks should be anchored in the celebration of pluralism and the diversity of voices within the rainbow community.

15. Community-led prevention should address social and cultural norms where queer relationships are seen, recognised, celebrated, and upheld as everyday forms of relationships in society and culture.
16. Community-led prevention should be supported by adequate and contextually embedded mental health support that addresses the needs of diverse rainbow communities in place.
17. Community-led prevention should be supported by adequate financial support for rainbow community members and for their Whānau. The rainbow-specific support is critical to sustaining community-led prevention;

Community-led prevention should draw upon and build community norms for community-driven accountability. Restorative justice is a key element in guiding people and communities in holding each other accountable.

## CHAPTER 10

# KEY STAKEHOLDERS

The findings from the key stakeholder interviews had some alignment with the narratives from the four community groups, albeit from another lens, but they also offered distinctive insights from stakeholders' experiences of working within the social service sector. It should be noted that although many of the service providers offered violence-prevention services, the participants' interactions with clients were more frequently after violence had already taken place. Against this backdrop, there were various sector-related issues which were naturally highlighted regarding supporting victims of family and/or sexual violence, such as limited funding for refuges, poor coordination and conflicting philosophies across service providers, and some refuges being unable to cater to people with disabilities, members of the rainbow communities and new migrants without residency. While these findings are valuable, this report is focused on the prevention of family and sexual violence – *that is stopping violence before it takes place* – and for the key stakeholders interviewed, the prevention strategies were centred on the 'social environment', 'public understanding and dialogue', and 'delivering culturally sensitive services that address clients' needs.

### THE SOCIAL ENVIRONMENT

Most of the participants' descriptions revealed a strong awareness of the broader social environment whereby family and sexual violence is situated within a web of other social issues, particularly financial issues, drug and alcohol addiction, intergenerational violence, stress, and mental illness. This may reflect the nature of family and sexual violence services, which frequently collaborate with a myriad of other forms of support services to offer clients wrap around support. Nonetheless, the social environment was considered a vital site for preventing family and sexual violence through a multi-pronged approach that addresses income inequality and assists in lifting people out of poverty or by increasing resourcing to related services, such as mental health and addiction support.

Referencing the social environment, participants made the following statements regarding the causes of family and sexual violence: "you've got generations of families living in one house living off only the income of the people that are actually supposed to be there... It creates a whole lot of issues", "People stuck in together, alcohol, drugs and poverty ah everything", "violence comes out when there's no money... Money speaks a lot of languages and I see a lot of that where hardship happens, and they take it out on each other", and "mental health, addiction... poverty, homelessness".

Drugs and alcohol were commonly cited, although there was some disagreement about whether these are direct causes, contributors, or escalators of violence with the following statements: "If you talk to and listen to some of the members in my group, it was the meth that made them violent", "Sometimes it's drug related driven, and, and alcohol driven" and "drug and alcohol... escalate his violence".

Altogether, participants highlighted how the social environment frequently results in a "vicious cycle that goes round and round and round" of intergenerational violence, in which "a child who is witnessing violence... will grow up and will be an adult... [And] be a victim or become a perpetrator". This was related to public understandings of violence and the appropriate delivery of services, outlined in the following sections. It also led participants to discuss how families should be supported to improve social conditions. As one participant explained:

If you're looking at it from a solutions-based point of view, then it's really looking at the future then of all of these Whānau that we're working with... That are in that space, that need their support...that's why sometimes the Whānau are stuck in that cycle.

Accordingly, strategies for preventing family and sexual violence were frequently discussed in relation to other social issues for as one participant explained, "There's a mixture of policies that could support us more, actually, because... there's quite a lot [of issues] that interlink with one another". For instance, when asked for recommendations, participants made the following statements: "[people] just need a house... it's very unsettling for the clients", "skill building and resourcing families", and "it's a matter of how they [are] actually utilising [money] and identifying Whānau... Whether we start with reading, writing..." Participants also recommended increasing resourcing to mental health and addiction facilities, with participants stating: "That's another maybe strategy to reduce violence is more of those [mental health and addition] facilities", "it would be nice if there was more services available like especially around mental health - mental health is a huge", "we need some stronger supports in mental health... mental health mixed with drug and alcohol addictions", and "I find there's a huge gap in the community for people suffering with drug and alcohol issues - huge, huge, huge. That's probably where the most people fall down the cracks".

### PUBLIC UNDERSTANDING AND DIALOGUE

Related to the social environment, the normalisation of violence was the most common cause of family and sexual violence identified by the key stakeholders, which was frequently discussed with reference to intergenerational violence and one's upbringing. Participants stated: "[violence is] part of the culture and everything, it is like a mind-set that it is normal to abuse your wife", "it's a learned behaviour" and "some people don't even realise they're being abused until they grow up... Now, you know, they don't know that they're implementing [violence] on their children". Correspondingly, participants

frequently commented how there is low public understanding about family and sexual violence and implementing strategies to improve this understanding was the most common recommendation made by the key stakeholders for FVSV prevention.

When asked about the four community groups, the normalisation of violence was most strongly raised in regard to new migrants who participants considered may have different value systems and practices around family structures and relationships that hinder the prevention of family and sexual violence. Participants stated: "Mostly the, the cultural beliefs when we have Indian and Asian coming in... There's a lot of that happening and she's always believed that that was how it's supposed to be", "Asian communities... even other immigrants, people from Russia... you stay with your husband and you support him", "A lot of the time it is people from different communities... where the man does have that say in the marriage", and "Similar stories are happened like many, many times in China... they have to know this is wrong. They have to know. Like maybe in your home culture, [what] everyone feels is normal is actually wrong". New migrants were also identified as a higher risk group for family and sexual violence because they may have poor social support structures and may not be eligible for financial benefits or public housing in Aotearoa New Zealand.

Nevertheless, low public understanding of family and sexual violence was identified as a significant issue across the community groups and, despite the "taboo" that frequently surrounds this violence, dialogue was considered a powerful tool to both prevent violence and help those who are experiencing violence. Participants discussed in detail how they endeavour to engage in dialogue with clients as "a sort of combination of prevention and as well as responding", but they also thought that discussions about family and sexual violence could take place within communities. For instance, participants made the following statements regarding the prevention of family and sexual violence: "if all the churches come down and have a conversation, and, and it's ok, it's not a shameful thing to talk about... your talking about life" and:

People just need to listen, that's the thing, a lot of these women are unheard. People, people don't listen to them. It's that thing slowly picking up as a community, sometimes just point blank racism, oh she's Indian, she's blah blah blah. Oh she's from Iran, she's blah blah blah, so I'm not going to engage with her and I don't wanna stop and talk to her, even um though I've just seen her husband push her.

In contrast, participants highlighted how isolation can increase the risk of violence and how the restriction of socialisation outside of a relationship can be a sign of domestic violence that can escalate, with one participant explaining: "some of the signs is minimising the violence and keeping it quiet and isolating the partner".

Ultimately, most participants felt that improved public understanding could help to prevent family and sexual violence and recommended implementing additional

educational recourses and/or media campaigns. The participants suggested various media for the delivery, such as through schools, community engagement from service providers working in the fields, and general advertising. They made the following statements: "I think it's just start with education", "just getting that awareness out in the community basically", "definitely I think they should be a part or a role where people should go out into the community and create awareness among the people" and "I believe it's the only way...to put a halt on it, is just start in the schools and we have to start big time. We have to get in there and, and thrash it out."

### DELIVERING CULTURALLY SENSITIVE SERVICES THAT ADDRESS CLIENTS' NEEDS

The participants considered that family and sexual violence services should be delivered in ways that are in consistent with cultural and community needs. As one participant explained, "there's like cultural considerations around a gender, as well as even trust, like understanding the space". They also recognised how service providers do not always meet these needs, stating: "the services have not been supportive of them", "other agencies don't look at the whole picture, like they just see the criminal", and "a lot reach out for support, but...when they go through some agencies... they're not given support". Participants highlighted the need for specialised services or training in relation to all four community groups, but they had a particular emphasis on the rainbow and new migrant communities, which they had more interaction with.

Participants from a range of service providers discussed how current services regarding family and sexual violence are not appropriate for members of the rainbow community. For instance, regarding current educational programmes, participants stated: "they don't fit the male female dynamic of violence... because we have a men's group and a women's group and we're talking about um predominately heterosexual relationships", "it's all [currently] about the woman's the victim and then the man's the perpetrator", and:

There is a bit of a challenge. We're in the process of revamping our book that gets given out because there...was one lesbian that was on the [name removed] program and the... facilitator found it quite awkward every time they had a session because the book is geared towards male female... it literally it talks about 'he abuses', 'he', 'he', 'he', 'he'...We're trying to come up with something that's more geared towards um all communities, not just generic to one heterosexual couple.

Another participant discussed how there is currently not enough resources to train staff for the delivery of services to transgender clients, stating:

It's only been in the last two years, we've got transgender [people] coming through. It's massive at the moment so that's still quite new for us... there's just not enough resources out there. Even for me to try and get training for my staff um who have worked in the industry for well over twenty years, who are quite close minded.

Participants also discussed how services should effectively cater to the needs of new migrants. A participant who was employed at an organisation which predominantly works with migrant clients explained:

The resources that we need are the more ethnic informed services that can cater and tailor the need of the ethnic communities. More conversations with communities are required. The communities should start to talk about their needs. The communities should inform the services they require.

An idea suggested by several other participants regarding ethnic minority groups was delivering services by practitioners with a similar ethnic background. They made the following statements: "talking to a social worker, an advocate from... The similar cultural background...[they] will be able to get along with them... it's ugh comfortable", "a lot of the time what stops people from engaging is that they don't wanna come and engage with us cause it's too different from what they know", and:

Māori counselors for Māori - we don't have that, and that's, that's been a struggle. We've had a few women asking if there's a Māori counselor 'cos they won't understand what they're dealing with... so we've had services have opened their doors and said 'we are counselors we're not Māori' - It's like 'we want Māori.'

A key recommendation that stemmed from these findings was to increase training among service providers concerning how to effectively engage with members of the four diverse community groups, attending to the layers of inequalities within diverse communities, the intersections with other entrenched forms of inequalities produced by colonisation and neoliberalism, and foregrounding the needs of people and communities at the "margins of the margins." Participants stated: "I do feel like maybe um like training with other agencies would be good", "I think support workers in general should keep training... Some sort of course or something just so, you know, so that we're able to help them [the community members]", and "we are also hoping that the mainstream organisations will feel comfortable, will feel confident when they are working with ethnic clients and that's why the training comes into play - not just one-time training". At the same time, some participants also emphasised how there needs to be more training in the family and sexual violence fields to prevent violence and

keep clients safe among related service providers, with participants stating: "Getting a social work degree can be a great thing, but there is no specialist service in family violence", "The correct kind of service is... more important than just the same language or the same culture [delivering]" and "police are sending... referrals to... each region to about 12 service providers. It might be a drug and alcohol service provider... a housing service provider... All these different service providers, but the majority aren't trained in domestic violence'.

