Te Kāwanatanga o Aotearoa
New Zealand Government

Sexual Violence **Workforce Capability Frameworks** Companion Guide

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Introduction

A shared understanding – contextualising sexual violence in Aotearoa New Zealand

This document is designed to be a companion guide to the Essential to Entry Sexual Violence Workforce Capability Frameworks and the Sexual Violence Organisational Standards. The shared understanding outlined in this document has been written in collaboration with sexual violence experts and leaders throughout New Zealand.

A shared understanding of sexual violence is fundamental to achieving the elimination of sexual violence. It establishes consistent language, concepts, and expectations across the sexual violence system, enabling coherent and aligned action. This shared foundation strengthens safe, trauma and violence-informed practice, and deepens understanding of the complexity, impacts, and drivers of sexual violence, as well as the prevention and response activities required.

A common understanding also enhances collaboration across agencies, sectors, and roles by ensuring that all parts of the system are working from the same evidence base and principles. It provides clarity for workforce capability development by identifying the core components needed for training, policy, and practice improvement. In addition, it contributes to reducing stigma, victim-blaming, and harmful myths, while supporting accountability for those who have caused harm and promoting healing and restoration for victim-survivors.

CONTENT WARNING

Throughout these documents, there are explicit descriptions of sexual violence involving children and adults, as well as information about sexual violence victimisation, that may be disturbing or triggering.

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A shared language

There are many ways in which understandings of sexual violence are expressed. The language used informs the way risk and safety are understood, consequently informing service response and delivery.

Using a shared language, which carries the voice of the people who have been violated and is understood system-wide, is crucial. Language that minimises violence and/or blames the violence on something or someone else obscures responsibility and/or makes the people impacted by violence responsible. This can create inconsistent and unsafe responses from both government and non-government agencies.

> The terms victim and perpetrator are often unhelpful when looking at prevention and intervention activities for violence within whānau and mahi tūkino. These terms often polarise people affected into one of these opposing positions. For instance, those affected by violence or mahi tūkino are referred to as either the 'victim' of violence or the 'perpetrator' as the offender who inflicts or causes violence. The problem with this terminology is that it is misleading and does not account for those deemed as 'perpetrators' who may have also been, or are, a victim. Likewise, people can also be victims and perpetrators simultaneously.
>
> — (WILSON, 2023, P. 35)

Therefore, throughout this document we intentionally use terms that are conscious of the impacts and the need for accountability.

The frameworks use the term victim-survivor to acknowledge the strength of people who have survived sexual violence, as the term 'victim' implies a passivity and helplessness that does not always apply. The phrase 'people who use sexual violence' is used throughout these frameworks as an alternative to 'perpetrator', and is used to describe both people who have previously chosen to use sexual violence and those who are currently still choosing to use sexual violence.[1]

The terms 'family' and 'whānau' are not interchangeable in these frameworks. Whānau is used specifically when referring to tāngata whenua or whānau Māori.

1 All references to 'perpetrator' in these standards are either a direct quote, or refer to a legal context to be clear about who is being held accountable for the violence.

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Sexual violence

Sexual violence (SV) is any sexual behaviour towards another person without that person's freely given and informed consent, or where they are unable to provide consent (e.g. all children). It can also be known as sexual abuse, sexual harm, mahi tūkino, sexual harassment, sexual assault or harmful sexual behaviour. It can affect people of all ages, genders/sexes, sex characteristics, sexual orientations, abilities, cultures, religions, backgrounds, wealth or status.

Sexual violence includes a wide range of non-consensual sexual violence behaviour including rape and sexual violations, physical violence (assault, choking and strangulation), unwanted touching or kissing, and incest (within the family). It can also include behaviour that does not involve touching, such as intimidation, making sexual threats, filming someone or making them watch pornography against their will. It includes viewing or distributing material that contains objectionable images. Sexual violence and abuse may be associated with family violence and harm.

Sexual violence can be done by, or against, anyone regardless of their age, gender, sex characteristics, sexuality, ethnicity or disability; however, not all people are at equal risk of sexual violence. Research indicates that risk of being targeted for sexual violence varies according to a range of personal and sociodemographic factors such as gender, ethnicity, age, sexuality, sex characteristics, being disabled and the relationship to the people who use sexual violence.

Sexual violence affects each person differently. Practitioners should respond to every disclosure with empathy, care and without judgement, regardless of how the severity of the experience may appear. Each individual's experience is shaped by a range of factors including their history, sense of safety and personal context. No two experiences are the same, and it is essential to seek understanding before responding, ensuring every person feels heard, believed and supported.

Harmful sexual behaviour

Harmful sexual behaviour (HSB) describes a continuum of sexual behaviours, ranging from inappropriate, to concerning, problematic, harmful and abusive behaviour. HSB, which victimises another person, is illegal and can result in criminal charges. Sexual assault or illegal sexual behaviours can be described as HSB, but a behaviour doesn't need to be illegal for it to be considered harmful.

Harmful sexual behaviour involves using force, power or coercion; an inequality in knowledge, cognitive or emotional functioning; the absence of consent; and/or developmentally inappropriate behaviours. HSB can be contact or non-contact behaviour and includes technology-assisted behaviours.

Examples of contact HSB include:

- any sexual behaviour or sexualised contact with a person under the age of 16 years
- any sexual behaviour or sexualised contact with a person without consent, or when consent is withdrawn during sexual contact
- inappropriate touching
- unwanted touching
- sexualised intimate care giving
- non-consensual ano-genital penetration or contact, including digital/oral
- sexual contact with animals
- sexual behaviours with family members
- sexual behaviours with a person who is affected by an intellectual, mental or physical condition or impairment of such a nature and degree that they cannot consent or refuse to consent to the activity
- exposing a child to sexual material online or seeing developmentally inappropriate sexual behaviours
- hate-based sexual violence of any kind that targets an aspect of someone's identity.

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Examples of non-contact HSB include:

- grooming a child or adult
- recording sexual behaviours of anyone without consent or under the age of 16
- online sexual harassment
- other forms of sexual harassment
- viewing or distributing material that contains objectionable images (for example Child Sexual Abuse Material (CSAM) or Child Sexual Exploitation Material (CSEM))
- publishing recordings or pictures of sexual behaviours without consent – this is sometimes called 'revenge porn'
- stalking
- genital exposure or flashing
- stealing underwear or other personal items
- peeping or voyeurism
- threats of sexual harm.

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Child and young people harmful sexual behaviour

It is considered common and a normal part of development for children and young people to engage in a range of sexual behaviour. The process of evaluating which category sexual behaviours fit into is a complex assessment that considers the individual's social, emotional and cognitive development. For children, factors considered include:

- age and what constitutes developmentally normal behaviours
- the frequency and persistence of the behaviour
- the extent of harm caused to themselves or anyone else and
- whether the inappropriate behaviour continues after correction or intervention from an adult.

Children and young people engage in HSB for a variety of reasons. Several studies have attempted to identify characteristics, variables or factors that indicate if a person or a group are more likely to perpetrate HSB (Leach et al., 2016; McKillop et al., 2018; Worling, 2004). Unfortunately, there is no clear risk factor profile for children and adolescents who exhibit HSB (Tabachnick, 2013). There is wide variation in the characteristics of this group, spanning different personal characteristics, types of sexual behaviours and social contexts, including family situations and communities (Casey & Lindhorst, 2009; Letourneau et al., 2017; Lewis, 2018; Smallbone & Rayment-McHugh, 2013). However, children and young people who use HSB are statistically more likely to have histories of trauma, sexual abuse and other adverse childhood experiences, and, for many, their healthy sexual development has been compromised in some way (Faure-Walker & Hunt, 2022). For example, many children will engage in self-soothing sexualised behaviours when exposed to family violence. There exist many unhelpful and inaccurate stereotypes about people who are more likely to use HSB, including that Rainbow people are more likely to use HSB.

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It is important to note that most children and young people who display HSB do not go on to use sexual violence in adulthood (Riser et al., 2013; Hackett et al., 2022), but conversely those who do are more likely to continue harmful sexual patterns. In short, the more entrenched a behaviour, the harder it is to change, especially if it has begun at a young age.

Interventions for children and young people focus on assessing their needs in various domains, identifying risk factors that need to be addressed, supporting families and whānau to provide safe environments that reduce risk and increasing protective factors (Campbell et al., 2020). There is an emerging evidence base supporting the effectiveness of interventions for children and young people who display HSB. A 2006 study evaluated youth services in New Zealand and found a 2% recidivism rate (i.e., further HSB) for young people who had completed their intervention at a specialist agency (Lambie, 2007).

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Child sexual abuse

Child sexual abuse (CSA) is sexual violence experienced by a child that involves forcing or enticing a child to take part in contact or non-contact sexual activities. A child may or may not be aware of what is happening. This includes:

- physical contact, including intentional touching, oral-genital contact or assault by penetration (rape or oral sex)
- non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing
- non-contact activities, such as getting the child or young person to view or participate in the production of sexual images
- exposing a child or young person to sexual activity or pornography
- encouraging children or young people to behave in sexual ways
- grooming children and young people in preparation for abuse
- forcing or enticing children and young people to take part in sexual acts
- voyeurism – gaining sexual pleasure from secretly watching or filming a child or young person while they undress, are naked or engage in sexual activity
- production, distribution or watching of child sexual abuse imagery and media
- child sexual exploitation – forcing a child to engage in sexual activities for affection, money, gifts, drugs, alcohol or to be accepted. It also includes survival sex and sex trafficking.

Child sexual abuse is more commonly perpetrated by people known to the child, including parents, siblings, relatives, friends or others in their wider community who are in positions of trust and power, such as their sports coach, teacher or religious leaders. It also includes people known to the child via online platforms.

These frameworks reflect the need to consider a person's holistic needs and tailor intervention, protection and healing support.

In a comprehensive review of the literature on child sexual abuse, Quadara et al. (2015) found that, with the exception of one or two, the overwhelming majority of researchers agree that child sexual abuse occurring within families is the most prevalent form of sexual abuse (Monahan, 2010). Father-daughter abuse is often presumed to be the majority of abuse; however, research suggests sibling sexual abuse happens at similar or higher rates, making up as much as 43% of familial abuse (Quadara et al., 2015). It is also estimated that half of all adolescent-perpetrated offending involves a sibling (Shaw et al., 2000). The median age of victimisation is reported to be nine years old (Fanslow et al., 2007). Nevertheless, it is important to recognise that child sexual abuse is done by people of all genders and by children as well as adults (Augarde & Rydon-Grange, 2022). Although international and local research does identify that most people who use sexual violence are male, and the majority of people who use sexual violence are male family members, females also perpetrate child sexual abuse (Fanslow et al., 2008; Fanslow et al., 2021b; Salter et al., 2023).

Familial child sexual abuse can be done by siblings, cousins, parents, grandparents or in blended families by step-parents, and the behaviour could range from sexualised grooming practices to penetration. Furthermore, it is not unusual for those who use sexual violence to attempt to make grooming activities and sexual abuse seem normal.

Sexual violation can be ongoing and contribute to perpetuating intergenerational sexual violence within both the immediate and wider family units. Data shows that many of those who experience familial child sexual abuse are at increased risk of experiencing multiple violations by multiple abusers throughout their lives (Fanslow et al., 2021b; Papalia et al., 2020).

Youth experiences of sexual violence

Youth or adolescents' experiences of sexual violence and harm can be seen in alignment with those faced by children (including the forcing or enticing into contact and non-contact sexual acts). The Youth19 survey, which was completed by 8500 secondary school students across New Zealand, found that 18% of students reported an experience of unwanted sexual contact (Fleming et al., 2021).

According to the Youth19 Safety and Violence brief, one in four females and almost one in 10 males (Year 9–13 students) reported they had been touched in a sexual way or made to do sexual things they did not want to do. In addition, Fanslow et al. (2008) found that 23.5% of women in Auckland and 28.2% in Waikato reported having been sexually touched or made to do something sexual that they did not want to do before the age of 15 years.

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Some children are more at risk of sexual abuse. Girls and young women, Māori, Pacific, Rainbow, refugee and migrant groups, and disabled children are all over-represented (Egan-Bitran, 2022; Fa'alili-Fidow et al., 2016; Fanslow et al., 2008; Ministry of Justice, 2023; Skarbek et al., 2009; Zou & Anderson, 2015).

