

# 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



# EXECUTIVE SUMMARY

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## 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.

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1 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.

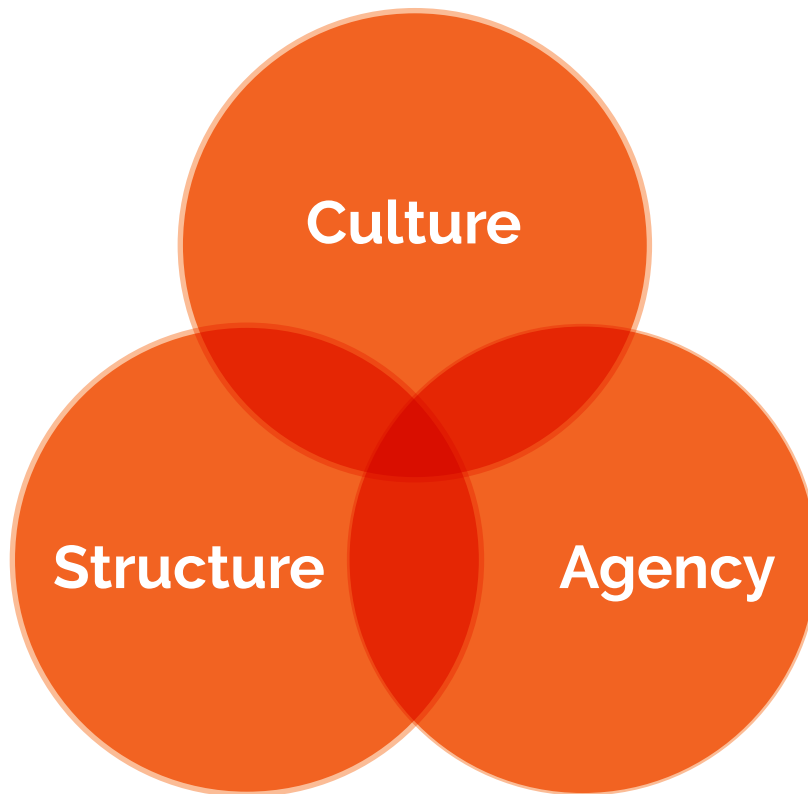


Figure 1: Culture-centered approach to prevention

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.

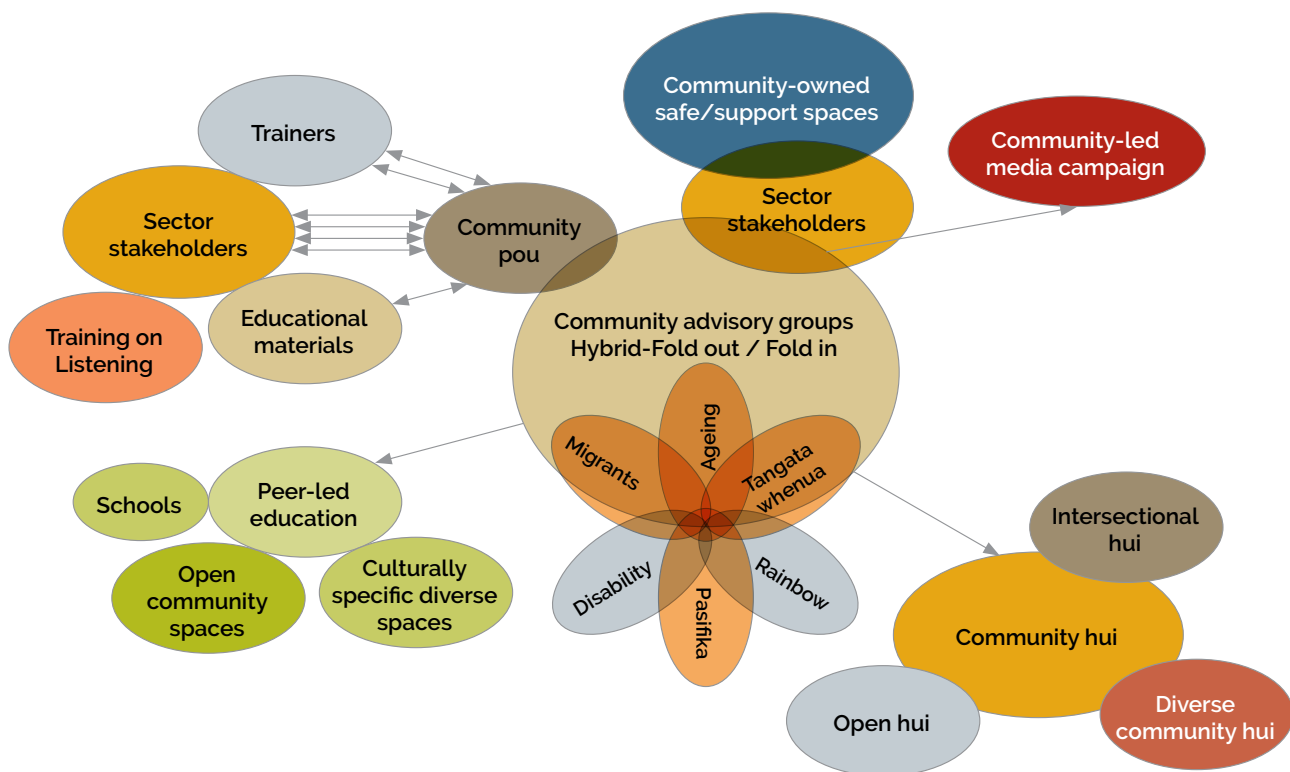


Figure 2: Community-led culture-centered prevention framework

**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 our 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.

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- 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.

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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.

- 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.

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## 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)