## RECOMMENDATIONS

1. Implement education programmes and media campaigns to increase public understanding of family violence and/or sexual violence.
2. Create community education programmes to address the roles of drugs and alcohol. These community-led education programmes should be complemented with efforts to regulate the access to drugs and alcohol in communities.
3. Train service providers working in the family and sexual violence fields in delivering services to members of the four diverse community groups, particularly attending to the diverse intersections.
4. Train related service providers in the prevention of family and sexual violence.
5. Deliver services to clients for family and sexual violence fields by practitioners with a similar ethnic background.
6. Increase resourcing to mental health and addiction support services.

## CHAPTER 11

# DISCUSSION

The community-led culture-centered violence prevention framework proposed in this report places community knowledge of prevention in dialogue with prevention knowledge developed by the sector. The ongoing conversation between place-based communities and local-regional-national sector organisations shapes the infrastructure of violence prevention solutions, anchored in the concepts of listening, humility, and voice democracy. Given the systemic and ongoing erasures of communities at the “margins of the margins” from spaces of decision-making, for community-led violence prevention to take root in communities and to be sustained over the long term, community participation and ownership are vital elements. At the heart of this is the recognition of community agency, the individual and collective capacity of community members to make sense of their lived experiences, to draw on their negotiations of FVSV within the fabric of community life, and to develop solutions based on their lived experiences.

The CCA, adopted as the guiding framework for this report, locates prevention solutions in community voice. It proposes that building communication infrastructures for community participation and decision-making leads to community-led prevention solutions. Community ownership of the prevention solutions sustains the solutions in communities, and ensures that they are contextually situated, place-based, attentive to the processes of marginalisation, and relevant to the struggles of communities at the “margins of the margins.” The CCA foregrounds community agency as the basis for developing contextually anchored, place-based, culture-centered theories of social change. Context is a key element, Recognising that what the framework for change looks like will vary from community to community, and will be grounded in the dynamic negotiations of cultural values and norms in community life. The proposed community-led culture-centered FVSV prevention framework builds on this dynamic and contextually situated nature of solutions, creating the space for communities to envision and lead the solutions that work for them.

Proposing the concept of “margins of the margins,” the CCA attends to those voices in communities that are erased on an ongoing basis, and that are mostly absent from the decision-making spaces in community life. The concept notes the inequalities in the distribution of power within communities and seeks to build registers for transforming these inequalities in opportunities for communication and participation in decision-making. Creating invitational spaces, culture-centered community-led prevention solutions draw on the concepts of dialogue, humility, and democracy. It notes that for communities to lead prevention solutions, dominant sector organisations and ministries need education in the habits of listening. Community voices in creating solutions can

be effective to the extent that the existing structures are taught the habits of listening. Racism, whiteness, and Islamophobia in the Crown and sector organisations are key barriers to the effectiveness of community-led solutions for prevention efforts. Therefore, the education programme for the Crown and sector organisations should be grounded in the tenets of Critical Race Theory and Kaupapa Māori, in dialogue with the CCA. Such education decolonizes the Crown and the sector, creating openings for community voices to emerge in decision-making processes.

Co-creating voice infrastructures for communities at the “margins of the margins” is essential for effective and sustainable community-led violence prevention. Addressing the underlying drivers of violence while drawing on community protective factors rooted in cultural strengths empowers communities to enact preventive efforts that circumnavigate the interplays of patriarchy, colonialism, capitalism, and whiteness. Ultimately, community ownership of solutions forms the core of community-led violence prevention for diverse communities, with a map for prevention emerging from within the community, rooted in the rhythms of community life.

Community-led culture-centered FVSV prevention should be guided by the principles of Te Tiriti and rooted in commitment to the Treaty. This translates into the leadership role played by tangata whenua within communities, with tangata whenua guiding community-led prevention in dialogue with Pasefika and migrant communities. Dialogue among tangata whenua, Pasefika, and migrant communities serves as the underlying matrix that supports the dialogic partnerships among ageing, disabled, and rainbow communities. Anchoring the community-led culture-centered prevention framework in Te Tiriti firmly places the prevention framework in a cultural strengths-based approach that seeks to find solutions from within cultures through the participation of cultural members, embedded within local contexts.

Rather than deliver a one-size-fits-all model, culture-centered community-led prevention creates the space for diverse models embedded within local contexts and emergent from the participation of local communities. Moreover, such an approach theorizes the prevention of violence as an ongoing struggle against the exploitative forces of colonialism, racism, capitalism, and patriarchy. It critically examines the ways in which whiteness—the dominant values of white European culture—shapes the normative approaches to FVSV prevention and recognises the need to foreground diverse cultural values as in prevention strategies. Culturally situated narratives guide community-led prevention of FVSV.

The hybrid umbrella framework of community-led FVSV prevention is broad, flexible, and dynamic, and centers cultural contexts in the design, implementation, and evaluation of FVSV prevention efforts. Community advisory groups made up of community members from the “margins of the margins” enable diverse identities to come together to create a map for social change, develop a strategic framework for FVSV prevention, and carry out prevention activities. The community advisory

group is supported by community pou, who lead and coordinate the prevention activities in the community, including leading community hui, facilitating dialogues and carrying out education programmes in the community. Community hui serve as spaces for dialogue and social change, complemented by community education programmes, communication campaigns, and supportive community-based spaces/resources. These are the ideas that, across the diverse communities and diverse place-based contexts, the community-led culture-centered framework converged on; the particulars of specific contexts will determine which of these elements a community draws upon. Simultaneously, the umbrella framework is dynamic such that it is continually revised based on the solutions developed in diverse contexts.

Community-led culture-centered prevention is supported by a range of basic education materials and train-the-trainer programme/resources. These materials, resources, and programmes are developed through ongoing dialogues, conversations, and partnerships between local place-based diverse communities and local, regional, and national sector stakeholders working with FVSV prevention in the specific diverse contexts.

The CCA places community-led prevention alongside the need to transform the structures that shape FVSV in community life. Building the community capacity for advocacy and activism is a critical element in driving change to neoliberal and colonial policies that underlie the perpetuation of FVSV. Building universal housing, universal access to a living wage, universal access to food security, visa protections for migrant communities at the "margins of the margins" are some of the urgent structural transformations necessary to support and sustain community-led prevention of FVSV. The current failure to address these basic social welfare needs is creating environments ripe for growing the next generation of FVSV perpetrators and recipients.

The CCA recognises the dialectical relationship between structure and agency, suggesting that community and collective agency are key elements in transforming structures. Noting that the structures will not naturally change without adequate and sustained community pressures for social change, the CCA asks, what are the necessary ingredients for supporting the expression of community agency in communication for social change? It explores the communicative processes that support communities in organising to express their voices in social change, and in bringing about social change.

Simultaneously, the narratives presented in this report draw consistent attention to the erasures of the voices of the "margins of the margins" of diverse communities across contexts. These erasures are carried out by policies and programmes that are out-of-touch with the lived experiences of communities and impose top-down frameworks that are removed from the lived experiences in community life. Moreover, the organisations and the practices often perpetuated in the FVSV sector are embedded in prescriptive top-down frameworks that reproduce the interpenetrating ideologies of whiteness and neoliberal capitalism. Participant accounts note that sector organisations

often erase their voices, failing to recognise and respond to their lived experiences. These dominant practices in the sector need to be actively decolonised for the voices of communities at the "margins of the margins" to be heard. We therefore suggest a corresponding framework for a culture-centered pedagogy of listening directed at the relevant ministries and sector organisations (Dutta, 2014). This pedagogy of listening cultivates the habits of dialogue, humility and democracy in people and organisations working with FVSV, and in the process, builds infrastructural capacity for community voices to be heard.

## LIMITATIONS

One of the limitations of this report is the limited geographic scope of the in-depth interviews. Drawing on our existing advisory groups and community networks, we conducted in-depth interviews in Glen Innes, Feilding, Highbury (Palmerston North), Palmerston North, and Wellington. With our focus on communities in high deprivation, we drew on our existing community-engaged work in these communities. Our team did not conduct interviews in the South Island. Future in-depth engaged conversations in these communities would offer important additional insights. Although we did include rural voices in this report, additional in-depth studies are needed to map out prevention solutions for FVSV in diverse contexts that are rurally placed. For instance, what are the community-led prevention solutions for addressing FVSV in migrant communities that are rurally located? Some populations existing at the "margins of the margins" are so deeply erased that existing frameworks do not offer communicative infrastructures for building prevention solutions through the participation of these populations. Consider for instance the population of seasonal migrant workers working in rural agricultural contexts that are often placed within spaces controlled by employers and under surveillance. Conducting in-depth interviews with these workers and building advisory groups with them is constrained by the power and control held by the employers. Similarly, the current report does not draw on interviews with ageing and disabled people and communities living within and/or dependent on care facilities, driven by the current human ethics guidelines. Recognising that these might be key sites of perpetuating FVSV, we note the need for future research into community-led prevention strategies within care facilities, particularly with the ongoing reports on abuse in care.

## REFERENCES

- AbuLughod, L. (2002). Do Muslim women really need saving? Anthropological reflections on cultural relativism and its others. *American anthropologist*, 104(3), 783-790.
- Abu-Lughod, L. (2008). Writing against culture. In *The cultural geography reader* (pp. 62-71). Routledge.
- Abu-Lughod, L. (2013). *Do Muslim women need saving?* Harvard University Press.
- Advani, N., Bora, S., Bhat, A. & Yerolkar, S. (2013). A survey on communication gap between Hearing and speech impaired speech persons and normal persons, *IJCSN International Journal of Computer Science and Network*, 2(6), 32-36.
- Age Concern New Zealand. (1992). Promoting the Rights and Well-Being of Older People and Those who Care for Them. <https://www.ageconcern.org.nz/files/EANP/Promoting%20the%20Rights%20and%20Well-Being%20of%20Older%20People%20and%20Those%20who%20Care%20for%20them.%201992.pdf>
- Age Concern New Zealand. (2021). Elder abuse awareness. <https://southlandapp.nz/news/news/elder-abuse-awareness-15-22-june?id=60caa1432a205006a566f34f>
- Age platform Europe (2016). *AGE platform Europe position on structural ageism*. [https://age-platform.eu/sites/default/files/AGE\\_IntergenerationalSolidarity\\_Position\\_on\\_Structural\\_Ageism2016.pdf](https://age-platform.eu/sites/default/files/AGE_IntergenerationalSolidarity_Position_on_Structural_Ageism2016.pdf)
- Ahmadi, A. (2017). *Assessing Participation in Women's Development Projects in Afghanistan* (Doctoral dissertation, Communication, Art & Technology: School of Communication).
- Ahmed, S. (2004) Declarations of Whiteness: The Non-Performativity of Anti-Racism, *Borderlands* 3(2). <https://research.gold.ac.uk/id/eprint/13911/>
- Airhihenbuwa, C. O. (1995). *Health and culture: Beyond the Western paradigm*. Sage.
- Alefaio-Tugia, S., & Havea, S. (2016). *Formative evaluation of Pacific provider-based family violence services*. Massey University. <https://www.pasefikaproud.co.nz/assets/Resources-for-download/PasefikaProudResource-Formative-Evaluation-Research-Report-Faith-Initiatives.pdf>
- Alinsky, S. D. (1941). Community analysis and organization. *American Journal of Sociology*, 46(6), 797-808.
- Almeida, R. V., & Dolan-Delvecchio, K. (1999). Addressing culture in batterers intervention: The Asian Indian community as an illustrative example. *Violence Against Women*, 5(6), 654-683.
- Alper, M. (2017). *Giving voice: Mobile communication, disability, and inequality*. MIT Press.
- Altinkaya, J., & Omundsen, H. (1999). "Birds in a Gilded Cage": Resettlement prospects for adult refugees in New Zealand. *Social Policy Journal of New Zealand*, 31-42.
- Amanor-Boadu, Y., Messing, J. T., Stith, S. M., Anderson, J. R., O'Sullivan, C. S., & Campbell, J. C. (2012). Immigrant and Nonimmigrant women. *Violence Against Women*, 18(5), 611-633. <https://doi.org/10.1177/1077801212453139>