Secondary schools-based prevention activities and programmes promoting healthy relationships and consent have been the most common form of primary prevention in New Zealand since the 1990s. Various youth-led organisations and other groups have been pushing for social change and establishing a consent culture. This call was repeated by the Expert Advisory Group for Children and Young People (2024) that worked with Te Puna Aonui in 2023–2024 and the children and young people whose voices were reported by Mana Mokopuna (2024) in *A place to talk peacefully*.

Given the prevalence of unwanted sexual contact, there is a need to build awareness about the issues and the signs of harm, and enable a culture of healthy, respectful relationships for, and with, all young people.

The evidence is clear that children and adolescents who are sexually abused are more likely to experience negative social, economic, psychological, spiritual and health effects that have long-term costs for individuals, families, whānau, communities and society (Clarke et al., 2023; Khadr et al., 2018). Directly or indirectly, child sexual abuse impacts us all. The true statistics are unknown, as most sexual abuse goes unreported due to shame, stigma, grooming and institutional cultures of denial. The Royal Commission of Inquiry into Abuse in Care (2024) has revealed the nature and extent of institutional abuse in state and faith-based care settings in New Zealand.

Research has shown that children may not disclose sexual abuse for many years, if ever (Allnock & Miller, 2013; Royal Commission into Institutional Responses to Child Sexual Abuse, 2017; Royal Commission of Inquiry into Abuse in Care, 2024). When children do disclose it is crucial they are met with belief and support. False allegations are rare, and a negative response to a disclosure can delay subsequent disclosure attempts for up to 14 years, meaning people may not seek help or support for extended periods (London et al., 2005; O'Donohue et al., 2018).

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Sexual harm from the online and digital sexual landscape and pornography

With the increased prevalence of smart phones, social media and digital connectivity, a new digital sexual landscape has emerged for children and young people. The rapid expansion of free online platforms has transformed youth access to sexual information, entertainment, images and communities. Today, the digital sexual world is a fundamental and unavoidable part of youth culture.

Young people go online to explore, connect and engage sexually, with digital sexual experiences increasingly interwoven into their everyday lives through social media, pornography (porn), online communities, sexting, dating apps and AI-generated sexual platforms. While these spaces provide opportunities, they also pose new challenges and risks that impact sexual violence prevention initiatives in New Zealand.

Risks and harms: Pornography

A literature review found that mainstream pornography sites often feature depictions of aggression towards women (Fritz et al., 2020). The Office of Film and Literature Classification found that mainstream pornography sites contained depictions of coercive dynamics portrayed as pleasurable, familial sex and sexual violence. These types of scenarios were portrayed as contrived and unrealistic in a way that adults would recognise as fantasy, but that children may not.

Young people commonly encounter this content in childhood before they have the sexual knowledge to interpret it, potentially shaping harmful attitudes and behaviours (Flood, 2009; Office of Film and Literature Classification, 2019).

Studies show an association between youth pornography use and an increased likelihood of:

- engaging in harmful sexual behaviours (Mori et al., 2023)
- having sex earlier (Pathmendra et al., 2023)
- having objectifying attitudes (Bridges et al., 2024).

Many young people acknowledge pornography's influence on thoughts and behaviours (Office of Film and Literature Classification, 2018). They believe it can distort perceptions of sex, gender roles, relationships and normalise risky sex such as rough sex and 'choking', leading to unwanted, frightening experiences or pressure to meet unrealistic sexual expectations.

Risks and harms: Technology-facilitated sexual violence (TFSV)

The increase in popular, unmoderated digital platforms that enable the sharing of sexual content such as TikTok, Snapchat, Instagram and messaging apps has also contributed to a rise in technology-facilitated sexual violence (TFSV) and image-based harm. Internationally, a significant portion (59%) of young people have experienced harmful online sexual interactions (Thorn, 2024). Local research shows high rates of image-based abuse, with 1 in 3 young people having had a sexual image taken without consent, and 1 in 5 having had a nude shared non-consensually (Henry et al., 2021; Henry et al., 2022).

Common forms of TFSV experienced by both youth and adults include:

- sextortion, non-consensual image sharing (revenge pornography), unsolicited nudes
- predatory experiences, unwanted online sexual contact, stalking, grooming, coercive control, harassment
- non-consensual AI-generated and/or shared deepfakes, exploitative relationships with AI companions, exposure to AI-generated CSAM.

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Diversity in New Zealand

Sexual violence impacts all sections of society with disproportionate impacts on women, children and young people, tangata whenua, Pacific peoples, disabled people, older people, Rainbow communities, ethnic communities and people experiencing compounding forms of disadvantage and discrimination.

The intersectionality of people belonging to one or more groups experiencing discrimination and disadvantage also increases the risk of violence. Recognising the diversity of our population and having an awareness of the impact of intersectionality results in greater understanding of the barriers for people seeking help. This understanding is essential to enhance services to better meet complex needs and avoid perpetuating societal inequalities.

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> Whānau are the important vehicles for healing and change – even among their complex lives and trauma. To be vehicles for change they need culturally-informed help, support and approaches tailored to their unique histories and requirements. This involves restoring and strengthening their cultural identity and connections to help bring back the protectiveness that cultural traditions offer. Disrupting and transforming violence experienced within whānau is about building safe and supportive communities and growing safe and healthy whānau that are culturally connected.
>
> — (WILSON, 2016)

Eliminating violence in New Zealand requires a long-term commitment. Government and communities must address the impacts of colonisation, structural inequities, institutional racism and forms of violence that have contributed to the current levels of violence towards whānau Māori (Te Puni Kōkiri, 2010).

The factors referred to in the quote above mutually reinforce and entrench structural barriers with devastating cumulative impacts for people. These factors have systematically disenfranchised tangata whenua at all levels.

Tangata whenua maintain that their views, perspective, leadership and decision making in developing solutions are consistently marginalised; this is an ongoing point of contention.

In 1988, Puao-te-Ata-tu described the extent and depth of grief, loss and anger voiced by tangata whenua as 'A Litany of Sound' (Rangihau, 1988). Overwhelmingly, the voices of tangata whenua involved in developing the standards said this has not changed.

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> 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”

— (TE UEPŪ HĀPAI I TE ORA - SAFE AND EFFECTIVE JUSTICE ADVISORY GROUP, 2019, P. 9).

For tangata whenua, colonisation resulted in multiple losses: the disconnection from their ancestral lands, the erosion of te reo Māori and the fragmentation of Māori social structures. These losses have undermined the ability of tangata whenua to continue transmitting their tikanga (cultural customs and practices) and mātauranga Māori to successive generations.

If we are to understand and respond effectively to violence that occurs, and is experienced within whānau, we must acknowledge structural issues, such as the ongoing impact of colonisation (Cavino, 2016; Jackson, 1987).

This is a critical issue for tangata whenua, especially in view of the substantial number of whānau who do not seek help due to fear of stigmatisation, repercussions, victim-blaming, retaliation and a lack of confidence that the ‘system’ will help. This results in increasing the risk of further exposure to violence, harm and death. A genuine fear expressed by whānau is the potential removal of their child/children.

These concerns resonate with the United Nation’s (UN) Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) concerns about “very low levels of reporting and the high rate of recidivism, particularly within the Māori community, with only nine percent of sexual violence and only 20 percent of family violence reported to the police…”.

For tangata whenua, preventing violence experienced by whānau Māori involves (re)establishing collective pathways that enable their transformation and healing from trauma and violence. This involves reclaiming mātauranga Māori bodies of knowledge, strengthening cultural identity and restoring connections to renew the protectiveness that cultural traditions offer (Le Grice et al., 2022).

Māori conceptual frameworks and tangata whenua designed and led solutions are required for preventing violence experienced by whānau Māori and reaffirming the dignity and restoring the mana of all whānau members (Jackson, 1987).

Tangata whenua have long advocated for a whānau-centred approach when working with people that is holistic and strengths-based. It values the complexity of relationships within whānau and recognises the significance of relationships in helping or hindering a person's wellbeing. This approach to working with sexual violence and family violence means services are open to diverse forms of whānau without preconception or judgement.

Delivering services in a whānau-centred way does not always mean reconciliation of the whānau unit. Rather, they are supported by their chosen network with awareness of the context in which they live. Safety, protection and accountability are the priority for all members of whānau, hapū and iwi, as is the safety, protection and accountability of every person in New Zealand.

A whānau-centred approach focuses on the wellbeing of the whole whānau. Wellbeing exists when the physical, spiritual, mental, psychological and emotional dimension of the person and collective are in balance, integrated and co-existing within all environments.

It involves an awareness of each person's potential and understanding of the roles and responsibilities within the collective to maintain wellbeing.

Specialist sexual violence organisations and workers need to be responsive to the wellbeing aspirations and interests of whānau and families, including the individuals and the collectives that whānau and families are part of.

Specialist organisations and workers should prioritise protection and accountability, wellbeing and restoration when working with people impacted by, or using, sexual violence in the whānau. This is enabled when organisations, communities and iwi work together with trust and reciprocity.

2.9%

of Māori adults experienced sexual assault in 2025, **compared with 1.6% of adults overall.**
(Ministry of Justice, 2026)

In 2025,

20% of rangatahi Māori

aged between 13 and 19 reported having experienced unwanted sexual contact in their lifetime, compared with **12.5% of young people overall.**
(Ministry of Social Development, 2026)

4.3% of wāhine Māori

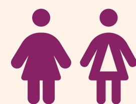
were *victims of sexual assault* **between 2018 and 2022, compared with 3.0% of women overall** (Ministry of Justice, 2022)

Between 2018 and 2022,

43% wāhine Māori

reported experiencing sexual assault in their lifetime, compared with

36% of women overall.
(Ministry of Justice, 2022)



In 2019,

1 in 2 (49%)

wāhine Māori reported having experienced physical or sexual violence from an intimate partner in their lifetime, compared with

1 in 3 women (31%)
women overall.
(Fanslow et al., 2023)

In 2025,

33% of Māori adults

reported having experienced sexual assault in their lifetime.

25% of adults overall.
(Ministry of Justice, 2026)

The incidence rate of sexual assault was approximately

8.5 per 100 Māori adults,

compared with around

5 per 100 adults overall

This incidence rate captures multiple victimisation (using pooled NZCVS data from 2018 and 2021–2025).

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The intersection of family violence and sexual violence

The intersection of sexual violence and family violence occurs where sexual violence co-occurs within the context of family relationships. This can include Intimate Partner Sexual Violence (IPSV) and familial child sexual abuse (CSA). Family violence and sexual violence share many of the same drivers and mutually reinforce risk of victimisation to each other (that is, people experiencing family violence are more at risk of experiencing sexual violence, and vice versa) (World Health Organization, 2019). By looking more closely at how sexual violence within the family occurs, we begin to gain an understanding of its complexities and the impacts it has on people's risk of revictimisation later in life.

The New Zealand Crime and Victims Survey reports that just under half of sexual assaults against victim-survivors aged 15 years or older in 2024 were perpetrated by someone known to the victim-survivor, and over a third of all reported sexual assaults were perpetrated by a family member, with most being by an intimate partner. Child sexual abuse prevalence is 32% for those born between 1951 and 1960, and decreases to 19% for those born between 1991 and 2001 (Fanslow et al., 2021a).

Child sexual abuse perpetrated by a caregiver violates the child/parent attachment, destroys the child's right to be safe and disrupts the child's development (Halvorsen et al., 2020). The nature of the caregiver relationship is also a barrier to disclosure of the abuse. Family violence can also undermine safe parenting. Children in these situations can face a higher risk of physical harm and can be more likely to be targets of sexual abuse both inside and outside the home, while in some cases it can also diminish the ability of the victim-survivor parent to protect them.

Preventing family violence and sexual violence requires a response not only to stop people from using violence but also to change the power structures that drive violence.

These workforce capability frameworks work toward such change by improving institutional practices and policies to build the capability of workers and organisations to improve prevention and intervention.

Given the significant intersection between family violence and sexual violence, it is critical that both sectors recognise the expertise of their counterparts. This could be achieved by developing collaborative and cohesive pathways between services, by having multi-disciplinary workers (workers with sexual violence and family violence expertise), or by co-locating services, to enable people to receive the highest level of specialist care and support available.

In addition, both the sexual violence and family violence workforces need to understand the dynamics and context of both forms of violence.

The sexual violence sector continues to produce good practice guidelines to support specialist services and practitioners working both in the 'mainstream' and in the diverse range of cultural contexts, including Kaupapa Māori.

The intersection of intimate partner violence and sexual violence

Intimate partner violence (IPV) refers to any behaviour within an intimate relationship that causes physical, psychological, economic or sexual harm to someone in that relationship. Recent data from the 2019 New Zealand Family Violence Survey shows more than half (54.7%) of the women had reported exposure to IPV (Mellar et al., 2023).

Intimate partner sexual violence (IPSV) may be part of coercive control and other forms of IPV, or it could be the only form of abuse and violence in a relationship. While IPSV can be a single event, it is often repeated, which leads to unique impacts and consequences for healing and recovery. It is difficult to know the extent of IPSV. As with all forms of sexual violence, victim-survivors are often reluctant to disclose experiences of sexual violence in cases of IPSV. This may be due to victim-survivors not recognising their experience as sexual assault, specific fears related to reluctance to disclose sexuality or gender identity for Rainbow people, lack of integrated services that respond to both family violence and sexual violence, or not identifying as victims. The complexity of whether consent is possible in a relationship in which coercive control is being exerted has been underexplored, and because family violence and sexual violence are treated as separate in both the legal systems and response systems, there has been limited information sharing (McDonald, 2023).

The New Zealand Crime and Victim Survey (NZCVS) found that around one in four family offences (26%) involved sexual assault (Ministry of Justice, 2025). Family violence offences had a prevalence of 6% among adults who were separated and of 5% in sole-parent households, with corresponding sexual assault prevalence rates of 4% and 3% respectively (Ministry of Justice, 2023). Overall, three-quarters (76%) of sexual assaults were perpetrated by intimate partners, other family members, or someone known to the victim, and over half (56%) occurred inside a house or other residential setting (Ministry of Justice, 2025).

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Health and wellbeing effects of sexual trauma

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Trauma responses are common for those who experience sexual violence, those who support victim-survivors and those who support people who use violence.

Trauma impacts everyone differently, and it is imperative that practitioners understand the complexities of trauma related to sexual violence. In understanding these complexities, practitioners will be better able to respond effectively to victim-survivors, their support networks and people who use violence.

People respond to sexual violence in diverse ways. Trauma responses are involuntary physiological survival reactions rather than conscious choices. These responses are automatic, lightning-fast reactions controlled by the brain's fear center and the autonomic nervous system to protect an individual from perceived or real threats. Common responses include fight (confront danger), flight (escaping, avoidance), freeze (becoming immobilised or going numb), flop (collapse, compliance, dissociation) and friend/fawn (de-escalate threat by pleasing or caretaking). People affected by sexual violence can experience short-term (shock, fear, anxiety, confusion and withdrawal) and long-term psychological effects such as post-traumatic stress disorder (PTSD), depression, suicidal ideation and/or increased risk of suicidal behaviour, self-harm, alcohol or drug problems, eating disorders, instability and impulsivity, low sexual interest, relationship difficulties,

> Trauma is a sudden harmful disruption impacting on the spirit, body, mind and heart of a person or peoples, that requires healing"

— (MORAN & FITZPATRICK, 2008, CITED IN PIHAMA, 2017).

ineffective coping strategies and high-risk sexual behaviours. Some victim-survivors may experience a reduction in symptoms within a few months, but for other victim-survivors these experiences of distress can last for years (Pihama et al., 2020).

Recovery after sexual violence is not linear. Victim-survivors can be retriggered when in situations that remind them of the sexual assault. This might include places, smells or people, entering new relationships and developing trust, becoming parents, especially for survivors of child sexual abuse, or feelings of not being in control, such as healthcare appointments. Some research suggests supportive family and whānau and intimate partners can improve mental health and functioning for victim-survivors (Godbout et al., 2014).

In 2009, the research 'Lightening does strike twice' by the Ministry for Women showed that of girls and women who have experienced sexual violence, at least 50% are likely to be sexually revictimised throughout their lifetime

(Ministry for Women, 2012). Recent data shows similar rates and has further explored this type of sexual revictimisation (Ministry of Justice, 2023).

Children and young people

Children and young people affected by sexual violence are often unable to give a clear verbal account; disclosure is typically delayed, fragmented or communicated indirectly through changes in behaviour (London et al., 2005). Observable changes – such as renewed bed-wetting, intense emotional outbursts or sudden fear of specific places – are well-documented psychosocial responses among very young children assessed for sexual abuse (Vrolijk-Bosschaart et al., 2017). There is strong evidence that individuals who have experienced childhood sexual abuse (CSA) are at increased risk of experiencing functional difficulties across multiple domains from young adulthood through to midlife. These domains include:

- **physical health** – elevated engagement in high-risk behaviours, increased systemic inflammation and poorer oral health outcomes
- **mental health** – higher rates of depression, anxiety, post-traumatic stress and other psychological challenges
- **sexual health** – increased vulnerability to coercion, sexually transmitted infections and difficulties with sexual functioning
- **interpersonal relationships** – greater likelihood of experiencing high-conflict or unstable relationships
- **economic wellbeing** – higher rates of benefit dependency, unemployment and financial hardship
- **harmful behaviours** – increased risk of dangerous or harmful behaviours and contact with the justice system.

CSA is associated with a consistent pattern of persistent difficulties throughout adulthood, even after accounting for other adverse life stressors (Hailes et al., 2019). The severity of CSA is also correlated with a higher likelihood and intensity of specific adverse outcomes.

Additionally, adverse childhood experiences (ACEs), particularly CSA, have been linked to increased risk of developing chronic health conditions during both childhood and adulthood including those affecting cardiovascular and respiratory systems, highlighting the complex relationship between early trauma and long-term health conditions (Fanslow et al., 2025a; Fanslow et al., 2025b; Guiney et al., 2024).

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Primary prevention is an evidence-based public health approach, which focuses on the entire population and transforming the systemic, cultural and social drivers of sexual violence, including child sexual abuse, across all levels of the socio-ecological model (Davis et al., 2006; Knack et al., 2019; Krug et al., 2002; Michau et al., 2015). Primary prevention includes strengthening the protective factors that promote safety, wellbeing and resilience, and minimising the risk factors that perpetuate and normalise sexual violence, including child sexual abuse.

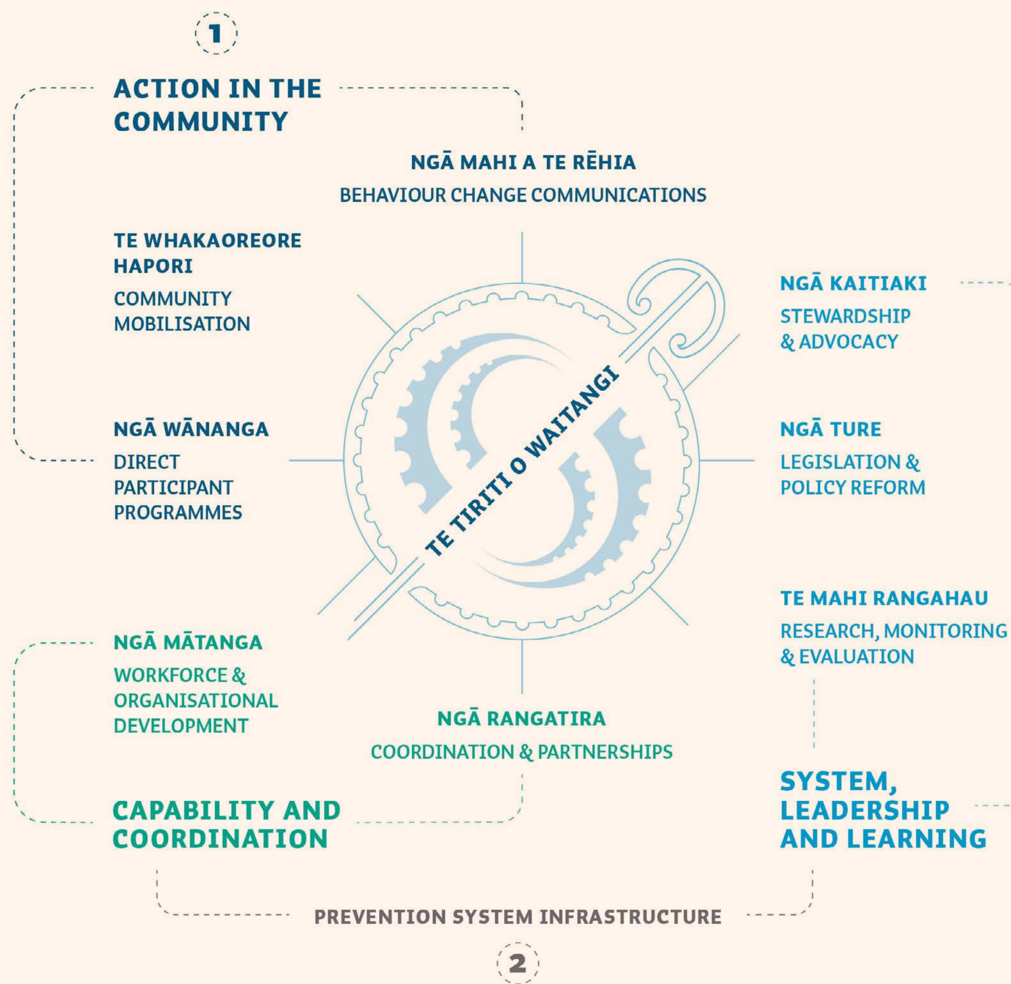
In New Zealand, primary prevention must recognise the cultural values, social norms and belief systems in our communities that drive family violence and sexual violence. This includes cultural values that treat children as less valuable than adults; patriarchal ideas that men and masculinity are superior to women and femininity; and other values brought here through colonisation, including ideas about what kinds of families, relationships, bodies and sexual behaviours are 'normal'. Reducing inequality and exploring the use of power, including within institutional care and protection, is critical. Te Tiriti-led primary prevention recognises the ongoing impacts of colonisation, intergenerational trauma and the oppression of te ao Māori (Māori worldview). It enables transformation and healing of these systems by giving effect to, and honouring, Te Tiriti o Waitangi and valuing mātauranga Māori as foundational to primary prevention action (Beres et al., 2025, Dobbs, 2025a, 2025b).

The importance of primary prevention for addressing sexual violence and family violence has been continuously voiced. To date, primary prevention has mostly involved one-off interventions or single focus programmes aimed at the individual and relationship levels, and largely focused on educating children and holding them responsible for their safety, with limited effect (Dickson & Willis, 2015; Letourneau et al., 2014). Evidence has shown these approaches do not create the scale of change or impact needed to prevent sexual violence. Community and societal-level interventions are critical because of how they influence and shape factors at the individual and relationship levels (Casey & Lindhorst, 2009; DeGue et al., 2012; DeGue et al., 2014; Flood, 2023; Fulu et al., 2013; Heise, 1998; Jewkes et al., 2015).

Primary prevention is most effective when a systems-change approach is taken, which dismantles the foundations of sexual violence and tackles the complex intersecting drivers of sexual violence in diverse settings and communities (DeGue et al., 2014; Jewkes et al., 2021; Schneider & Hirsch, 2020). For example, the Ministry of Social Development's It's Not OK campaign (Ministry of Social Development, 2014) utilises effective behaviour change communications in conjunction with community mobilisation, developing influencers and changemakers, media training and advocacy efforts. In Australia, Our Watch's *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia* (2021) also applied a multidisciplinary and multisector approach that utilised prevention frameworks to establish a common language around primary prevention.

A primary prevention system model was developed for New Zealand and includes eight distinct yet mutually reinforcing functions required for sustainable, long-term primary prevention (see Figure 1). This approach recognises that no one individual, organisation, sector or function of the primary prevention system can prevent sexual violence alone. Working deliberately and collectively across all levels of the socio-ecological model and the primary prevention system is essential for creating change.

Figure 1: The Primary Prevention System Model in New Zealand (ACC, 2023)



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Primary prevention efforts must also start early and continue throughout the life course (Hooker et al., 2020; McKibbin, 2017; Schneider & Hirsch, 2020). Taking a life-course approach recognises that outcomes in later life are influenced and shaped by social advantages and disadvantages over a person's lifetime and across critical life stages, including before birth, and in early childhood when some of the most important mental, physical and emotional development is occurring, into youth and through to adulthood. The primary prevention model also considers the intergenerational nature of life experiences and alternative starting points for activating change. These elements align strongly with Te Tiriti-led primary prevention, positioning the key development stages of pre-birth, pregnancy and the first 2000 days of life as critical opportunities for the primary prevention of sexual violence, including child sexual abuse.