- Ansara, Y. G. (2012). Cisgenderism in medical settings: Challenging structural violence through collaborative partnerships. In R. Ward & I. Rivers (Eds.), *Out of the ordinary: Representations of LGBT lives* (pp. 93-112). Cambridge Scholars Publishing.
- Armstrong, E. (2013). *Gender and neoliberalism: The All India Democratic Women's Association and globalization politics*. Routledge.
- Ashutosh, I. (2021). The transnational routes of white and Hindu nationalisms. *Ethnic and Racial Studies*, 1-21.
- Baehler, K. (2009). Review: *Ethnicity, identity and public policy: Critical perspectives on multiculturalism*. David Bromell Institute of Policy Studies, Victoria University of Wellington. Foreword iv, (36), 88.
- Balzer, R., Haimona, D., Henare, M., Matchitt, V., (1997). *Māori family violence In Aotearoa*. A Report Prepared for Te Puni Kōkiri, Wellington
- Banks, M.E. (2015). Whiteness and disability: Double marginalization, *Women & Therapy*, 38(3-4), 220-231. <https://doi.org/10.1080/02703149.2015.1059191>
- Barger, E., Wacker, J., Macy, R., & Parish, S. (2009). Sexual assault prevention for women with intellectual disabilities: A critical review of the evidence. *Intellectual and Developmental Disabilities*, 47(4), 249-262.
- Basu, A., & Dutta, M. J. (2008). Participatory change in a campaign led by sex workers: Connecting resistance to action-oriented agency. *Qualitative Health Research*, 18(1), 106-119.
- Basu, A., & Dutta, M. J. (2009). Sex workers and HIV/AIDS: Analyzing participatory culture-centered health communication strategies. *Human Communication Research*, 35(1), 86-114.
- Basu, A., & Dutta, M. J. (2011). 'We are mothers first': Localocentric articulation of sex worker identity as a key in HIV/AIDS communication. *Women & Health*, 51(2), 106-123.
- Beail, N., & Warden, S. (1995). Sexual abuse of adults with learning disabilities. *Journal of Intellectual Disability Research*, 39(5), 382-387.
- Bedford, R., Ho, E. & Lidgard, J. (2000). *International migration in New Zealand: Context, components and policy issues*. Population Studies Centre Discussion Paper No.37. University of Waikato.
- Blankenship, K. M., Friedman, S. R., Dworkin, S., & Mantell, J. E. (2006). Structural interventions: Concepts, challenges and opportunities for research. *Journal of Urban Health*, 83(1), 59-72.
- Bradford, S., & Dutta, M. J. (2018). Academic-activist partnerships in struggles of the oppressed. *Palmerston North, NZ: Center for Culture-centered Approach to Research and Evaluation (CARE)*.
- Braithwaite, J. (2018). Colonized silence: Confronting the colonial link in rural Alaska Native survivors' non-disclosure of child sexual abuse. *Journal of child sexual abuse*, 27(6), 589-611.
- Brawley, S. (1993). 'No "white policy" in NZ': Fact and fiction in New Zealand's Asian immigration record, 1946-1978. *New Zealand Journal of History*, 27(1), 16-36.
- Brown, M. T., & McNeal, M. H. (2020). Addressing elder abuse: service provider perspectives on the potential of restorative processes. *Journal of Elder Abuse & Neglect*, 32(4), 357-376.
- Brozowski, K., & Hall, D. R. (2005). Growing old in a risk society: Elder abuse in Canada. *Journal of Elder Abuse & Neglect*, 16, 65-81. [https://doi.org/10.1300/J084v16n03\\_04](https://doi.org/10.1300/J084v16n03_04)

- Brozowski, K., & Hall, D. R. (2010). Aging and Risk: Physical and sexual abuse of elders in Canada. *Journal of Interpersonal Violence*, 25, 1183–1199. <https://doi.org/10.1177/0886260509340546>.
- Brysk, A. (2018). *The struggle for freedom from fear: Contesting violence against women at the frontiers of globalization*. Oxford University Press.
- Came, H. (2014). Sites of institutional racism in public health policy making in New Zealand. *Social Science & Medicine*, 106, 214–220.
- Came, H., McCreanor, T., Manson, L., & Nuku, K. (2019). Upholding Te Tiriti, ending institutional racism and Crown inaction on health equity. *New Zealand Medical Journal*, 132(1492), 61–66.
- Carter, J. (2015). Patriarchy and violence against women and girls. *The Lancet*, 385(9978), e40–e41.
- Connell, R. (2014). Using southern theory: Decolonizing social thought in theory, research and application. *Planning Theory*, 13(2), 210–223.
- Cho, S., Crenshaw, K. W., & McCall, L. (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs: Journal of Women in Culture and Society*, 38(4), 785–810.
- Chouinard, V. (1999). Life at the margins: Disabled women's explorations of ableist spaces. In E.K. Teather (Ed.), *Embodied geographies: Spaces, bodies and rites of passages* (pp. 142–156). Routledge.
- Cloud, D. L. (2004). "To veil the threat of terror": Afghan women and the clash of civilizations in the imagery of the US war on terrorism. *Quarterly Journal of Speech*, 90(3), 285–306.
- Clunie, M. (2018). Rainbow communities, mental health and addictions: A submission to the government inquiry into mental health and addiction. Oranga Tangata, Oranga Whānau
- Considine, C. (2017). The racialization of Islam in the United States: Islamophobia, hate crimes, and "flying while brown". *Religions*, 8(9), 165.
- Cormack, D., Harris, R. & Stanley, J. (2020). Māori experiences of multiple forms of discrimination: Findings from *Te Kupenga 2013. Kōtuitui: New Zealand Journal of Social Sciences Online*, 15(1), 106–122. <https://doi.org/10.1080/1177083X.2019.1657472>
- Council on American-Islamic Relations (CAIR) (2017). *The empowerment of hate: The civil rights implications of Islamophobic bias in the U.S. 2014–2016*. <http://www.islamophobia.org/15-reports/188-the-empowerment-of-hate.html>
- Cram, F., Pihama, L., Jenkins, K., Karehana, M., International Research Institute for Maori and Indigenous Education, & University of Auckland and the New Zealand Ministry of Justice (2003). Evaluation of programmes for Māori adult protected persons under the Domestic Violence Act 1995. *Australian Indigenous Law Reporter*, 8(1), 95–112.
- Crenshaw, K. (1989). Demarginalizing the intersection of Race and Sex: A black feminist critique of antidiscrimination doctrine. *University of Chicago Legal Forum*, 1989(1), 139–168.
- Crenshaw, K. (1990). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241–1299.
- Crenshaw, K. (1995). Mapping the margins: Intersectionality, identity politics, and violence against women of color. In K. Crenshaw, N. Gotanda, G. Peller, & K. Thomas (Eds.), *Critical race theory: The key writings that formed the movement* (pp. 357–383). The New Press.

- Crenshaw, K., Gotanda, N., Peller, G., & Thomas, K. (1995). *Critical race theory: The key writings that formed the movement*. The New Press.
- Criquillon, A. (1995). The Nicaraguan women's movement: Feminist reflections from within. In M. Sinclair (Ed.), *The new politics of survival: Grassroots movements in Central America* (pp. 209–237). Monthly Review Press.
- Daulatzai, A. (2006). Acknowledging Afghanistan: Notes and queries on an occupation. *Cultural Dynamics*, 18(3), 293–311.
- Daulatzai, A. (2008). The discursive occupation of Afghanistan. *British Journal of Middle Eastern Studies*, 35(3), 419–435.
- de Sousa Santos, B. (2015). *Epistemologies of the South: Justice against epistemicide*. Routledge.
- Dhillon, J. K. (2015). Indigenous girls and the violence of settler colonial policing. *Decolonisation: Indigeneity, Education & Society*, 4(2), 1–31.
- Dickson, S. (2013). Preventing Sexual Violence: A Stocktake of Taiwi & Bicultural Primary Prevention Activities 2013. Taiwi Prevention Project, Taiwi Caucus of TOAH-NNEST. Retrieved from <https://toah-nnest.org.nz/images/pdfs/PreventingSexualViolenceStocktake.pdf>
- Dickson, S. (2016). *Building rainbow communities free of partner and sexual violence*. Hohou Te Rongo Kahukura.
- Dutta, M. J. (2004a). The unheard voices of Santalis: Communicating about health from the margins of India. *Communication Theory*, 14(3), 237–263.
- Dutta, M. J. (2004b). Poverty, structural barriers, and health: A Santali narrative of health communication. *Qualitative Health Research*, 14(8), 1107–1122.
- Dutta, M. J. (2005). Operation Iraqi Freedom: Mediated public sphere as a public relations tool. *Atlantic Journal of Communication*, 13(4), 220–241.
- Dutta, M. J. (2007). Communicating about culture and health: Theorizing culture-centered and cultural sensitivity approaches. *Communication Theory*, 17(3), 304–328.
- Dutta, M. J. (2008). *Communicating health: A culture-centered approach*. Polity Press.
- Dutta, M. J. (2011). *Communicating social change: Structure, culture, agency*. Routledge.
- Dutta, M. J. (2014). A culture-centered approach to listening: Voices of social change. *International Journal of Listening*, 28(2), 67–81.
- Dutta, M. J. (2015). Decolonizing communication for social change: A culture-centered approach. *Communication Theory*, 25(2), 123–143.
- Dutta, M. J. (2016). *Neoliberal health organizing: Communication, meaning, and politics* (Vol. 2). Routledge.
- Dutta, M. J. (2018). Culture-centered approach in addressing health disparities: Communication infrastructures for subaltern voices. *Communication Methods and Measures*, 12(4), 239–259.
- Dutta, M. J. (2019). What is alternative modernity? Decolonizing culture as hybridity in the Asian turn. *Asia Pacific Media Educator*, 29(2), 178–194.