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Secondary prevention occurs through interventions that take place before harm but after risk factors have been identified, or shortly after harm has occurred, for example targeted support for those experiencing concerning sexual ideation. Responding to concerning sexual ideation (CSI) (sexual thoughts and fantasies that would be harmful if acted upon) can prevent sexual violence.

There are numerous opportunities for secondary prevention, through early intervention approaches that reduce contributing factors to harmful sexual behaviours (HSB), such as sexualised play among children. Early identification of children and young people who require more comprehensive intervention, and ensuring appropriate services and supports, will improve longer-term outcomes for individuals and prevent harm to others. As capabilities and capacity increase in our approaches to prevention, there is scope to identify populations for targeted secondary prevention efforts.

Tertiary prevention occurs when an intervention is made after harm has happened. It is aimed at preventing further harm.

Research showing that some adults are sexually attracted to children and young people demonstrates the need for all forms of sexual violence prevention. Most of this research has focused on males and one study suggests that around 15% of the adult male population experience this type of sexual ideation, with one third of that same 15% reported they had sexually offended against children (Salter et al., 2023).

There have been recent developments in working with people who experience sexual attraction to children/young people, to change their behaviour. This intervention is known as 'pre-habilitation' – a form of preventative rehabilitation (Beggs Christofferson, 2019).

While there is a recognised link between experiencing sexual abuse and subsequently using sexual violence in a subset of individuals, it is crucial to understand that the majority of male survivors do not go on to commit sexual offenses. Addressing the needs of victim-survivors with appropriate support and interventions is essential to prevent cycles of abuse.

A concerning sexual ideation pilot programme called Stand Strong Walk Tall, developed by researchers from the University of Auckland and the University of Canterbury, reported that in New Zealand, 84% of individuals convicted of child sexual abuse had no known history of committing sexual offences (Ministry of Justice, 2016, cited in Beggs Christofferson, 2019). Current approaches to preventing sexual violence are dominated by efforts within the justice system to rehabilitate those who have already been convicted. While such efforts

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appear to be effective at preventing recidivism, there is potential for workforces to help prevent initial offending, which makes up over 80% of convictions (Beggs Christofferson, 2019).

It is important to note that the pilot initiative, *Stand Strong Walk Tall*, is referenced in this companion guide with the intention to raise workforce awareness that evidence-informed early-intervention approaches to sexual violence prevention exist. The outcome evidence base for these types of interventions is still developing (Christofferson et al., 2025).

This framework, and the programme, reflect a clinical understanding that some individuals may experience concerning or unwanted sexual thoughts or attraction towards children. In psychological literature, this is generally understood as an involuntary pattern of thoughts or feelings that a person does not choose or intentionally develop. However, it is important to emphasise that behaviour (including intentionally engaging with thoughts and fantasies about sexual behaviours with children) remains within a person's control, and individuals are responsible for the choices they make. Maintaining child safety requires that any concerning sexual thoughts, attractions, or risk factors are actively managed in ways that prevent harm. People remain fully accountable for any behaviours or decisions that place children at risk.

Adult tertiary prevention of sexual violence and harmful sexual behaviour

Adults who have used harmful sexual behaviour (HSB) or are experiencing concerning sexual ideation can attend treatment programmes in the community or, if convicted, in prison. Forensic settings (Ara Poutama Aotearoa/ Corrections) may refer them to special treatment units for group-based treatment or individual treatment via Area Psychology Offices. Clinical triaging tools are used to evaluate need and assign priority. In the community, three mainstream services and one Kaupapa Māori service specialises in HSB, and these are contracted by various government agencies (Ministry of Social Development, Oranga Tamariki, Ministry of Health, Corrections). In addition, Corrections Area Psychology Offices can see higher-need or higher-risk clients in the community. All services are provided based on the assessed intervention needs and triage priorities of referred clients.

A significant evidence base guides professionals in the best practice of assessment and support, including the requirements for maintaining safety for individuals, communities and families, and preventing further HSB. That evidence base has informed the capabilities in these frameworks. The frameworks may guide treatment such as individual therapy or group therapy, and inform support, advice and education for family, partners and relevant support people.

Referrals for services can be non-mandated (self-referral by the person who uses violence or thinks about doing so), referral by family or other social services without conviction, or mandated (referral by Corrections, the

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Ministry of Health or Court after conviction). There are also referrals from agencies such as the Police, Department of Internal Affairs and the Courts, which do not have funding themselves to pay for placements/intervention costs.

Research and evidence has helped shape frameworks to understand sexual violence risk and protective factors. The Risk, Need, Responsivity (RNR) model, as well as strengths-based models such as the Good Lives Model (GLM) have been developed to assess risk and to consider what treatment may be needed (Bonta & Andrews, 2023; Marshall & Marshall, 2016). International evidence shows treatment programmes are effective with the knowledge and skills of the workforce being an important variable. For example, Gannon et al. (2019) found 32.6% reduction in sexual recidivism across 70 treatment outcome studies, and Holper et al. (2024) found 31.8% reduction in sexual recidivism across 37 studies, compared to untreated controls. It is important to note that most of the treatment outcome studies included in these reviews are from international programmes and treatment in New Zealand has largely been developed in line with the international evidence.

There has been some research into treatment outcomes here in New Zealand, with positive results (Bakker et al., 1998; Moore, 2012; Nathan et al., 2003). However, overall, there has been a lack of investment into developing a local evidence-base, including Māori and Pacific approaches to reducing sexual violence. There is also a lack of evidence of efficacy for offender programmes for other genders. Further, Te Piriti, which contains a greater amount of Māori content than Kia Marama, has lower rates of sexual recidivism, particularly for Māori men (4.41% vs 13.58% at Kia Marama; Nathan et al., 2003). This suggests that greater use of Māori models and tikanga, as well as dedicated Māori staff to support cultural competency, enhanced outcomes for Māori (and, to a lesser extent, non-Māori). This finding supports the importance of adapting interventions for the cultural context, to deliver treatment in ways that are engaging, healing and effective for different cultural groups (Te Puna Aonui, 2024). Further work is required to explore how mātauranga Māori can increase the responsiveness of these services and their ability to reach more of the community.

Online and digital sexual harm workforce

Parents, community and iwi groups, and the wider workforce struggle to keep pace with the rapidly changing digital environment. National FVSV sector feedback points to urgent needs for training, tools and resources to understand and address emerging risks, build youth online resiliency and respond to harms. These include:

- information on the youth digital sexual landscape platforms, usage, trends, emerging AI technologies, risks and impacts
- prevention strategies for Technology-Facilitated Sexual Violence to build youth confidence online and to foster resilience and protective factors
- skills to facilitate safe, shame-free and culturally safe conversations with youth, to build critical thinking and counter harmful online norms

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- specialised early intervention and response strategies for TFSV and broader online-related harms such as problematic pornography use and rough sex/choking (strangulation)
- accessible resources for young people and their families to build and strengthen awareness, guide conversations and promote protective online behaviours.

Young people lack adult support navigating their digital sexual environments, with fear of shame and stigma as key barriers. An informed, empathetic approach can reduce shame and encourage help-seeking (Classification Office, 2024).

Young people's experiences and perspectives must inform national sexual violence responses. Many are critically aware of online risks and want to shape solutions. Te Aorerekura is committed to addressing 'the conditions that create harm' and supporting young people to 'live free from violence'. For this to occur, it is vital that the workforce is equipped with the skills, capabilities and resources to support and guide young people and their families in navigating this new digital environment safely.

Specialist health services

Sexual Abuse Assessment and Treatment Services (SAATS) and Non-Fatal Strangulation/Suffocation Assessment Services (NFSSAS) are specialist health services available across New Zealand. These services support individuals affected by sexual assault – including those who have experienced non-fatal strangulation or suffocation – regardless of when the event(s) occurred.

SAATS and NFSSAS are free, confidential and available to people of all genders, sex characteristics, sexualities and ages. They work in a tripartite model with specialist crisis support services and police, as recommended best practice by Medical Sexual Assault Clinicians Aotearoa (MEDSAC), the national peak body.

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Assessments are patient-centred, trauma-informed and take as long as needed, usually several hours. They may include the following:

- **Forensic examination** following a recent assault involving the collection of forensic evidence (timeframe for collection of forensic evidence varies depending on the nature of the event(s) and what has occurred since but is less than 7–10 days), medico-legal report writing and expert testimony in court to support the patient's pathway to justice. Where a patient is undecided about making a police report, forensic evidence can be securely stored, allowing the patient time to make a decision about police involvement.
- **Medical assessment** following recent or past assaults to address physical injuries, assess for sexually transmitted infections (STIs), pregnancy risk and psychological wellbeing.
- **Non-fatal strangulation/suffocation assessment** when this has been a component of the assault, including clinical evaluation of potential health impacts and a risk assessment to ensure the patient is safe to return home.
- **Therapeutic support** integrated into all assessments to prioritise safety, dignity and emotional wellbeing.

All clinicians working within these specialist medical forensic services – forensic examiners (doctors and nurse practitioners) and nurses – choose to work in this field and complete national training, accreditation and ongoing professional development facilitated by MEDSAC.

SAATS and NFSSAS are committed to delivering trauma-informed care that empowers patients to make informed decisions about their health and healing. The services work closely with allied agencies, to ensure warm handovers and streamlined referrals to further support services, helping to reduce barriers to ongoing care.

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Trauma and violence-informed practice

Trauma- and violence-informed practice refers to service delivery that threads an understanding of past and present experiences of violence and trauma. This service delivery aims to provide support in a safe way, where a person can feel that they have control and choice. It also aims to prevent re-traumatising victim-survivors (Palmieri & Valentine, 2021). A trauma- and violence-informed practice includes the following:

- Focuses on acts of violence and patterns of behaviour not necessarily isolated to a single event.
- The individual and collective trauma and impact caused by acts of violence.
- Focuses on both historical and ongoing structural and interpersonal violence.
- Acknowledges a person's experiences of past and/or ongoing violence as the cause of the trauma.
- Recognises the impact of systemic and cultural factors on individuals' experiences, ensuring compassionate and respectful care.
- Avoids seeing the problem as residing only in a person's psychological state and acknowledges difficulties that arise from social inequities and circumstances.
- Allows for a more expansive understanding of people's experiences, particularly in cases of complex trauma, where histories of violence typically include interconnected experiences of interpersonal and systemic violence. Notably, for many victim-survivors, violence is ongoing, and it can be intergenerational and connected to colonial violence.
- Emphasises practices and the development of policies seeking to create services and environments that are experienced as safe. Service providers are encouraged to prevent and limit further harm to people experiencing violence-related trauma by acting at all levels. This includes individual practices, organisational practices and societal practices more broadly.
- Highlights how systems and services can perpetuate harm through normative assumptions and related micro-aggressions, despite their remit to help and protect against harm. This, perhaps, is more subtle and inadvertent and may result in ongoing revictimisation due to system and service failure.

- Understands that discrimination, marginalisation and stigmatisation remain an ongoing experience for many people who have experienced trauma within systems such as child protection, health care and the justice system. Anti-oppressive practice is, therefore, a key part of trauma- and violence-informed approaches.
- Understands the impact of trauma as affecting an individual's sense of self, others and their beliefs about the world around them. Trauma can significantly impact a person's ability to access services. This highlights the need for a trauma- and violence-informed approach that prioritises processes that increase people's sense of control, safety and trust.

Trauma- and violence-informed practices in both prevention and response spaces are essential in creating supportive, healing contexts for those affected by sexual violence (Klein et al., 2024). Service delivery of this nature is also at the core of the following frameworks.

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Sexual violence impacts all of society with disproportionate impacts on women, children and young people, tāngata whenua, Pacific peoples, disabled people, older people, Rainbow communities, ethnic communities and people experiencing compounding forms of disadvantage and discrimination. The following section outlines the issues for people and communities who face disadvantage and discrimination and are impacted by sexual violence.

This section explores the influence of culture and intersectionality in the prevention of, and response to, sexual violence. It includes consideration of the many layers of disadvantage that can impede people seeking and receiving effective support, as well as the protective factors that may help prevent sexual harm and can support safety, help-seeking and healing.

Recognising the diversity of our population and having an awareness of the impact of intersectionality results in greater understanding of the barriers for people seeking help. This understanding is essential to enhance services to better meet complex needs and avoid perpetuating societal inequalities.

Culture and intersectionality

Culture and intersectionality are important considerations when thinking about the social, economic and historical contexts that may shape sexual violence and responses to it. In New Zealand, 'culture' in its broadest sense has acknowledged differences in socio-economic status, age, gender, sexual orientation, ethnic origin, migrant/refugee status, religious belief or disability (Ramsden, 2002). Culture refers to the distinctive practices followed by groups. Although each of these aspects has unique influences on people's everyday realities, none of these strands operates alone. Culture is interwoven in the social, economic, political and historical contexts in which we are situated and intersects with other social categories, such as class, geography, age, disability, gender, sexuality and religion.

Intersectionality

Intersectionality is a way of analysing the dynamics and impacts of social and economic inequity in our society (Crenshaw, 1989). These workforce capability standards and frameworks adopt an intersectional approach, meaning they recognise that people's experiences of privilege, disadvantage and oppression are not the result of a single social category (such as gender, race, class, sexuality, disability or age); rather they are the result of intersecting social categorisations, as well as wider historical and political contexts in which they are lived and experienced. For example, an intersectional approach recognises that gender inequity is experienced very differently by cis women, trans women and gender non-conforming people with different ethnicities, social classes, sexualities, ages and disability statuses, to name just a few aspects of identity.

This intersectional approach supports a shared understanding of how dominant social patterns of harm, such as the perpetuation of men's violence towards women, can interact and intersect with other forms of inequity and oppression. It also aims to challenge and transform structures and systems of power, privilege and oppression that negatively shape people's life outcomes.

Structural inequity and discrimination can lead to the oppression of individuals and groups. Certain social processes, norms, cultural values and belief systems perpetuate and support violence. Different sources of oppression, discrimination, power and privilege can lead to an increased risk of violence at a higher severity and frequency.

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These factors can never be considered in isolation. Responses to violence need to be effectively and appropriately tailored to every individual's needs. One size can never fit all.

Intersectionality emphasises that the individual and structural forces shaping gender inequality are very much interconnected, reinforcing and informing each other, and therefore must be addressed within gender equality initiatives (Hull et al., 2023).

An individual's experiences should be considered in the context of their life course. Issues may co-occur and require a response that effectively attends to these issues and experiences. This may include mental health issues, traumatic brain injury, alcohol and drug abuse, gang affiliation, marginalisation due to poverty and/or homelessness, and a lack of trust in system responsiveness. These issues can intersect and compound the impact and trauma for people experiencing violence and increase the risk of further violence. It can also affect the willingness of people belonging to one or more groups that experience discrimination and disadvantage from seeking support from 'mainstream' services due to a perception they will not receive appropriate responses, often based on previous negative experiences. Understanding intersectionality is critical for designing and delivering prevention, healing and responses that address the complexity and nuance in people's lives, as well as avoiding actions that will perpetuate social inequalities and impede help seeking.

Intergenerational trauma and impacts

Colonisation is not just a past event. The ongoing denial of Indigenous sovereignty and self-determination continue to drive social and economic inequities. This has resulted in tāngata whenua, Māori, experiencing a range of poorer life outcomes. The imposition of colonial values has played a role in distorting Māori notions of whakapapa, tikanga,[2] wairua,[3] tapu,[4] mauri[5] and mana[6] (Wilson, 2023).

For tāngata whenua, colonisation has resulted in the disconnection from ancestral lands, erosion of te reo Māori[7] and fragmentation of Māori complex social structures. Colonisation has undermined the ability of tāngata whenua to continue transmitting their tikanga and mātauranga Māori[8] to successive generations (Wilson, 2023).

Sexual violence within a Māori context has been shaped by historical and contemporary social marginalisation, racism, structural violence and imposed societal changes on whānau and hapū. Violence experienced within whānau is rooted in marginalisation and societal changes enforced during the colonisation of Aotearoa New Zealand (Dobbs & Eruera, 2014). Despite this, sexual violence is often conceptualised to exclude colonisation and its influence on historical and intergenerational violence and trauma.

For Māori, colonisation and ongoing systemic, institutional and interpersonal racism have compounding impacts on how Māori respond to trauma. There are additional complexities that Māori have to face, and these "complexities are rarely engaged in Western modalities of family therapy or counselling" (Pihama et al., 2022, p. 36). Acknowledging the colonial histories of violence and racism is important for understanding, and responding to, the experiences of trauma for Māori.

[2] Tikanga: the right way of doing things; cultural customs and practices

[3] Wairua: spirituality

[4] Tapu: sacred/ness, restricted

[5] Mauri: life essence

[6] Mana: status, authority, esteem

[7] Te reo Māori: the Māori language

[8] Mātauranga Māori: Māori knowledge

Wāhine Māori

Wāhine Māori are more likely to have been subjected to sexual violence than women of any other ethnicity (Fanslow et al., 2022; Family Violence Death Review Committee, 2016; Ministry of Justice, 2025a; Wilson, 2016). The combination of racism and sexism in New Zealand results in the denial of the mana and iho[9] of wāhine Māori, systemic discrimination, deprivation and inequities.

Insights from the Waitangi Tribunal Mana Wāhine Kaupapa Inquiry attest that acts of violence against wāhine Māori are violations of whakapapa. Moreover, the concept of whakapapa denotes that past, present and future generations are intrinsically interconnected, and the impacts of violence can be carried from one generation to the next and beyond.

> Sexual violence was not and has never been part of Māori culture, it was never accepted, nor condoned, in fact, it was rare and the consequence for such acts were severe and swift, these ranged from being ostracised by the entire hapū and/or death.
>
> — (BALZER ET AL., 1997).

An Indigenous approach reflects an Indigenous way of looking at health and wellbeing, or toiora.[10] Māori values and practices foster holistic, strengths-based approaches and collective action to eliminate violence in New Zealand. Being mindful of Te Tiriti o Waitangi means focusing on tāngata whenua to address the inequities caused by colonisation and to affirm tāngata whenua self-determination. It invites us to consider and balance three elements: Te Tiriti o Waitangi, te Ao Māori and whānau-centred thinking. This would enable us to change and challenge the different conceptions of how we view, and work with, all people, including increasingly diverse and migrant communities.

[9] Iho: essence, heart

[10] Toiora: wellbeing

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Culture, traditions, stories and beliefs specific to the whānau, whenua and rohe, moana or awa are distinctly different from one another. These forms of knowledge transmission include mātauranga, waiata,[11] mōteatea,[12] and pūrākau tawhito,[13] and are designed to contain whakapapa knowledge, protection and prevention.

Pre-colonisation

Pre-settlement and pre-colonisation, violence was rare in Māori society. Māori were grounded in iwi, hapū, marae and whānau ways of being, knowing and understanding.

Pre-colonisation, tāne and wāhine Māori held complementary roles within whānau in which concepts of leadership, ownership and authority existed but gendered power did not. Tāngata whenua had well-established social controls to deter, detect and respond if sexual violence occurred. These ensured accountability and consequence, compensation, rehabilitation and healing for all members of the whānau.

Whakapapa provides the basis for understanding creation and the organisation of knowledge and relationships within te ao Māori. It is also the foundation for social groupings, that is, whānau, hapū and iwi (Wilson, 2023).

Te Tiriti o Waitangi

Te Tiriti o Waitangi provides a framework for facilitating the participation of all people in New Zealand. Te Tiriti is based on fair representation and valuing everyone within the diverse communities that make up our country.

For Māori, Te Tiriti acknowledges their constitutional status as the Indigenous people of New Zealand. While this status includes the right for Māori to make decisions for Māori, it also recognises the important role tāngata whenua have to steward the land and its natural resources. Te Tiriti (and other Indigenous-centred instruments like the United Nations Declaration on the Rights of Indigenous Peoples) protects and promotes te reo Māori, culture, identity and the right of Māori to exercise tino rangatiratanga[14] and mana motuhake[15] over all aspects of their lives.

[11] Waiata: songs

[12] Mōteatea: traditional chant, lament

[13] Pūrākau tawhito: ancient stories

[14] Tino rangatiratanga: self-determination, sovereignty

[15] Mana motuhake: authority (mana) through self-determination and autonomy over one's destiny

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Partnership is a key concept within Te Tiriti framework. It acknowledges the two parties to Te Tiriti (Māori and the Crown) and establishes an expectation that both will make joint decisions about the wellbeing of all people in New Zealand. Nevertheless, Māori and the Crown's interpretation and fulfilment of partnership (indeed their respective Te Tiriti responsibilities) has been, and continues to be, fraught. Māori continue to experience the effects of colonisation, institutional racism and discrimination, and failures by successive governments to honour and give practical effect to Te Tiriti o Waitangi (Wilson, 2023).

Māori researchers and academics posit that colonisation, which includes the importation of colonial ideologies and practices of gender, race and class, has undermined traditional Māori structures, beliefs and ways of living.

Māori have sought recognition of, and constitutional change relating to, Te Tiriti and tino rangatiratanga for over 180 years. Today, most Māori claims and grievances through the Waitangi Tribunal or directly to successive governments have been framed as breaches of Te Tiriti and a fundamental power imbalance between the two parties.

If Māori and the Crown are actively demonstrating a commitment to Te Tiriti then whānau, hapū and hapori Māori would be recognised and respected in constitutional, political, social, cultural and economic terms. It would also mean te ao Māori worldviews, mātauranga Māori and Kaupapa Māori approaches would be viewed as a natural and normal part of life in New Zealand.

Tāngata whenua will continue to find ways to restore and revive the essence of who they are by celebrating their indigeneity through the sharing and learning of mātauranga, tikanga, te reo and te ao Māori. Mātauranga and te ao Māori are critical for generating culturally-based solutions drawn from, and centring, whānau, hapū and iwi.

Ensuring a holistic approach that encompasses the person, their narratives, context and histories, recognising colonial violence and historical and intergenerational trauma is fundamental to responding to sexual violence (Pihama & Smith, 2023). There is a need to address barriers experienced by whānau Māori and those bearing the burden of mahi tūkino as the government progressively challenges the structural drivers of its own racism and institutional bias.

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Children and young people

> By prioritising the wellbeing of mokopuna and addressing the root causes of violence to prevent it from occurring in the first place, we can create a safer Aotearoa for everyone.
>
> — (MANA MOKOPUNA, 2024)

There is an acute lack of skilled practitioners and programmes targeting the specific needs of children and young people impacted by sexual violence in New Zealand. The 2025 Youth Health and Wellbeing Survey found 12.5% of young people aged 13 to 19 years old had been touched or made to do sexual things they did not want to in their lives. This included 19% of girls and 6% of boys. Prevalence was higher for young people who are disabled (28%), rainbow (26%), and Māori (20%), and Pacific (18%), compared with the national average. This survey also found 5% of children and young people were pressured to do things they or someone else saw in pornography. This was higher for rainbow young people (9%) and disabled young people (9%). Furthermore, the survey found 9.6% of girls and 5% of boys reported a non-consensual experience of 'sexting' (Ministry of Social Development, 2026).

The capabilities in these frameworks reflect the need for children and young people to access appropriate services and adult support. Those working with children and young people (e.g., in frontline law enforcement, court processes, care and protection and youth justice), whether as victims of violence or users of violence are scaffolded in these frameworks to provide children and young people with prompt and humane responses. Care is needed to avoid re-traumatising children and young people affected by sexual violence and maintain an accurate focus on accountability of users of violence taking responsibility for the harm their actions have caused (Sweeney et al., 2018).

The capabilities in these frameworks encourage those who work with children and young people affected by sexual violence to actively involve children and young people in developing, implementing and monitoring solutions and actions to address sexual violence. Furthermore, services need to be guided by children and young people's families and support systems (where safe to do so) and must place the child's or young person's protection, support and healing at the centre.

Older people

Ageism and discrimination mean that older people are not always treated with the dignity and respect they deserve. Health issues, financial stress and family breakdowns can increase the risk of older people experiencing abuse. Elder abuse in New Zealand is hidden, despite affecting at least one in 10 people over the age of 65 (Waldegrave, 2015). However, sexual abuse of older people is even less visible, for all the same reasons sexual violence remains an under-reported phenomena. In addition, changing social and legal norms may make older people less likely to describe sexually harmful experiences in the ways they are understood today. For example, rape within marriage was only criminalised in New Zealand in 1986.