- Dutta, M. J. (2020). COVID-19, authoritarian neoliberalism, and precarious migrant work in Singapore: Structural violence and communicative inequality. *Frontiers in Communication*, 5, 58.
- Dutta, M. J., & Basu, A. (2008). Meanings of health: Interrogating structure and culture. *Health communication*, 23(6), 560-572.
- Dutta, M. J., Dillard, S., Kumar, R., Sastry, S., Jones, C., & Anaele, A. (2013). Relational tensions in academic-community partnerships in the culture-centered approach (CCA): Negotiating communication in creating spaces for voices. In *Reducing Health Disparities: Communication Interventions*. (pp. 457-478).
- Dutta, M. J., & Elers, S. (2020). Public relations, indigeneity and colonization: Indigenous resistance as dialogic anchor. *Public Relations Review*, 46(1), 101852.
- Dutta, M. J., Elers, C., & Jayan, P. (2020). Culture-centered processes of community organizing in COVID-19 response: Notes from Kerala and Aotearoa New Zealand. *Frontiers in Communication*, 5(62). <https://doi.org/10.3389/fcomm.2020.00062>
- Dutta, M. J., & Mahtani, R. (2020). *Relocating the health of transgender sexworkers in Singapore from the margins: A culture-centered approach*. CARE white paper, Issue 9. <https://sites.massey.ac.nz/wp-content/uploads/sites/68/2020/07/CARE-White-Paper-Issue-9-July-2020.pdf>
- Dutta, M., Pandi, A. R., Zapata, D., Mahtani, R., Falnikar, A., Tan, N., ... & Sun, K. (2019). Critical health communication method as embodied practice of resistance: Culturally centering structural transformation through struggle for voice. *Frontiers in Communication*, 4, 67.
- Elers, P., Te Tau, T., Dutta, M. J., Elers, S., & Jayan, P. (2020). Explorations of health in Aotearoa New Zealand's low-income suburbia. *Health Communication*, 1-11.
- Elers, C., Jayan, P., Elers, P., & Dutta, M. J. (2021). Negotiating health amidst COVID-19 lockdown in low-income communities in Aotearoa New Zealand. *Health Communication*, 36(1), 109-115. <https://doi.org/10.1080/10410236.2020.1848082>
- Ellawala, T. (2019). Legitimizing violences: The 'Gay rights' NGO and the disciplining of the Sri Lankan queer figure. *Journal of South Asian Development*, 14(1), 83-107. <https://doi.org/10.1177/0973174119843454>
- Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015). Prevention of violence against women and girls: What does the evidence say?. *The Lancet*, 385(9977), 1555-1566.
- E Tū Whānau (2020). *E Tū Whānau mahere rautaki: Framework for change*. Ministry for Social Development.
- Fa'alau, F., & Wilson, S. (2020). *Pacific perspectives on family violence in Aotearoa New Zealand*. New Zealand Family Violence Clearinghouse.
- Family Violence Death Review Committee. (2017). Family Violence Death Review Committee's Position Brief: February 2017. <https://www.hqsc.govt.nz/our-programmes/mrc/fvdrcc/publications-and-resources/publication/2831/>
- Family Violence Death Review Committee. (2020). Sixth report| Te Pūrongo tuaono: men who use violence| Ngā tāne KA whakamahi i te whakarekerekere. *Wellington: Health Quality & Safety Commission*.

- Fanslow, J., Robinson, E., Crengle, S., & Perese, L. (2010). Juxtaposing beliefs and reality: Prevalence rates of intimate partner violence and attitudes to violence and gender roles reported by New Zealand women. *Violence Against Women*, 16(7), 12-831. <https://doi.org/10.1177/1077801210373710>
- Fanslow, J. L., Malihi, Z. A., Hashemi, L., Gulliver, P. J., & McIntosh, T. K. (2021). Lifetime prevalence of intimate partner violence and disability: Results from a population-based study in New Zealand. *American Journal of Preventive Medicine*. <https://doi.org/10.1016/j.amepre.2021.02.022>
- Farmer, R. S. (1996). Economic deregulation and changes in New Zealand's immigration policy: Part 1: 1986 to 1991. *People and Place*, 4(3), 55-63.
- Farrell, A. (2017). Archiving the Aboriginal rainbow: Building an Aboriginal LGBTIQ portal. *Australasian Journal of Information Systems*, 21. <https://doi.org/10.3127/ajis.v21i0.1589>
- Fenaughty, J. (2016). *Inside Out Evaluation Report. Curative*. <https://orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Inside-out/Inside-Out-Evaluation-Findings.pdf>
- Ferguson, B. (2011). *The Bhutanese refugee resettlement journey part 3: Settlement*. Department of Labour, Labour and Immigration Research Centre. <http://www.mbie.govt.nz/publications-research/research/migration/bhutanese-study-part-3.pdf>
- Fleras, A. & Spoonley, P. (1999). *Recalling Aotearoa: Indigenous politics and ethnic relations in New Zealand*. Oxford University Press.
- Ford, L. A., & Yep, G. A. (2003). Working along the margins: Developing community-based strategies for communicating about health with marginalized groups. In T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrot (Eds.), *Handbook of health communication* (pp. 241-261). Mahwah, NJ: Lawrence Erlbaum
- Frankenburg, R. (1993). *White women, race matters: The social construction of whiteness*. Routledge.
- Frazão, S. L., Silva, M. S., Norton, P., & Magalhães, T. (2014). Domestic violence against elderly with disability. *Journal of forensic and legal medicine*, 28, 19-24.
- Freire, P. (2018). *Pedagogy of the oppressed*. Bloomsbury publishing.
- Gender Minorities Aotearoa. (2020). *Where do you sleep at night? Transgender experiences of housing instability and homelessness*. <https://genderminorities.com/wp-content/uploads/2020/11/Transgender-Experiences-of-Housing-Instability-and-Homelessness-Gender-Minorities-Aotearoa-2020.pdf>
- Gerrard, J. A., & Lambie, I. (2018). *Every 4 minutes: A discussion paper on preventing family violence in New Zealand*. Office of Prime Minister's Science Advisory Committee.
- Ghumkhor, S. (2019a). "To Veil the Threat of Terror": Law and the Other's Question in The Dark Knight Rises. *Law, Culture and the Humanities*, 15(3), 862-878.
- Ghumkhor, S. (2019b). *The Political Psychology of the Veil: The Impossible Body*. Springer Nature.
- Ghumkhor, S., & Rogers, J. (2014). The spectacle of the veiled woman and the mutilated child. *Australian Feminist Law Journal*, 40(2), 199-213.

- Goldstein, D. M. (2009). Perils of witnessing and ambivalence of writing: Whiteness, sexuality, and violence in Rio de Janeiro shantytowns. In M. Huggins & M.-L. Gleebebeck (Eds.), *Woman fielding danger. Negotiating ethnographic identities in field research* (pp. 227-250). Rowman & Littlefield.
- Goldstein, D. M. (2013). *Laughter out of place: Race, class, violence, and sexuality in a Rio shantytown*. University of California Press.
- Gouws, A., & Coetzee, A. (2019). Women's movements and feminist activism, *Agenda*, 33(2), 1-8. <https://doi.org/10.1080/10130950.2019.1619263>
- Grech, S. (2015). Decolonising Eurocentric disability studies: Why colonialism matters in the disability and global South debate. *Social identities*, 21(1), 6-21.
- Green, J. (2016). Transgender: Why should we care? *Lancet*, 388(10042), 334-335.
- Grossman B. R., & Magaña, S. (2016). Introduction to the special issue: Family support of persons with disabilities across the life course. *Journal of Family Social Work*, 19(4), 237-251. <http://dx.doi.org/10.1080/10522158.2016.1234272>
- Guha, R. (1982). On some aspects of the historiography of Colonial India. In R. Guha (Ed.), *Subaltern studies I: Writings on South Asian history anti society* (pp. 37-44). Oxford University Press.
- Gulliver, P., & Fanslow, J. (2013). Exploring risk factors for suicidal ideation in a populationbased sample of New Zealand women who have experienced intimate partner violence. *Australian and New Zealand Journal of Public Health*, 37(6), 527-533.
- Haebich, A. (2015). Neoliberalism, settler colonialism and the history of indigenous child removal in Australia. *AILR*, 19, 20.
- Hall, Y., Greco, P., Hau, K., & Barak, Y. (2020). Older adults abuse: analysis of a New Zealand national dataset. *International Psychogeriatrics*, 32(8), 1003-1008.
- Hare, D. L. (2019). LGBTQI experiences of seeking help and justice in the wake of sexual harm. *Women's Studies Journal*, 33(1/2), 25-32.
- Harris, K. L. (2013). Show them a good time: Organizing the intersections of sexual violence. *Management Communication Quarterly*, 27(4), 568-595.
- Harris, R., Cormack, D., Stanley, J., & Rameka, R. (2015). Investigating the relationship between ethnic consciousness, racial discrimination and self-rated health in New Zealand. *PLoS One*, 10(2), e0117343.
- Harvey, S., Mitchell, M., Keeble, J., McNaughton Nicholls, C., & Rahim, N. (2014). *Barriers faced by lesbian, gay, bisexual and transgender people in accessing domestic abuse, stalking and harassment, and sexual violence services*. Welsh Government.
- Havea, S., Alefaio-Tugia, S., & Hodgetts, D. (2021). Kainga (families) experiences of a Tongan-Indigenous faith-based violence-prevention programme. *AlterNative: An International Journal of Indigenous Peoples*, 17(1), 83-93.
- Hayes, A. M., & Bulat, J. (2017). *Disabilities inclusive education systems and policies guide for low- and middle-income countries*. RTI Press. <https://doi.org/10.3768/rtipress.2017.op.0043.1707>
- Henrickson, M. (2007) "You have to be strong to be gay": Bullying and educational attainment in LGBT New Zealanders. *Journal of Gay and Lesbian Social Services*, 19(3-4), 67-85.