> "As we age, we should have purpose and be thriving, adapting to change, and participating in our communities. We should all feel and be safe, living free from abuse, neglect, and discrimination."
>
> — (OFFICE FOR SENIORS, 2019)

Although there are not many studies in New Zealand comparing elder abuse among cultures and ethnicities, one study found that Māori are more than twice as likely to be coerced, be verbally and emotionally abused, and feel uncomfortable with a member of their family than non-Māori (Waldegrave, 2015).

Reported rates of sexual abuse are not as high as other forms of elder abuse, most likely because this is the least likely form of elder abuse that older people, their relatives or agencies will identify and seek support for. Elder sexual abuse can include using sexually offensive language, inappropriate touching, unwanted sexual contact and rape. International evidence suggests older women are six times more likely than older men to be sexually abused (Australian Institute of Family Studies, 2022).

Older Rainbow people describe experiences of sexual harm during their lifetimes in families, institutions, healthcare and other contexts, often understood as 'punishment' for their sexuality or gender being different (Dickson et al., 2023).

Response services for older people highlight that the level of elder abuse is probably higher than what is reported in community or residential care settings. Abuse is rarely disclosed by a victim-survivor or reported by residential staff to authorities. Many carers and staff, at present, require additional support and training to manage sexual abuse appropriately (Ministry of Social Development, 2019). There is a risk that sexual abuse is not taken seriously due to ageism and notions of older people being asexual. The proposed frameworks address the need for workers in community and residential care settings to be supported with specialist training, research and guidance on best practice.

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Disabled and deaf people

One in six people in New Zealand are disabled or d/Deaf (Stats NZ, 2023). According to the United Nations Convention on the Rights of Persons with Disabilities, some barriers hinder full and effective participation in society. Many of these barriers therefore create more risk for disabled or Deaf people, both in harming others or being harmed themselves by sexual violence.

Some psychosocial factors faced by disabled and Deaf people seeking support include fear, withdrawal, isolation, low self-esteem, reduced social and economic participation in education, reduced access to services and increased poverty and violence (World Health Organization, 2011). These factors can influence whether disabled people seek or receive effective support, as well as a lack of information about sexual violence services in accessible formats and a lack of trained and capable workforce.

Communities that face discrimination, and those who intersect with disabled or Deaf communities, can face further difficulties as they seek and receive support. For example, it is more complex for Māori and Rainbow people who are disabled to navigate sexual violence services (King, 2019). This is pertinent for both victim-survivors and those who use violence.

Children with intellectual or psychosocial disabilities are 4.6 times more likely to be at risk of sexual violence than other children (New Zealand Human Rights Commission, 2021). Of disabled adults who reported non-partner sexual violence, 43% of women and 60% of men never sought help (New Zealand Human Rights Commission, 2021). According to reported data, disabled adults are 52% more likely than non-disabled adults to be sexually assaulted in their lifetime (New Zealand Human Rights Commission, 2021). New Zealand research reports that 40% of disabled adults experienced sexual assault one or more times in their lifetime (Ministry of Justice, 2023).

Some people who are disabled and Deaf may need caregivers or support people, and some may require extra support to enable them to communicate their needs effectively. Some disabled people have a reduced capacity to understand that they are being sexually abused. Others may sexually abuse others without full comprehension of the impact of their behaviour, due to not being provided with the right support or education to understand consent and ethics relating to sexual behaviours (New Zealand Human Rights Commission, 2021). For many disabled people, mental health services often do not have the required skills and knowledge or are not adequately funded to support disabled people and, therefore, do not have the resources to support them with their mental and emotional needs following sexual violence.

When disclosing, or reporting, sexual violence, disabled people encounter significant barriers, including attitudes that devalue disabled people; being silenced; not being believed; gaslighted and their credibility being questioned; and being undermined by stigmatising societal and police attitudes towards those with disabilities (New Zealand Human Rights Commission, 2021).

Types of sexual violence / reproductive harm towards a disabled person can include (New Zealand Human Rights Commission, 2021, p. 67):

- preventing disabled women from having children by, for example, forcing a woman to have an abortion or be sterilised (without consent)
- preventing disabled women from accessing IVF treatment
- threatening sexual violence
- rape – unwanted/non-consensual anal, oral or vaginal penetration
- unwanted touching
- disrespect of need for intimacy
- controlling menstruation
- forced, coerced and otherwise involuntary pregnancy
- showing/displaying pornographic materials
- forced abortion, criminalisation of abortion, denial or delay of safe abortion and/or post-abortion care
- forced contraception.

These frameworks recognise that any solutions must be led by disabled and Deaf people and will require suitably trained advocates (New Zealand Human Rights Commission, 2021).

The frameworks outlined in this document acknowledge that the diversity of disabled people needs to be understood and acknowledged to ensure access to the appropriate support, and to meet individual, family and whānau needs. Not all impairments are immediately apparent, such as foetal alcohol spectrum disorders (FASDs), autism spectrum disorder (ASD), learning disabilities, intellectual disabilities and thinking differences such as attention deficit hyperactivity disorder (ADHD), dyslexia and many other long-term health conditions. It is also important that workforces understand that there is inequity and variance in available supports and services that disabled and Deaf people are able to access.

The Enabling Good Lives (2025) approach in New Zealand supports disabled people to have greater choice and control concerning the support they receive. About Enabling Good Lives New Zealand

Pacific peoples

‘Pacific peoples’ is a term used to represent a collective of populations from different island countries in the Pacific who live in New Zealand. Pacific peoples comprise both new migrants and those where multiple generations have been born here. This presents an evolving, complex set of Pacific identities for its peoples.

There is an emerging collective Pacific identity in New Zealand, as well as a resurgence of individual Pacific cultures and the diversity within those communities (sexuality, gender, disability, etc.). Understanding this diversity is vital to any Pacific-led and targeted response to sexual violence. Faith, family and cultural values are strong protective factors for Pacific communities. Pacific peoples aspire to be productive and prosperous but disproportionately experience material hardship.

From a Pacific worldview, any form of violence, including sexual violence, is essentially a fundamental disruption of the vā or sacred space that binds families and, on a larger scale, communities. The vā refers to a common cultural understanding that space – all space – is relational, meaningful, creative, dynamic, connecting, energising and sacred, and thus people must be treated with respect at all times. It is, therefore, a violation of tapu (forbidden and divine sacredness) for any person who experiences violence or who uses violence. This acknowledges the holistic worldview of Pacific peoples, where the essential sense of belonging and connectedness to one another is inherited and passed down from generation to generation within, and by, family (Su’a-Tavila, 2019). It also reflects the connection to the cosmos across time and space and the understanding of self as spiritual, as well as physical, psychological and social (Rankine et al., 2017).

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Rates of sexual violence offending and victimisation in Pacific communities are unknown due to under-reporting of sexual violence and a low level of Pacific people's engagement in sexual violence research (Rahmanipour et al., 2019). Compared to Māori and New Zealand European, Pacific peoples are the least likely to report sexual violence to police (Rankine et al., 2017). Pacific women have relatively low rates of reporting, and this is even lower for Pacific males and transgender people. Some under-reporting is attributed to personal beliefs, such as the notion that sex is a 'marital obligation' (Rahmanipour et al., 2019). Under-reporting of sexual violence within the family setting is attributed to shame as well as loyalty to family (Cammock et al., 2025). Other reasons include scepticism about professional confidentiality because of religious and cultural beliefs, which prevent migrants from talking openly about sex. Research demonstrates that within Pacific communities in Auckland/Tāmaki Makaurau, sexual abuse is mostly perpetrated by family members, acquaintances and people within the community. Perpetrators often span the range of male relatives, including uncles, grandfathers and cousins. There may be multiple incidents of sexual abuse by multiple perpetrators within the family. Abuse is usually not reported to authorities even if disclosed (McPhillips, 2002).

In 2025,

17.6%

of Pacific youth aged between 13 and 19 reported having experienced unwanted sexual contact in their lifetime, statistically higher than non-Pacific respondents (11.8%)
(Ministry of Social Development, 2026)

In 2019,

1 in 4 (26%)

of Pacific women reported having experienced physical or sexual violence from an intimate partner in their lifetime
(Fanslow et al., 2023)

1.9%

of Pacific adults experienced sexual assault in 2025, compared with 1.6% of adults overall
(Ministry of Justice, 2026)

In 2025,

19%

of Pacific adults reported having experienced sexual assault in their lifetime
(Ministry of Justice, 2026).

Culturally nuanced or specific, healing-focused and family and/or community-led

Pacific approaches to sexual violence prevention and intervention differ from mainstream approaches in that they are culturally informed and nuanced, strength- and healing-focused, and led by the family or community. This is reflected in the Pasifika Proud (2020) Pathways for Change 2019–2023 framework, which envisions "Pacific families and communities [that] are safe, resilient and enjoy wellbeing" where the Pacific family and their communities of support are where "identity, belonging and sacred relationships are nurtured and protected". However, as noted above, sexual violence can, and does, occur within family spaces. To make proactive, positive changes away from the incidence of sexual violence and prevent the reoccurrence of violence, the framework creates space for Pacific cultural values with unique transformative powers to be harnessed. This was done to create and inform preventive strategies and interventions that disrupt and heal intergenerational Pacific cycles of violence.

Since spirituality, inclusivity and the sacredness of family are central to Pacific peoples' identity and belonging, any interventions to address sexual violence must be grounded in these values. Any responses that are not holistic or inclusive of Pacific peoples' cultural values will not be able to provide infrastructure and systems that enable protective, restorative and transformative solutions, support and services. These frameworks work toward empowering and resourcing Pacific communities to lead their own solutions.

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Ethnic communities include migrants, former refugees, long-term settlers, asylum seekers and people born in New Zealand, who identify as African, Asian, Continental European, Latin American and Middle Eastern. Over 200 ethnicities are represented in New Zealand, speaking more than 160 languages (Ministry for Ethnic Communities, 2024). There is a huge variety and significant differences between, and within, all ethnic communities. These communities account for approximately 20% of the population.

The processes of migration, resettlement, acculturation and integration into a new country have had a significant impact on people in ethnic communities, including in the context of sexual violence and family violence. Although culture has coherent and enduring features, it continually evolves in time and space and is shaped by human history (Simon-Kumar, 2019). Diaspora communities often emerge from or are shaped by experiences of violence, including war, persecution and displacement, which continue to influence their collective memory, identity and relationships with both their homelands and host countries. This means workers need to understand and keep learning about ways to support people who disclose sexual violence and understand the cultural protective factors that can support the healing pathways for victim-survivors (Begum & Rahman, 2016; Simon-Kumar, 2019).

It is widely recognised that there is serious under-reporting of all types of violence in ethnic minority communities, making an accurate profile of prevalence rates difficult to establish. Some of the barriers that prevent reporting of sexual violence and family violence among ethnic women are the fear of being ostracised by community members (Pillai, 2001), lack of awareness of what constitutes violence (Rahmanipour et al., 2019), lack of culturally safe services, the absence of family or community support and disclosures being linked to shame, stigma and rejection. Asian women are also likely to stay longer in violent relationships and often resort to seeking intervention or support from family (Pillai, 2001).

Growing research highlights ethnic women's migration status can also place them at risk, especially if their legal status is tied to their husband's (Raj & Silverman, 2002). For example, those whose visas depend on the abuser will also have a different response to the abuser than someone who has permanent visa residency. In some ethnic communities, women are treated according to cultural norms and values that are different to cultural norms and values in New Zealand.

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Furthermore, many ethnic women lack an awareness of the legal rights available to them (Raj & Silverman, 2002). Language barriers and a culture of shame and saving face can be obstacles for victim-survivors seeking support or legal representation. Ethnic men can also face significant difficulties accessing services due to shame, stigma, pride and cultural norms of masculinity. Disabled and Rainbow people within ethnic communities can experience additional systemic barriers to accessing services. Cultural norms from countries of origin can continue to have significant impacts on ethnic people living in New Zealand.

More than half the countries which criminalise same-sex intimacy or non-normative gender expression, including Pacific nations, can trace the source of this law to their relationship with Britain. Even when such laws are not enforced, persecution and discrimination may create a challenging context for Rainbow Pasifika and ethnic peoples, perhaps elders in particular, to be able to safely live authentic lives, expressing all of who they are, in New Zealand. (Dickson et al., 2023).

In ethnic communities, violence can take additional distinctively cultural forms, often specific and varied between different ethnic communities, including:

- immigration-related abuse and control
- dowry-related violence
- honour-related violence
- forced and under-age marriage
- female genital mutilation
- violence from family members other than the spouse or partner. These may include parents and parents-in-laws, brothers and sisters-in-law, siblings (especially brothers) and uncles
- abandonment of young people if they challenge cultural practices
- greater risk for Rainbow and disabled people.

Sexual violence experienced by ethnic communities in New Zealand occurs in a social context of pervasive racism, which affects how mainstream sexual violence and family violence services respond to the specific needs of the communities. The sexual violence workforce capability frameworks recognise the unique circumstances that lead to acts of violence in these communities. They also value diversity, improving inclusion, drawing on the protective factors that different cultures possess, promoting access to effective support and challenging societal racism and discrimination (Board for the Elimination of Family Violence and Sexual Violence, 2021).

Rainbow communities

Rainbow communities and Rainbow people use a variety of different words and terms to express their identities and experiences. The term 'Rainbow communities' has been used throughout these frameworks to attempt to capture this understanding and respectfully acknowledge the variety of communities that self-identify as 'Rainbow'. However, it is important to acknowledge there are many who do not self-identify as 'Rainbow' but may identify themselves by using another term such as takatāpui, lesbian, gay, bisexual, transgender, queer, intersex, asexual, LGBTQIA+ or another term to indicate their sense of belonging to a particular community or communities.

There is complexity and nuance in how the sexual violence workforce needs to navigate the use of words or terms that relate to identity, and the most important thing is to listen, connect and ask respectful questions about the language people would like to use (Fraser, 2019). As terminology and concepts are ever-changing, workforces also need flexibility to adapt to new and changing terminology.

Takatāpui is an inclusive concept derived from a pre-colonial pūrākau. Takatāpui is a traditional Māori term and has many meanings for iwi and hapū. It can be understood to mean 'intimate partner of the same sex', although it has broad and diverse meaning in contemporary contexts. It has been increasingly reclaimed to embrace all Māori who identify with diverse sexes, genders, sex characteristics and sexualities such as whakawāhine (trans women) and tangata ira tāne (trans men) (Kerekere, 2017).

Pasifika cultural and gender identities do not necessarily align with Rainbow or LGBTQIA+. MVPFAFF+ is used by some as an acronym to refer to Pasifika Rainbow peoples, specifically people who identify as Mahu (Hawai'i and Tahiti), Vaka salewa lewa (Fiji), Palopa (Papua New Guinea), Fa'afafine (Samoa), Akava'ine (Rarotonga), Fakaleiti (Tonga) and Fakafifine (Niue), and acknowledges the nuances of the Pasifika cultural gender identities, gender expressions, sex characteristics and sexualities. More recently Pacific Rainbow+ has also been used as an umbrella term, rather than MVPFAFF+:

> In the end, what we found was a diverse range of terminologies that often included and regularly combined both Pacific Indigenous terms and frameworks of gender diversity with expanded queer identities vocabulary that exists in English and Western contexts"
>
> — (THOMSEN ET AL., 2023).

It is important to acknowledge these communities, given the high rates of sexual violence, family violence and other violence experienced by people who identify as Rainbow. The recent New Zealand Crime and Victims Survey Cycle 7 results included data for lesbian, gay and bisexual participants (Ministry of Justice, 2025a). These results indicate much higher rates of sexual violence than the New Zealand average. Pooled data across seven cycles of the New Zealand Crime and Victims survey allows comparisons of Rainbow communities with other New Zealanders. In terms of sexual assault in the previous 12 months, intersex people are 1.7 times, lesbians and gay men are 2.5 times and trans people are 2.7 times as likely as cis women to be targeted for sexual violence (Ministry of Justice, 2025a).

It's beyond the binary, however, where the impacts of biphobia, transphobia, homophobia and hate-based gender policing become even more visible. Non-binary people are 4.6 times as likely and bisexual people of all genders are 4.9 times as likely as cis women to be targeted for sexual violence (Ministry of Justice, 2025a).

The relationship status of people in Rainbow relationships is not always fully recognised in the sexual violence sector, despite being normal, common and just as complex as other relationships, families and communities. Additionally, they may also face other complexities and difficulties, such as:

- discrimination and stigma that mean power dynamics within intimate Rainbow relationships can become further compounded, making it easier for sexual violence to happen and be kept hidden
- coming out and transitioning, which can be times of high risk for Rainbow people, particularly young people
- homelessness due to support networks breaking down
- people breaking sexuality and gender norms often being targeted with violence, including sexual violence
- secrecy around having an innate variation of sex characteristics, which can also mean they are more likely to be targeted

- hypersexualised stereotyping of Rainbow people as promiscuous, predatory and available for sex at any time with anyone (particularly of gay men, bisexual people, and trans women) means sexual violence is minimised

- lack of relevant consent education can make it more difficult for Rainbow people to recognise or name lack of consent

- objectification of diverse sex characteristics, or an intrusive focus on trans people's bodies more generally, can compound sexual assault for intersex people or trans people whose bodies have been modified through gender-affirming hormones or surgeries

- families and whānau not always being safe for Rainbow people, especially those from traditional or conservative backgrounds, cultural norms or religious teachings that may view diverse sexual orientations and gender identities as unacceptable or unfamiliar, leading to confusion, denial, or rejection. Rainbow people often find chosen families such as friends and their community, who play a more central support role in their life. Families may lack the knowledge or language to understand their child's experience, making it harder for them to respond with empathy or support

- other forms of violence that may include sexual harassment and/or threats to reveal a person's sexual orientation, gender identity or innate variations of sex characteristics to friends, peers, work colleagues, family members and others

- violence for transgender and non-binary people, which may also include threatening to withhold, or withholding, access to hormones, medical treatment or other support services and purposely misgendering a person. For intersex people, such threat may come from intrusive and non-consensual medical procedures and misdiagnosis (Gender Minorities Aotearoa, 2024).

People who identify as Rainbow people can face additional barriers to identifying and reporting sexual violence and accessing appropriate services due to service availability and imposed hetero-cisnormative relationship norms (Anti-violence Resource Centre, 2023, Gender Minorities Aotearoa, 2024; Joint Venture, 2022). Assumptions that relationships are heterosexual, gender normative and contain only cisgender people may lead to sexual violence in Rainbow communities going unaddressed, as well as further entrenching harmful gender norms that contribute to a cycle of violence. When responses to sexual violence take a gendered approach, they must recognise sexual violence in Rainbow relationships and recognise people who do not fit binary norms of sex, gender or sexuality. Transgender people report that seeking help from specialist organisations harmed them (Anti-violence Resource Centre, 2023, Gender Minorities Aotearoa, 2024; Joint Venture, 2022). There have been various reports that have found the majority of transgender people have been helped by friends more than by services (Thursdays in Black Aotearoa New Zealand, 2017; Veale et al., 2019; Yee et al., 2025).

New Zealand research found most people in Rainbow communities did not seek help in relation to experiences of sexual violence, and people who did seek help from specialist organisations often felt this experience was unsupportive or dismissive (Dickson, 2016). Rainbow people, and transgender people in particular, often have negative experiences at mainstream services (e.g., harassment, dismissal, harm) (Gender Minorities Aotearoa & Intersex Aotearoa, 2023). Services have a responsibility to prevent these negative experiences from happening (Anti-violence Resource Centre, 2023; Gender Minorities Aotearoa, 2024). Mainstream specialist services need training to recognise how sexual violence is experienced differently in Rainbow communities. Many people working in specialist services are not yet prepared to help transgender and intersex people (Anti-violence Resource Centre, 2023). These agencies need to recognise "more marginalised members of the Rainbow community; in particular intersex people, transgender people, asexual and bisexual people, people with diverse genders; disabled people; and tāngata whenua, MVPFAFF+ peoples and other non-Pākehā ethnicities" (Anti-violence Resource Centre, 2023; Joint Venture, 2022).

Despite poor data collection about sexuality, gender identities and disability status, there are several indications that the overlap between Rainbow communities and disabled communities is significant. Several pieces of research in New Zealand indicate that Rainbow people are more likely to be disabled. Te Taunaki, New Zealand's first Public Service Census, found a higher proportion of sexuality diverse public servants reported a disability than did straight or heterosexual public servants (9.0% vs 5.1%), and a higher proportion of public servants describing themselves as having multiple genders (15.9%) indicated they were disabled than the other two gender groups – 5.6% of female and 5.0% of male public servants (Te Kawa Mataaho Public Service Commission, 2023). The New Zealand Household Economic Survey, after adjusting for age, found Rainbow people are more likely to be disabled than non-Rainbow people (15.9% vs 11.7%) (Stats NZ, 2021). New Zealand's largest survey of trans and non-binary people, Counting Ourselves, found more than a third of participants (36%) either had a disability or identified 'quite a lot' or 'strongly' as neurodiverse (Veale et al., 2019).

All people have the right to safety, autonomy, respect and wellbeing. Therefore, practitioners and services must be responsive, inclusive, accessible and affirming when working with Rainbow individuals, their families and whānau.

Gender responsiveness

The sexual violence workforce capability frameworks adopt a gender responsiveness approach and aim to reduce gender inequities across communities. Developing sexual violence workforces that are gender responsive is essential to ensuring services meet the diverse needs of all survivors and communities. A gender-responsive approach acknowledges that experiences of sexual violence are shaped by gender norms, power relations, and intersecting identities.

This means workforce development must go beyond binary understandings of gender to recognise the full spectrum of gender identities and expressions, including cisgender, transgender, non-binary, takatāpui, and gender-diverse people (Gender Minorities Aotearoa, 2024). Building gender responsiveness into frameworks requires equipping practitioners with the knowledge, attitudes, and skills to understand how gender inequities contribute to sexual violence and to respond appropriately and respectfully across all gender identities.

Workforce capability frameworks must also address the structural and systemic drivers of gender-based violence, such as patriarchy, sexism, transphobia, homophobia, and rigid gender norms. This requires embedding a critical gender analysis into training, policy, and practice, so workers can identify and challenge the social and institutional conditions that perpetuate harm (Dickson, 2016b).

Gender-responsive practice is not only about being responsive to individuals but also about organisational accountability, ensuring that workplaces themselves model gender equity, inclusion, and safety. This includes equitable leadership opportunities, gender-diverse recruitment, and creating work environments where all staff feel safe and respected.

Importantly, a gender-responsive sexual violence workforce must recognise that people of all genders can experience and perpetrate sexual violence, though the patterns and impacts may differ. These frameworks consider how the position and value of women is influenced by historic and current attitudes.

Women and girls are disproportionately affected by men's violence, but transgender people, non-binary people, intersex, and gender-diverse individuals also experience sexual violence at disproportionate rates that may be silenced by stigma or cultural invisibility. Men made up 97% of people convicted of sexual offences in 2024/25 (Ministry of Justice, 2025b).

Academic research is increasingly recognising that sexual abuse done by females against males is more prevalent than traditionally acknowledged, challenging longstanding stereotypes and underscoring the need for broader awareness and support mechanisms (Fisher & Pina, 2013; Stemple, 2017; Weare, 2018). There are various estimates of the proportion of victimisation of men by women, ranging from 5% to 20% (Basile et al., 2022; Weare, 2018).

Several factors contribute to the underreporting and misunderstanding of sexual abuse done by women. One key issue is societal stereotypes that depict men as always willing participants in sexual activity and women as non-aggressive, leading to scepticism when men report victimisation by women. Another issue is the under-reporting of violence done to transgender people. (Anti-violence Resource Centre, 2023; Gender Minorities Aotearoa, 2024; Joint Venture, 2022).

Capability frameworks therefore need to build capability in responding to the unique needs of trans victim-survivors, non-binary victim-survivors, male victim-survivors and others whose experiences are often marginalised. This includes training on inclusive language, practice that is sensitive to concerns about privacy and confidentiality, understanding diverse experiences of gendered harm, and building services that are physically and psychologically safe for all.

Finally, a gender-responsive approach must be intersectional, acknowledging that gender interacts with ethnicity, culture, sexuality, disability, class, and other social locations. For example, they must include an understanding of healing pathways grounded in cultural understandings and dynamics.

Adopting and embedding this breadth of understanding into workforce capability is important so that responses to sexual violence are equitable, culturally grounded, and inclusive of all gender identities, fostering a system that truly meets the needs of everyone affected by sexual violence.