- Higgins, J. (2008). *Annotated bibliography of New Zealand literature on migrant and refugee youth*. Department of Labour.
- Hinkson, K. (2021). The Colorblind rainbow: Whiteness in the gay rights movement. *Journal of homosexuality*, 68(9), 1393-1416.
- Hirschkind, C., and Mahmood, S. (2002). Feminism, the Taliban and Politics of Counter-Insurgency. *Anthropological Quarterly*, 75(2), pp. 339-354.
- Holmes, C., Hunt, S., & Piedalue, A. (2015). Violence, colonialism and space: Towards a decolonizing dialogue. *ACME: An International Journal for Critical Geographies*, 14(2), 539-570. <https://142.207.145.31/index.php/acme/article/view/1102>
- Hooks, B. (2003). *Teaching community: A pedagogy of hope* (Vol. 36). Psychology Press.
- Hughes, J. (2005). Analyzing women's experiences: Race, social difference, and violence against women. In G. J. Sefa Dei & G. S. Jugal (Eds.), *Critical issues in anti-racist research methodologies* (pp. 205-224). Peter Lang Publishing.
- Hughes, K., Bellis, M.A., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, C., Shakespeare, T. & Officer, A. (2012). Prevalence and risk of violence against adults with disabilities: A systematic review and meta-analysis of observational studies. *The Lancet*, 379, 1621-1629
- Human Rights Commission (HRC), (2008). *Universal Declaration of Human Rights*. [https://www.hrc.co.nz/files/5814/2399/5260/19-Nov-2008\\_17-46-40\\_UDHR\\_booklet\\_60\\_Anniversary.pdf](https://www.hrc.co.nz/files/5814/2399/5260/19-Nov-2008_17-46-40_UDHR_booklet_60_Anniversary.pdf)
- Hunt, S., & Holmes, C. (2015). Everyday decolonisation: Living a decolonizing queer politics. *Journal of lesbian studies*, 19(2), 154-172.
- Hunter, L. M., & Nawrotzki, R. (2016). Migration and the environment. *International handbook of migration and population distribution*, 465-484.
- Hutchings, J., and Aspin, C. eds. (2007) *Sexuality and the stories of indigenous people*. Wellington: Huia.
- INCITE. (2016). *Color of Violence The INCITE! Anthology*. South End Press.
- Institute for Economics & Peace (2018). *Global peace index*. <https://www.visionofhumanity.org/app/uploads/2018/06/Global-Peace-Index-2018-2pdf>
- Ip, M. (2000). Chinese immigration to Australia and New Zealand. *Routledge Handbook of the Chinese Diaspora*. <https://doi.org/10.4324/9780203100387.ch10>
- Integrity Professional Limited (IPRO) (2016). *Formative evaluation of Pacific provider-based family violence services*. <https://www.pasefikaproud.co.nz/assets/Resources-for-download/PasefikaProudResource-Formative-Evaluation-Research-Report-Provider-Initiatives.pdf>
- Jackson, M. (2019, March 24). The connection between white supremacy and colonisation. *E-Tangata*. <https://e-tangata.co.nz/comment-and-analysis/the-connection-between-white-supremacy/>
- Jahnke, H., & Taiapa, J. (2003). Maori research. In C. Davidson & M. Tolich (Eds.), *Social Science Research in New Zealand* (pp. 39-50). Longman.
- Jenkins, K., & Pihama, L. (2001). Matauranga wahine: Teaching Maori women's knowledge alongside feminism. *Feminism & Psychology*, 11(3), 293-303.

- Jones, L., Bellis, M. A., Wood, S., Hughes, K., McCoy, E., Eckley, L., Bates, G., Mikton, C., Shakespeare, T. & Officer, A. (2012). Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies. *The Lancet*, 380, 899–907.
- Kale, A., & Kindon, S. (2020). Gender, (im) mobility and citizenship in a refugee women's driving programme: exploring emotional citizenry in Aotearoa New Zealand. *Gender, Place & Culture*, 1-21.
- Kanengoni, B., Andajani-Sutjahjo, S., & Holroyd, E. (2020). Improving health equity among the African ethnic minority through health system strengthening: A narrative review of the New Zealand healthcare system. *International Journal for Equity in Health*, 19(1), 1-14.
- Kapoor, I. (2004). Hyperselfreflexive development? Spivak on representing the third world 'Other'. *Third World Quarterly*, 25(4), 627-647. <https://doi.org/10.1080/01436590410001678898>
- Kapur, S., & Zajicek, A. (2018). Constructions of battered Asian Indian marriage migrants: The narratives of domestic violence advocates. *Violence Against Women*, 24(16), 1928–1948. <https://doi.org/10.1177/1077801218757373>
- Kashyap, L. (1989). Family's role in providing support to disabled persons in India's changing times. *International Journal for the Advancement of Counselling*, 12, 261-271.
- Kaur-Gill, S., & Dutta, M. J. (2020). Negotiating the (im) mobility of domestic work: Communicative erasures, disrupted embodiments, and neoliberal Asia. *Journal of International and Intercultural Communication*, 13(2), 130-150.
- Keeley, B. (2009). *International migration: The human face of globalisation*. OECD
- Kelly, Liz (2000). 'Wars against women: Sexual violence, sexual politics and the militarised state'. In S. Jacobs, R. Jacobson, & J. Marchbank, (Eds.), *States of conflict. Gender, violence and resistance*. Zed Press.
- Kerekere, E. (2017). *Part of The Whānau: The Emergence of Takatāpui Identity He Whāriki Takatāpui* (Doctoral dissertation, Victoria University of Wellington).
- Kiernan, C. & Jones, M. (1982) *Behaviour assessment battery* (Revised Edition). NFER-Nelson.
- Kitchen, R. (1998) 'Out of Place', 'Knowing One's Place': space, power and the exclusion of disabled people, *Disability and Society*, 13(3), pp. 343–356.
- Kvigstad, L. (2021, June 21). Disabled adults twice as likely to suffer sexual violence in New Zealand. *New Zealand Herald*. <https://www.nzherald.co.nz/nz/disabled-adults-twice-as-likely-to-suffer-sexual-violence-in-new-zealand/JSWA3WG2DQOEAYKAYGNO3ERLKQ/>
- Kumar, P. P. (2012). Place of subcaste (jati) identity in the discourse on caste: examination of caste in the diaspora. *South Asian Diaspora*, 4(2), 215-228.
- Lant, M., & Dutta, M. (2019). Connecting across cultures: A framework for anti-racist strategies in New Zealand rooted in Te Tiriti. Palmerston North, NZ: Center for Culture-Centered Approach to Research and Evaluation (CARE).
- Laurie, A. J. (2013). *Lady-husbands and kamp ladies: Pre-1970 lesbian life in Aotearoa / New Zealand* [Unpublished doctoral dissertation]. Victoria University of Wellington.

- Lawson, J. (2001) Disability as a cultural identity. *International Studies in Sociology of Education*, 11(3), 203-222. <https://doi.org/10.1080/09620210100200076>
- Le Brun, C. and E. Robinson, H. Warren, P.D. Watson (2004) Non-Heterosexual Youth – A Profile of Their Health and Well-being: Data from Youth 2000. Auckland: University of Auckland.
- Levine, M., & Benkert, N. (2011). Case studies of community initiatives addressing family violence in refugee and migrant communities: Final report. *Ministry of Social Development and Ministry of Women's Affairs*. <https://women.govt.nz/documents/case-studies-community-initiatives-addressing-family-violence-refugee-and-migrant>
- Lewis, J., Lewis, B., Cameron, R., Pond, P., Ghumkhor, S., & Mohamud, H. (2017). Mediating Extremist Violence: A Report on the Role of Media, Far-Right Politics, and Gender in Extremist Violence and Social Cohesion in Victoria. *Melbourne, Vic, Australia: Community Resilience Unit of the Department of Premier and Cabinet*.
- Lewis, J., Pond, P., Cameron, R., & Lewis, B. (2019). Social cohesion, Twitter and far-right politics in Australia: Diversity in the democratic mediasphere. *European Journal of Cultural Studies*, 22(5-6), 958-978.
- Lonely Planet, (2019). *The 15 most gay-friendly places on the planet*. <https://www.lonelyplanet.com/articles/most-gay-friendly-countries>
- Lustig, S. L., Kia-Keating, M., Knight, W. G., Geltman, P., Ellis, H., Kinzie, J. D., ... & Saxe, G. N. (2004). Review of child and adolescent refugee mental health. *Journal of the American Academy of Child & Adolescent Psychiatry*, 43(1), 24-36.
- MacManus, V. B. (2015). 'We are not victims, we are protagonists of this history' Latin American gender violence and the limits of women's rights as human rights. *International Feminist Journal of Politics*, 17(1), 40-57.
- Major, B., Dovidio, J.F., Link, B.G., Calabrese, S.K. (2017). Stigma and its implications for health: Introduction and overview. In B. Major, J. F. Dovidio, B. G. Link (Eds.), *The Oxford handbook of stigma, discrimination, and health* (pp. 3-28). Oxford University Press.
- Mahony, C. R., Cannon, A. J., Wang, T., & Aitken, S. N. (2017). A closer look at novel climates: New methods and insights at continental to landscape scales. *Global Change Biology*, 23(9), 3934-3955.
- Makowharemahihhi, C., Lawton, B. A., Cram, F., Ngata, T., Brown, S., & Robson, B. (2014). Initiation of maternity care for young Māori women under 20 years of age. *New Zealand Medical Journal*, 127(1393), 2010-2019.
- Malihi, Z. A., Fanslow, J. L., Hashemi, L., Gulliver, P. J., & McIntosh, T. K. (2021). Prevalence of Nonpartner Physical and Sexual Violence Against People With Disabilities. *American Journal of Preventive Medicine*.
- Malungahu, G., & Nosa, V. (2020). *Family violence initiatives and Pacific men: A literature review*. Pasefika Proud.
- Mannell, J., Amaama, S. A., Boodoosingh, R., Brown, L., Calderon, M., Cowley-Malcolm, E., ... & Vergara, C. C. (2021). Decolonising violence against women research: A study design for co-developing violence prevention interventions with communities in low and middle income countries (LMICs). *BMC Public Health*, 21(1), 1-13.

- Marino, F. (2020). Māori gender non-conforming identity: Analysing the 'takatāpui' discourse. *Multimodal Communication*, 9(1). <https://doi.org/10.1515/mc-2019-0010>
- Marlowe, J., & Elliott, S. (2014). Global trends and refugee settlement in New Zealand. *Kōtuitui: New Zealand Journal of Social Sciences Online*, 9(2), 43-49. <https://doi.org/10.1080/1177083x.2014.953186>
- Massey, A., & Kirk, R. (2015). Bridging Indigenous and western sciences. *SAGE Open*, 5(3). <https://doi.org/10.1177/2158244015597726>
- McKinley, M. A. (2009). Cultural culprits. *Berkeley Journal of Gender, Law & Justice*, 24, 91-165.
- Meekosha, H. (1998). Body battles: Bodies, gender and disability. *The disability reader: Social science perspectives*, 163-180.
- Merry, S. E. (2020). *Colonizing Hawai'i: The cultural power of law*. Princeton University Press.
- McCabe, M. P., & Cummins, R. A. (1996). The sexual knowledge, experience, feelings and needs of people with mild intellectual disability. *Education and training in mental retardation and developmental disabilities*, 31(1), 13-21.
- McIntosh, J. & Leah, A. (2017). Mapping housing for the disabled in New Zealand. *New Zealand Medical Journal*, 130(1457), 69-78.
- McIntosh, P. (1988). White privilege and male privilege: A personal account of coming to see correspondences through work in women's studies (Working Paper No. 189). Wellesley College, Center for Research on Women.
- Meares, C. (2007). *From the rainbow nation to the land of the long white cloud: Migration, gender and biography*. [Doctoral thesis]. Massey University. <https://mro.massey.ac.nz/bitstream/handle/10179/625/02whole.pdf>
- Michau, L., Horn, J., Bank, A., Dutt, M., & Zimmerman, C. (2015). Prevention of violence against women and girls: Lessons from practice. *The Lancet*, 385(9978), 1672-1684.
- Mignolo, W. D. (2007). Delinking: The rhetoric of modernity, the logic of coloniality and the grammar of de-coloniality. *Cultural studies*, 21(2-3), 449-514.
- Mikaere, A. (1994). Māori women: Caught in the contradictions of a colonised reality. *Waikato Law Review*, 2. [http://www.waikato.ac.nz/law/research/waikato\\_law\\_review/volume\\_2\\_1994/7](http://www.waikato.ac.nz/law/research/waikato_law_review/volume_2_1994/7)
- Mikton, C., Maguire, H., & Shakespeare, T. (2014). A systematic review of the effectiveness of interventions to prevent and respond to violence against persons with disabilities. *Journal of Interpersonal Violence*, 29(17), 3207-3226.
- Mikton, C., & Shakespeare, T. (2014). Introduction to special issue on violence against people with disability. *Journal of Interpersonal Violence*, 29(17), 3055-3062.
- Minister for Disability Issues. (2001). *The New Zealand Disability Strategy: Making a world of difference – whakanui oranga*. Ministry of Health.
- Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare (1986). *Pūao-te-Āta-tū = Day Break: The report of the Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare*. New Zealand Department of Social Welfare.

- Ministry of Business, Innovation & Employment. (2016). *Community perceptions of migrants and immigration*. <https://www.mbie.govt.nz/immigration-and-tourism/immigration/migrationresearch-and-evaluation/migrant-and-community-experience-of-migration/>
- Ministry of Business, Innovation & Employment (2018). *New Zealand Migrant Settlement and Integration Strategy: Outcomes Indicators 2017*. Supplementary Report. <https://www.immigration.govt.nz/documents/employer-resources/2017-integration-strategyoutcomes-indicators.pdf>
- Ministry of Business, Innovation, & Employment. (2019). Recent migrant victims of family violence project 2019: Final report.
- Ministry of Business, Innovation and Employment (MBIE). (2020). *Recent Migrant Victims of Family Violence Project 2019: Final Report*. <https://www.mbie.govt.nz/dmsdocument/12138-recent-migrant-victims-of-family-violence-project-2019-final-report>
- Ministry of Health. (2016). *The prevention and management of abuse*. <https://www.health.govt.nz/system/files/documents/publications/prevention-management-abuse-guide-services-funded-dss-nov16.pdf>
- Ministry of Health. (2021). Māori Expert Advisory Group, draft scoping report: transferability of training based on the violence intervention programme in DHBs to the primary and community health sector.
- Ministry of Justice (2019). Te Korowai Ture ā-Whānau: The final report of the Independent Panel Examining the 2014 Family Justice Reforms <https://www.justice.govt.nz/assets/Documents/Publications/family-justice-reforms-final-report-independent-panel.pdf>
- Ministry of Justice. (2021). *New Zealand Crime and Victims of Crime Survey*. <https://www.justice.govt.nz/justice-sector-policy/research-data/nzcvs/>
- Ministry of Social Development. (2005). *Strategies with kids – information for parents (SKIP) research report*. Gravitas Research and Strategy. <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/research/skip-research/index.html>
- Ministry of Social Development. (2012). *Nga Vaka o Kāiga Tapu: A Pacific conceptual framework to address family violence in New Zealand*.
- Ministry of Social Development (2016). *Our ageing population*. SuperSeniors. <https://www.superseniors.msd.govt.nz/about-superseniors/media/key-statistics.html>
- Ministry of Social Development (2017). *Family violence, sexual violence and violence within Whānau: Workforce capability framework*. <https://www.justice.govt.nz/assets/Documents/Publications/family-violence-workforce-capability-framework.pdf>
- Ministry of Social Development (2020). *Elder abuse in Aotearoa: The proposed future strategy for elder abuse response services*. <https://msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/2020-07-elder-abuse-in-aotearoa-the-proposed-future-strategy-for-elder-abuse-response-services.pdf>
- Ministry of Women's Affairs. (2007). *Strong and safe communities – effective interventions for adult victims of sexual violence*. [https://women.govt.nz/sites/public\\_files/Report%20EMR%20Auckland.pdf](https://women.govt.nz/sites/public_files/Report%20EMR%20Auckland.pdf)

- Mirfin-Veitch, B., & Conder, J. (2017). *"Institutions are places of abuse": The experiences of disabled children and adults in state care*. Donald Beasley Institute.
- Mohanty, C. T., Russo, A., & Torres, L. (Eds.) (1991). *Third world women and the politics of feminism* (Vol. 632). Indiana University Press.
- Moore, D., Esplin, J., Hambling T., Rippon, R. & Gammon, R. (2020). *Sexual violence prevention initiatives for disabled people in New Zealand*. Sapere. <https://disabilityconnect.org.nz/wp-content/uploads/2020-07-24-sexual-violence-prevention-initiatives-for-disabled-people-in-nz-final.pdf>
- Morgan, M., Jennens, E., Coombes, L., Connor, G., & Denne, S. (2020). *Gandhi Nivas 2014-2019: A statistical description of client demographics and involvement in police recorded family violence occurrences*. Massey University. <https://gandhinivas.nz/assets/Gandhi-Nivas-Massey-report-2020-v2.pdf>
- Morgensen, S. L. (2012). Theorising gender, sexuality and settler colonialism: An introduction. *Settler Colonial Studies*, 2(2), 2-22.
- Mulholland, M., & McIntosh, T. (2011). *Maori and social issues* (Vol. 1). Huia Publishers.
- Musselwhite, C., & St Louis, K. (1982). *Communication programming for the severely handicapped: Vocal and non-vocal strategies*. College Hill Press.
- Nakayama, T. K., & Krizek, R. L. (2009) Whiteness: A strategic rhetoric. *Quarterly Journal of Speech*, 81(3), 291-309. <https://doi.org/10.1080/00335639509384117>
- National Sexual Violence Resource Center & Pennsylvania Coalition Against Rape (2012). *Guide for transformative prevention programming: Sexual violence & individuals who identify as LGBTQ*. [https://www.nsvrc.org/sites/default/files/Publications\\_NSVRC\\_Guides\\_Transformative-Prevention-Programming.pdf](https://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guides_Transformative-Prevention-Programming.pdf)
- New Zealand Crime and Victims Survey (2021). *Māori victimisation in Aotearoa New Zealand*. Ministry of Justice. <https://www.justice.govt.nz/assets/Documents/Publications/Maori-victimisation-report-v2.01-20210329-fin.pdf>
- New Zealand Election Study. (2017). New Zealand Election Study [dataset]. [www.nzecs.org/exec/show/data](http://www.nzecs.org/exec/show/data)
- New Zealand Family Violence Clearinghouse. (2017). *Child sexual abuse and adult sexual violence – perpetration by gender*. <https://www.nzfvc.org.nz/sites/nzfvc.org.nz/files/DS6-Sexual-violence-by-gender-of-perpetrator-2017.pdf>
- New Zealand Government. (2018). *He Ara Oranga: Report of the government inquiry into mental health and addiction*. <https://www.mentalhealth.inquiry.govt.nz/assets/Summary-reports/He-Ara-Oranga.pdf>
- New Zealand Government (2020). *Financial abuse*. <https://www.govt.nz/browse/law-crime-and-justice/abuse-harassment-domestic-violence/financial-abuse/>
- New Zealand Human Rights Commission. (2008). *To Be Who I Am Kia noho au ki tōku anō ao. Report of the Inquiry into Discrimination Experienced by Transgender People. He Pūrongo mō te Uiuītanga mō Aukatitanga e Pāngia ana e ngā Tangata Whakawhitiira*. <https://www.hrc.co.nz/our-work/sogiesc/past-projects/inquiry-discrimination-experienced-transgender-people/>

- New Zealand Human Rights Commission. (2020). *Making disability rights real Whakatūtu ngā tika hauātanga* (3). [https://www.hrc.co.nz/files/3415/9348/7609/Making\\_Disability\\_Rights\\_Real\\_2014-2019\\_compressed.pdf](https://www.hrc.co.nz/files/3415/9348/7609/Making_Disability_Rights_Real_2014-2019_compressed.pdf)
- New Zealand Human Rights. (2021). *Addressing violence and abuse against disabled people*. <https://www.hrc.co.nz/our-work/people-disabilities/addressing-violence-and-abuse-against-disabled-people/>
- New Zealand Human Rights (2016). *United Nations Committee on the Committee on the Elimination of Discrimination against Women: Update to General Recommendation no. 19*. <https://www.ohchr.org/Documents/HRBodies/CEDAW/GR19/New%20Zealand%20Human%20Rights%20Commission.pdf>
- O'Brien, K. (2019, December 3). Disability action groups call for better representation in media and advertising. *The Drum*. <https://www.thedrum.com/news/2019/12/03/disability-action-groups-call-better-representation-media-and-advertising>
- Office for Senior Citizens. (2015). *Towards gaining a greater understanding of Elder Abuse and Neglect in New Zealand*. <https://www.superseniors.msd.govt.nz/documents/osc-elder-abuse-neglect-june-15.pdf>
- Oldenburg, R. & Brissett, D. (1982) The third place. *Qualitative Sociology*, 5, 265-284. <https://doi.org/10.1007/BF00986754>
- O'Reilly, D. (2015). First, revive the spirit: A paper for the community development conference 2015 Unitec, Auckland. *Whanake: The Pacific Journal of Community Development*, 1(1), 65-76.
- Parr-Brownlie, L., Waters, D. L., Neville, S., Neha, T. & Muramatsu, N. (2020). Aging in New Zealand: Ka haere ki te ao pakeketanga. *The Gerontologist*, 60(5), 812-820. <https://doi.org/10.1093/geront/gnaa032>
- Patterson, H. (2020). The circumstances as she believed them to be: Asian migrant women and the importance of context in the courtroom. *Victoria University of Wellington Legal Research Paper*, 7.
- Paulin, J., & Edgar, N. (2013). Towards freedom from violence: New Zealand family violence statistics disaggregated by ethnicity. *The Office of Ethnic Affairs*.
- Pihama, L. (2020). Mana Wahine: Decolonising gender in Aotearoa. *Australian Feminist Studies*, 35(106), 351-365. <https://doi.org/10.1080/08164649.2020.1902270>
- Pihama, L., Green, A., Mika, C., Roskrudge, M., Simmonds, S., Nopera, T., Skipper, H., & Laurence, R. 2020. Honour project Aotearoa. Waikato: Te Kotahi Research Institute. Available online: <https://tewhariki.org.nz/assets/Honour-Project-Aotearoa-Final-Report.pdf> (accessed on 3 April 2021).
- Pihama, L., Cram, F., & Walker, S. (2002). Creating methodological space: A literature review of Kaupapa Māori research. *Canadian Journal of Native Education*, 26(1), 30-43.
- Pihama, L., Smith, L. T., Evans-Campbell, T., Kopu-Morgan, H., Cameron, N., ..., Southey, K. (2017). Investigating Māori approaches to trauma informed care. *Journal of Indigenous Wellbeing*, 2(3), 1-14.
- Pihama, L., Te Nana, R., Cameron, N., Smith, C., Reid, J., & Southey, K. (2016). Maori cultural definitions of sexual violence. *Sexual Abuse in Australia and New Zealand*, 7(1), 43-50.

- Powers, L. E., Curry, M. A., Oschwald, M., & Maley, S. (2002). Barriers and strategies in addressing abuse: A survey of disabled women's experiences. *Journal of Rehabilitation*, 68(1), 4. <https://www.proquest.com/openview/d7f965d916ce9ff056576cd361309494/1?pq-origsite=gscholar&cbl=37110>
- Rahmanipour, S., Kumar, S., & Simon-Kumar, R. (2019). Underreporting sexual violence among 'ethnic' migrant women: Perspectives from Aotearoa/New Zealand. *Culture, health & sexuality*, 21(7), 837-852.
- Rankine, J., Percival, T., Finau, E., Hope, L. T., Kingi, P., Peteru, M. C., ... & Selu, E. (2017). Pacific peoples, violence, and the power and control wheel. *Journal of interpersonal violence*, 32(18), 2777-2803.
- Read, A., Researcher, S., Lysnar, P., & Ennor, L. (2017). *Auckland's rainbow communities: Challenges and opportunities*. Auckland Council.
- Reid, J., Varona, G., Fisher, M., & Smith, C. (2016). Understanding Māori 'lived' culture to determine cultural connectedness and wellbeing. *Journal of Population Research*, 33(1), 31-49. <https://doi.org/10.1007/s12546-016-9165-0>
- Report on the Safer Ethnic Communities Ministerial Forum, May 2018.
- Rishworth, P. (2007). Changing times, changing minds, changing laws – Sexual orientation and New Zealand law, 1960 to 2005. *The International Journal of Human Rights*, 11(1-2), 85-107. <https://doi.org/10.1080/13642980601176282>
- Robertson, N., Busch, R., & D'Souza, R. (2007). *Living at the cutting edge: Women's experiences of protection orders, volume 1: The women's stories*. The University of Waikato (School of Law and the Māori and Psychology Research Unit) for the Ministry of Women's Affairs
- Roediger, D. R. (1999). *The wages of whiteness: Race and the making of the American working class*. Verso.
- Roguski, M. (2015). 'It's not Ok' campaign community evaluation project. Ministry of Social Development. <http://www.areyouok.org.nz/assets/RUOK-Uploads/MSD-version-Its-not-Ok-Campaign-Community-Evaluation-Project-9-April-2015.docx>
- Rohwerder B. (2018). *Disability stigma in developing countries*. Institute of Development Studies.
- Royal Commission of Inquiry. (2020). *Royal Commission of Inquiry into Abuse in Care*. <https://www.abuseincare.org.nz/library/v/197/research-report>
- Russell, N. (2008). *What works in sexual violence prevention and education: A literature review*. Ministry of Justice.
- Sajjani, N., & Nadeau, D. (2006). Creating safer spaces for immigrant women of colour: Performing the politics of possibility. *Canadian Woman Studies*, 25(1), 45-52.
- Salahshour, N., & Boamah, E. (2020). Perceived discrimination as experienced by Muslims in New Zealand universities. *Journal of Muslim Minority Affairs*, 40(3), 497-512.
- Schimanski, I. D., & Treharne, G. J. (2019). "Extra marginalisation within the community": queer individuals' perspectives on suicidality, discrimination and gay pride events. *Psychology & Sexuality*, 10(1), 31-44.

- Schmidt, J. (2015). Gender diversity – Te Ara Encyclopedia of New Zealand. <https://teara.govt.nz/en/gender-diversity/page-6>
- Scribe, M. (2018). Pedagogy of indifference: State responses to violence against indigenous girls. *Canadian Woman Studies*, 32(1-2), 47-57.
- Selwyn, B. (2009). Trade unions and women's empowerment in north-east Brazil. *Gender & Development*, 17(2), 189-201.
- Sered, D. (2019). *Until we reckon: Violence, mass incarceration, and a road to repair*. The New Press.
- Shakespeare, T. (2006). The social model of disability. In L. J. Davis (Ed.), *The disability studies reader* (5th ed., pp. 195-203). Routledge.
- Shama. (2019). *Addressing sexual violence for ethnic communities*. Shama Hamilton Ethnic Women's Centre Trust.
- Shelton, K., & Delgado-Romero, E. A. (2011). Sexual orientation microaggressions: The experience of lesbian, gay, bisexual, and queer clients in psychotherapy. *Journal of Counseling Psychology*, 58(2), 210-221. doi:10.1037/a0022251
- Simon-Kumar, R., Kurian, P. A., YoungSilcock, F., & Narasimhan, N. (2017). Mobilising culture against domestic violence in migrant and ethnic communities: Practitioner perspectives from Aotearoa/New Zealand. *Health & social care in the community*, 25(4), 1387-1395.
- Simon-Kumar, R. (2019). *Ethnic perspectives on family violence in Aotearoa New Zealand*. Issues Paper 14. New Zealand Family Violence Clearinghouse.
- Smith, A. (2015). *Conquest: sexual violence and American Indian genocide*. Duke University Press.
- Smith, G. H. (1997). *The development of Kaupapa Maori: Theory and praxis* (Doctoral dissertation, ResearchSpace@ Auckland).
- Smith, G. H. (2003a). Kaupapa Maori theory: Theorizing indigenous transformation of education and schooling. <http://www.aare.edu.au/03pap/pih03342.pdf>
- Smith, G. H. (2003b). Indigenous struggle for the transformation of education and schooling. Keynote address to the Alaskan Federation of Natives Convention.
- Smith, G. H. (2015). The dialectic relation of theory and practice in the development of Kaupapa Maori Praxis. *Kaupapa rangahau: A reader*, 17.
- Smith, G. (2012). Interview: Kaupapa Maori: the dangers of domestication. *New Zealand Journal of Educational Studies*, 47(2), 10-20.
- Smith, G. H. (2017). Kaupapa Māori theory: Indigenous transforming of education. In T. K. Hoskins & A. Jones (Eds.), *Critical conversations in Kaupapa Māori* (pp. 70-81). Huia.
- Smith, L. T. (1999). *Decolonizing methodologies: Research and indigenous peoples*. Zed Books Ltd.
- Smith, P. (2004). Whiteness, normal theory, and disability studies. *Disability Studies Quarterly*, 24(2). <http://dsq-sds.org/article/view/491/668>
- Spivak, G. C. (1988). Can the subaltern speak? In C. Nelson & L. Grossberg, (Eds.), *Marxism and the interpretation of culture* (pp. 271-313). University of Illinois Press.

- Spivak, G. C. (2005). Scattered speculations on the subaltern and the popular. *Postcolonial studies*, 8(4), 475-486.
- Spoonley, P., & Bedford, R. (2012). *Welcome to our world?: Immigration and the reshaping of New Zealand*. Dunmore Publishing.
- Statistics New Zealand (2013). *Disability survey*. <https://www.stats.govt.nz/information-releases/disability-survey-2013>
- Statistics New Zealand. (2014). *Disability survey 2013*.
- Statistics New Zealand (2018). *2018 census*. <https://www.stats.govt.nz/2018-census/>
- Statistics New Zealand (2018). *New Zealand General social survey: tables*. [http://archive.stats.govt.nz/browse\\_for\\_stats/people\\_and\\_communities/Ho82useholds/nzgss\\_H\\_OTP2018.aspx](http://archive.stats.govt.nz/browse_for_stats/people_and_communities/Ho82useholds/nzgss_H_OTP2018.aspx)
- Statistics New Zealand. (2019). *Population projection tables*. <https://www.stats.govt.nz/>
- Stephen, L. (1993). Challenging gender inequality: grassroots organizing among women rural workers in Brazil and Chile. *Critique of Anthropology*, 13(1), 33-55.
- Stephen, L. (1997). *Women and social movements in Latin America: Power from below*. University of Texas Press.
- Stephens, M., & Dutta, M. (2018). Strengthening Refugee Voices in New Zealand. Palmerston North, NZ: Center for Culture-Centered Approach to Research and Evaluation (CARE) white paper.
- Stevens, M. W. (2013). *Rainbow Health: The public health needs of LGBTTI communities in Aotearoa New Zealand with policy recommendations*. Affinity Services.
- Strang, B. (2021, January 15). Survey reveals higher risk of sexual violence for gay, lesbian or bisexual people. *RNZ*. <https://www.rnz.co.nz/news/national/434557/survey-reveals-higher-risk-of-sexual-violence-for-gay-lesbian-or-bisexual-people>
- Swarbrick, N. (2018). 'Domestic violence', Te Ara - the Encyclopedia of New Zealand, <http://www.TeAra.govt.nz/en/domestic-violence/print>
- Tan, K. K. H., Schmidt, J. M., Ellis, S. J., Veale, J. F., & Byrne, J. L. (2021). 'It's how the world around you treats you for being trans': Mental health and wellbeing of transgender people in Aotearoa New Zealand. *Psychology & Sexuality*, 1-13. <https://doi.org/10.1080/19419899.2021.1897033>
- Tan, K. K. H., Treharne, G. J., Ellis, S. J., Schmidt, J. M., & Veale, J. F. (2020). Enacted stigma experiences and protective factors are strongly associated with mental health outcomes of transgender people in Aotearoa/New Zealand. *International Journal of Transgender Health*, 1-12. <https://doi.org/10.1080/15532739.2020.1819504>
- Te Puni Kōkiri (2010). *Arotake Tūkinu Whānau: Literature review on family violence*. <http://www.tpk.govt.nz/documents/download/262/tpk-family-violence-literature-review.pdf>
- Te Wāhi Wāhine O Tāmaki Makaurau - Auckland Women's Centre (2019). *New Zealand Gender Gap Facts*. <http://awc.org.nz/assets/Uploads/Hot-Topics/AWC-Gender-Gap-Fact-Sheet-March-2019.pdf>
- The Backbone Collective. (2020). Victim-survivor perspectives on longer-term support after experiencing violence and abuse.

- Thiara, R. K. (1995). Indian indentured workers in Mauritius, Natal, and Fiji. *The Cambridge survey of world migration*, 63-68.
- Thobani, S. (2019). Alt-Right with the Hindu-right: Long-distance nationalism and the perfection of Hindutva. *Ethnic and Racial Studies*, 42(5), 745-762.
- Trlin, A. D., Spoonley, P., & Bedford, C. (2010). *New Zealand and international migration: A digest and bibliography*. Massey University
- Tse, S. (2007). Family violence in Asian communities, combining research and community development. *Social Policy Journal of New Zealand*, 31, 170.
- Tuck, E., & Yang, K. W. (2012). Decolonization is not a metaphor. *Decolonization: Indigeneity, education & society*, 1(1).
- Tuiono, T., & Dutta, M. J. (2019). Solidarity in anti-racist struggles: A culture-centered intervention. Palmerston North, NZ: Center for Culture-Centered Approach to Research and Evaluation (CARE).
- UN Women (2011). *2011-2012 progress of the world's women: In pursuit of Justice*. United Nations.
- van der Toorn, J., Pliskin, R., & Morgenroth, T. (2020). Not quite over the rainbow: The unrelenting and insidious nature of heteronormative ideology. *Current Opinion in Behavioral Sciences*, 34, 160-165. <https://doi.org/https://doi.org/10.1016/j.cobeha.2020.03.001>
- Veale, J., Byrne, J., Tan, K., Guy, S., Yee, A., Nopera, T., & Bentham, R. (2019). *Counting ourselves: The health and wellbeing of trans and non-binary people in Aotearoa New Zealand*. Transgender Health Research Lab, University of Waikato
- Vertovec, S. (2007). Super-diversity and its implications. *Ethnic and Racial Studies*, 30(6), 1024-1054.
- Visweswaran, K. (2004). Gendered states: Rethinking culture as a site of South Asian human rights work. *Human Rights Quarterly*, 483-511.
- Waitangi Tribunal. (2014). *He Whakaputanga me Te Tiriti. The Declaration and the Treaty: The report on stage one of the Te Paparahi o Te Raki inquiry*, Wai 1040. Legislation Direct.
- Waldegrave, C. (2015). *Measuring elder abuse in New Zealand: Findings from the New Zealand longitudinal study of ageing (NZLSA)*. Family Centre Social Policy Research Unit.
- Waldegrave, C., Aartsen, M., Lowenstein, A., Seppänen, M., Niemi, M., Melchiorre, M. G., & Lamura, G. (2021). Conflicting Relations, Abuse and Discrimination Experienced by Older Adults. *Social Exclusion in Later Life Interdisciplinary and Policy Perspectives*.
- Walker, S. (2015). New wine from old wineskins, a fresh look at Freire. *Aotearoa New Zealand Social Work*, 27(4), 47-56.
- Wallace, R. B., & Crabb, V. L. (2017). Toward definitions of elder mistreatment. In X. Dong (Ed.), *Elder Abuse* (pp. 3-20). Springer. [https://doi.org/10.1007/978-3-319-47504-2\\_1](https://doi.org/10.1007/978-3-319-47504-2_1)
- Welfare Expert Advisory Group (2019). *Whakamana Tangata*. <http://www.weag.govt.nz/weag-report/>
- Williams, E. (2019). Elder Abuse in New Zealand – the statistics. *The Gazette*. <https://www.eldernet.co.nz/gazette/elder-abuse-in-new-zealand-the-statistics/>

Winter, S., Diamond, M., Green, J., Karasic, D., Reed, T., Whittle, S., & Wylie, K. (2016). Transgender people: Health at the margins of society. *The Lancet*, 388(10042), 390-400. [https://doi.org/https://doi.org/10.1016/S0140-6736\(16\)00683-8](https://doi.org/https://doi.org/10.1016/S0140-6736(16)00683-8)

Wirihana, R., & Smith, C. (2019). Historical trauma, healing and well-being in Māori communities. *He Rau Murimuri Aroha*, 2.

Wirihana, R., Smith, C., & Smith, T. (2020). Māori indigenous healing practices in Aotearoa (New Zealand). In R. Moodley & E. Lee (Eds.), *The Routledge International handbook of race, culture and mental health* (pp. 530-540). Routledge.

Wilson, D., Mikahere-Hall, A., & Sherwood, J. (2021). Using Indigenous Kaupapa Māori research methodology with constructivist grounded theory: Generating a theoretical explanation of Indigenous womens' realities. *International Journal of Social Research Methodology*, 1-16. <https://doi.org/10.1080/13645579.2021.1897756>

Wong, A., Peiris-John, R., Sobrun-Maharaj, A., & Ameratunga, S. (2015). Priorities and approaches to investigating Asian youth health: perspectives of young Asian New Zealanders. *Journal of Primary Health Care*, 7(4), 282-290.

World Health Organization/London School of Hygiene and Tropical Medicine. (2010). Preventing intimate partner and sexual violence against women: taking action and generating evidence. Geneva, World Health Organization.

World Health Organisation. (2011). *World report on disability*. [https://www.who.int/disabilities/world\\_report/2011/report.pdf](https://www.who.int/disabilities/world_report/2011/report.pdf)

Yap, M. T., Thang, L. L., & Traphagan, J. W. (2005). Introduction: Aging in Asia- Perennial concerns on support and caring for the old. *Journal of Cross-Cultural Gerontology*, 20(4), 257-267. <https://doi.org/10.1007/s10823-006-9005-3>

Yon, Y., Mikton, C. R., Gassoumis, Z. D., & Wilber, K. H. (2017). Elder abuse prevalence in community settings: A systematic review and meta-analysis. *The LancetGlobal health*, 5(2), e147-e156. [https://doi.org/10.1016/S2214-109X\(17\)30006-2](https://doi.org/10.1016/S2214-109X(17)30006-2)

Zheng, P., & Gray, M. J. (2015). Posttraumatic coping and distress: An evaluation of western conceptualization of trauma and its applicability to Chinese culture. *Journal of CrossCultural Psychology*, 46(5), 723-736. <https://doi.org/10.1177/002202211558084>

## APPENDIX 1 DEMOGRAPHICS TABLE FOR FAMILY VIOLENCE AND SEXUAL VIOLENCE PARTICIPANTS 2020-2021<sup>1</sup>

GENDER	CHARACTERISTIC			
	MIGRANT PARTICIPANTS	RAINBOW PARTICIPANTS	AGED PARTICIPANTS	DISABLED PARTICIPANTS
Cis woman	51	27	33	41
Cis man	14	6	22	24
Non-binary	2	8		4
Transgender woman		6	3	
Transgender man				
Intersex		5	1	4
Another gender		1		
Bigender				
Whakawahine		5	3	3
Did not state		2	1	1
<b>Total</b>	<b>67</b>	<b>60</b>	<b>63</b>	<b>77</b>
SEXUAL ORIENTATION				
Gay		6	2	4
Lesbian	1	12	3	8
Queer	1	4		4
Bisexual		5		5
Takatāpui		8	5	5
Pansexual	1	5		3
Heterosexual	54	4	35	35
Asexual		1		
Fa'afafine		1		1
Not stated	10	15	15 <sup>2</sup>	15
Other				1
<b>Total</b>	<b>67</b>	<b>62<sup>3</sup></b>	<b>63</b>	<b>82<sup>4</sup></b>

1 Given the dynamic context of the research this demographic table best represents the participants' self identified answers.

2 The demographic sheet went through multiple edits so these participants were never asked this question, reflecting an unusually higher number of participants.

3 Some participants identify with multiple sexual orientations so the figure exceeds the number of participants in this category

4 As above.

ETHNICITY	CHARACTERISTIC			
	MIGRANT PARTICIPANTS	RAINBOW PARTICIPANTS	AGED PARTICIPANTS	DISABLED PARTICIPANTS
<b>Māori</b>		33	34	43
<b>Pacific Peoples</b>				
• Tongan	1	1		2
• Samoan	7	1	1	5
• Kiribati	1			
• Fijian	1	1		1
• Tahitian		2	2	2
• Rarotongan/Pacific Peoples		6	2	3
<b>Middle Eastern / Latin American</b>				
• Latin American	3			
• Middle Eastern	2	1		
<b>Asian</b>				
• Filipino	2	1		1
• Afghani	2			1
• Indian	3	1		
• Rohingya	13		5	2
• Nepalese	1			
• Burmese	2		1	
• Chinese	23			1
• Bhutanese	1		1	1
• Pakistani	1			
• Thai	1			
• Vietnamese				1
• Cambodian				1
• Asian (not specified)	2			
<b>European</b>				
• Spanish		1	1	
• Other European	1	2	2	1
• Pākehā/NZ European		30	25	33
• Not stated		3		
<b>Total</b>	<b>67</b>	<b>82<sup>5</sup></b>	<b>74<sup>6</sup></b>	<b>98<sup>7</sup></b>

5 Some participants identify as multiple ethnicities, so the figure exceeds the number of participants in this category.

6 As above

7 As above

AGE	CHARACTERISTIC			
	MIGRANT PARTICIPANTS	RAINBOW PARTICIPANTS	AGED PARTICIPANTS	DISABLED PARTICIPANTS
18-25	9	10		10
26-34	32	12		13
35-44	18	8		12
45-54		12		15
55-64	6	11	29	15
65+	2	3		12
65-74			23	
75-84			9	
84+			2	
Not stated		4		
<b>Total</b>	<b>67</b>	<b>60</b>	<b>63</b>	<b>77</b>
<b>HIGHEST EDUCATION</b>				
No education	3	2	5	2
Pre-primary	3		1	2
Primary	11	1	7	3
Secondary	8	14	23	30
Post-secondary (non-tertiary)	4	6	6	8
Polytechnic	2	7	4	12
Professional qualification	6	9	13	9
Bachelor's degree	13	9	2	7
Master's degree	16	5		2
Doctoral degree	1	1	1	0
Not stated		6	1	2
<b>Total</b>	<b>67</b>	<b>60</b>	<b>63</b>	<b>77</b>

INCOME (weekly)	CHARACTERISTIC			
	MIGRANT PARTICIPANTS	RAINBOW PARTICIPANTS	AGED PARTICIPANTS	DISABLED PARTICIPANTS
Nil	12	2		1
\$1 - \$250	28	14	16	29
\$250 - \$500	10	19	32	26
\$501 - \$750	6	6	6	7
\$751 - \$1000	4	5	2	2
\$1001 - \$1250	3	2	1	4
\$1251 - \$1500	3	4		1
\$1501 - \$1750				
\$1751 - \$2000				1
Above \$2000				
Did not state	1	8	6	6
<b>Total</b>	<b>67</b>	<b>60</b>	<b>63</b>	<b>77</b>
DISABILITY <sup>8</sup>				
Mobility	1	4	10	25
Hearing	1	6	7	15
Visual		10	9	22
Learning		3	3	11
Speech			1	3
Sensory	1	3	1	6
Respiratory disorder	1	1	1	1
Mental health	2	6	3	11
Congenital disorder		2		3
Ongoing illness that restricts participation	2	4	4	16
Other disability		2	2	2
No disability	61	30	34	0
Not specified		1		7
<b>Total</b>	<b>69<sup>9</sup></b>	<b>72<sup>10</sup></b>	<b>75<sup>11</sup></b>	<b>122<sup>12</sup></b>

8 Note some participants may not have disclosed a disability.  
 9 Some participants have multiple disabilities so figures exceed the numbers of participants in this category.  
 10 As above  
 11 As above  
 12 As above

## APPENDIX 2 INTERSECTIONS OF COMMUNITY

Total participants (Interviewee) = 197

Total intersecting participants = 267

	RAINBOW (60)	AGEING (63)	MIGRANT <sup>13</sup> (67)	DISABLED (77)	ETHNICITY <sup>14</sup>			
					Pākehā	Māori	Migrant	Pasifika
Rainbow		13	3	28	30	33	3	7
Ageing	13		8	25	25	34	8	3
Migrant	3	8		5				11
Disabled	28	25	5		33	43	5	9

13 58 participants are new migrants (less than 5 years or less in NZ)  
 14 Participants may identify with more than one ethnicity.

## FOR FURTHER INFORMATION

### **Center for Culture-Centered Approach to Research and Evaluation (CARE)**

School of Communication,  
Journalism and Marketing  
Massey University  
Manawatū Campus  
Private Bag 11 222  
Palmerston North 4442  
New Zealand

#### **Telephone**

+64 6 356 9099 or  
0800 MASSEY (627 739)

#### **TXT**

5222

#### **Email**

[contact@massey.ac.nz](mailto:contact@massey.ac.nz)

Marked for the attention of  
Center for Culture-Centered Approach  
to Research and Evaluation (CARE)