Male survivors

Sexual violence against men and boys is a significant yet often overlooked issue in both research and practice. In New Zealand, the 2025 New Zealand Crime and Victims Survey estimates that around 14% of men have experienced at least one incident of sexual assault in their lifetime, and approximately 7% have experienced forced intercourse or attempts at it (Ministry of Justice, 2026). A New Zealand study found 2.2% of men reported prevalence of non-partner sexual violence since the age of 15 with males being the perpetrator of 69.2% and females being the perpetrator of 30.7%. The same study found 2.1% of men reported at least one act of lifetime sexual intimate-partner violence (Fanslow et al., 2022). These figures represent only what is reported and it is recognised that men under-report and have longer periods of non-disclosure.

Internationally, studies have found lifetime prevalence rates ranging from 10.8% to 35.9%, with 3.8% of men who were made to have penetrative sex during their lifetime, 6.0% reporting sexual coercion, and 13.8% reporting unwanted sexual contact (Leemis et al., 2025). An Australian study found that 5.1% of boys experienced sexual abuse or assault before the age of 17 (Finkelhor et al., 2014). An updated study found 6.2% of males had experienced child sexual abuse, and when online sexual abuse was included, this figure rose to 10.8% (Finkelhor et al., 2024).

The impacts of sexual violence on male survivors are profound and multifaceted. Psychological consequences such as depression, anxiety, post-traumatic stress disorder, and feelings of guilt or self-blame are common (Draughon Moret et al., 2023). Survivors may also experience difficulties with trust and intimacy, substance misuse, and heightened risk of suicide. Physical health issues and long-term behavioural challenges can compound these effects. For some men, the trauma intersects with other vulnerabilities, including disability, poverty, or institutionalisation, which can increase risk and complicate recovery.

Male survivors face unique barriers to disclosure and support. Research by Dixon et al. (2023) found that the average time taken for male survivors to report sexual violence was 18 years, with only a minority reporting within the first few years after the abuse. Key barriers to seeking help include pervasive gender norms and myths, such as norms that men should be strong, powerful, stoic or myths that men cannot be victims. These could contribute to a sense of shame, fear of not being believed.

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Survivors can often worry about being perceived as weak or complicit, and some fear that disclosure will lead to assumptions about their sexual orientation. These societal attitudes, combined with a lack of male-focused services, and limited professional training, create significant obstacles to help-seeking.

Intersectionality plays a critical role in understanding male survivors' experiences. Māori men, for example, may face additional cultural and systemic barriers, including historical trauma and institutional racism. Rainbow people often encounter stigma related to sexuality and gender identity, while disabled men may be at higher risk of victimisation and experience even greater challenges accessing the already limited access to appropriate services. Culturally safe and inclusive practices are essential to ensure that all survivors receive equitable, respectful, and effective support. This requires acknowledging diverse identities, and tailoring services to meet the needs of marginalised communities.

Developing workforce capability to respond effectively to male survivors requires dismantling myths, adopting inclusive language, and embedding practices that normalise help-seeking for men. Training should address the specific barriers male survivors face, while policies must ensure equitable access to specialist and non-specialist services. Collaboration across health, justice, and community sectors is essential to create pathways that are safe, timely, and survivor-centred.

Male peer support

Peer support services offer meaningful and unique benefits for adult male survivors of sexual abuse. They provide a sense of connection, understanding and solidarity – elements often missing in traditional clinical services. For many male victim-survivors, being supported by someone with lived experience helps normalise the challenges associated with sexual victimisation, such as shame, isolation and stigma. This shared understanding can be a powerful bridge to other forms of recovery, encouraging survivors to engage more confidently with additional support services (Dixon et al., 2023).

Crucially, peer support brings a non-clinical, empathetic lens to the psychological impacts of trauma, including PTSD, depression and anxiety. The authenticity of lived experience offers a depth of insight that cannot be replicated through professional training alone. This resonance can foster trust, reduce feelings of alienation and help survivors feel truly seen and understood – paving the way for healing and empowerment. There is a lack of evidence about effective provision of male peer support for male survivors who are also part of marginalised communities (e.g., men from ethnic communities, disabled men, Rainbow men).

In New Zealand, Peer Support Practice Guidelines including Organisational Quality Standards for provision of support services to male survivors of sexual violence have been developed (Tautoko Tāne Male Survivors Aotearoa, 2018). A framework called Purposeful Peer Support Aotearoa is also available (Tautoko Tāne Male Survivors Aotearoa, 2024).

Institutional sexual abuse

The term institutional sexual abuse is used to distinguish abuse that has occurred in an organisational setting as distinct from that which occurs in a family or other non-institutional environment. Those who commit abuse in an institutional setting often have multiple victims and may have been using abusive behaviour for many years. If an organisational culture of acceptance of abuse exists, this can lend itself to supporting numerous people who use sexual violence (Buchanan, 2007). Many organisations perpetuate abuse due to a lack of appropriate policies and practices to respond to disclosures, along with cultures of denial, secrecy and self-protection. Many organisations do not create appropriate environments to prevent and respond to sexual violence based on the false belief that sexual violence 'can't happen here'.

The Royal Commission of Inquiry into Abuse in Care (2024) confirmed that institutional sexual abuse was not confined to individual perpetrators, but was enabled by cultures, structures and systems that failed to protect children, young people and adults in care. Abuse was compounded by organisational secrecy, cultures of denial, hierarchical 'king-pin' structures and practices such as isolation, medicalised control and spiritual coercion. These conditions created environments where sexual violence could persist unchecked, sometimes for decades.

A central finding was the absence of a culturally grounded, trauma- and violence-informed workforce. Across social welfare, disability, mental health and faith-based institutions, staff lacked adequate preparation, with racist and ableist attitudes and poor understanding of trauma identified as common drivers of harm.

The Commission called for mandatory, career-long professional development on te Tiriti o Waitangi and partnership practice, Pacific values (kainga, fetokoni'aki, aro'a, tapuakiga/talitonuga, kaitasi), disability and Deaf culture, mental distress, oranga whānau approaches and specialist knowledge of sexual violence, coercive control and grooming.

The Commission also addressed the systemic drivers of abuse by recommending stronger institutional cultures and practices that prevent harm. Key measures include survivor and community-led co-design, elimination of harmful practices such as solitary confinement and chemical restraint, independent monitoring of closed environments and transparent quality-improvement systems. These findings reinforce the Sexual Violence Workforce Capability Frameworks' emphasis on prevention, early response, leadership accountability and psychologically safe workplace cultures.

On resourcing, the Commission's economic modelling estimated the lifetime cost of abuse in care at NZ$857,000 per survivor and NZ$97–219 billion for the 1950–2019 cohort. To prevent recurrence, it recommended legislated, long-horizon funding baselines for survivor-led redress, whānau-strengthening prevention services and workforce capability investment. Of particular importance was the call for ring-fenced funds for Kaupapa Māori, Pacific, d/Deaf, disability and rainbow providers to grow and sustain specialist expertise.

Finally, the Commission emphasised the disproportionate harm experienced by marginalised communities – including Māori, Pacific peoples, disabled people (especially tāngata Turi), Rainbow communities, migrants and older persons. It recommended these groups must lead the design, delivery and governance of care and protection systems, supported by targeted capability investment (e.g., Pacific kaitasi-champions, tāngata Turi Māori interpreters, Māori rangatahi peer workers).

Together, the Royal Commission's findings reinforce that institutional abuse cannot be addressed solely by regulating individuals – it requires systemic transformation. For the sexual violence workforce, this means embedding cultural safety and trauma-informed practice, strengthening organisational governance that privileges victim-survivor voice, adequate investment in services and supports that will meet the needs of diverse communities, and measuring equity of outcomes. These are not optional enhancements but essential safeguards against repetition of the harms outlined by Whanaketia (Royal Commission of Inquiry into Abuse in Care, 2024).

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Religious and faith communities

Religious and faith institutions occupy a distinctive position in the social fabric. They serve as centres of moral teaching, spiritual formation and communal belonging, shaping members' values and conduct through scripture, tradition and doctrine (Egan-Bitran, 2022). Many also function as umbrella organisations overseeing congregations, theological training, education and social services — including State-funded schools and residential care facilities (Egan-Bitran, 2022). Across these settings, people from all walks of life gather in shared spaces of worship and community. In practice, this means that those who have experienced sexual violence and those who have used it may be part of the same congregation, placing responsibilities on faith leaders and institutions to respond safely and effectively (Powell et al., 2016, as cited in Egan-Bitran, 2022).

Religious leaders and congregations can be powerful agents for change — modelling respectful relationships, shifting harmful attitudes, and addressing the intersecting structural inequalities such as racism, gender inequality, ableism and discrimination based on sexual orientation that drive violence (Egan-Bitran, 2022). Research highlights the influence that religious leaders in Pacific communities hold in shaping attitudes and behaviours around violence, given the high regard in which their teachings and positions are held (Boodoosingh et al., 2018; Ah Siu-Maliko, 2016). Women's faith-based groups, too, have been identified in the literature as one of the more effective faith-led responses to interpersonal violence within communities (Nason-Clark et al., 2017).

Yet significant challenges persist within faith, institutional and community cultures. Patriarchal structures, homophobia and the inadequate preparation of clergy and faith workers limit the capacity of institutions to respond safely. Sacred texts and doctrines can be misinterpreted to justify, minimise or excuse violence, while concepts such as forgiveness may be deployed in ways that pressure victim-survivors into silence rather than enabling justice and healing (Egan-Bitran, 2022). A lack of transparency in complaints processes, weak accountability mechanisms, and a tendency to protect institutional reputation over the dignity and safety of individuals, compound these barriers. Moreover, the trust and spiritual authority vested in religious leaders can be exploited through religious grooming — a premeditated process in which perpetrators use the language and

structures of faith to gain access to, and silence, their victims (Raine & Kent, 2019).

Where these institutional and cultural conditions remain unaddressed, the consequences are serious. Religious organisations risk underestimating the prevalence of sexual violence within their communities and responding in ways that are ineffective or actively harmful to victim-survivors (Egan-Bitran, 2022). Structural inequalities, discrimination and spiritual coercion can deepen a victim-survivor's sense of entrapment and reinforce coercive control, making it harder for people to disclose abuse or seek help outside their faith community. These are not abstract risks — they are patterns that the Royal Commission of Inquiry into Abuse in Care (2024) documented in detail across multiple faith-based organisations in New Zealand.

The Royal Commission's investigation into faith-based organisations uncovered widespread patterns of abuse and institutional failure across a range of denominations and movements, including the Catholic, Anglican, Methodist and Presbyterian churches, the Salvation Army, Jehovah's Witnesses, Plymouth Brethren, Gloriavale and others (Royal Commission of Inquiry into Abuse in Care, 2024). Abuse flourished in these settings because leadership consistently denied or minimised allegations, recycled known perpetrators across different parishes or ministries and prioritised institutional reputation over the wellbeing of survivors. Complaints processes were opaque and internal, creating a closed system in which survivors were silenced and perpetrators shielded. Survivors described being disbelieved, spiritually shamed or pressured into forgiveness, while moral and spiritual authority was weaponised to suppress disclosures. These dynamics were not unique to faith contexts; they reflected broader systemic features present across state services, such as hierarchical and authoritarian structures, racist and ableist assumptions, poor record-keeping, isolation from family and community networks and the absence of clear safeguarding duties. The Commission therefore positions faith-based institutions as an acute example of systemic governance, workforce and cultural deficits that exist more broadly across organisational life in New Zealand (Royal Commission of Inquiry into Abuse in Care, 2024).

The inquiry documented that faith settings often magnified risks through what it termed 'clericalism' – the elevation of clergy, leaders, and doctrines beyond scrutiny. This culture placed spiritual leaders above accountability, enabled the minimisation of harm and allowed perpetrators to exploit their positions of trust. Known offenders were moved between parishes or ministries rather than held to account, creating a cycle of harm. Oversight mechanisms, whether internal or external, were either absent or lacked independence, meaning survivors were left without safe pathways for disclosure or meaningful redress (Royal Commission of Inquiry into Abuse in Care, 2024). These failures intersected with wider systemic inequities: Māori and Pacific survivors reported racism and cultural dismissal; women and rainbow survivors noted sexism and homophobia; and disabled survivors described institutional ableism. These factors compounded the barriers to disclosure and heightened the sense of isolation, deepening the trauma inflicted by both the abuse and the institutional response.

In response to these findings, the Commission issued a series of recommendations designed to transform governance, workforce capability and accountability. It called for the introduction of mandatory, nationally enforced care-safety rules across all providers, including pastoral and faith-based settings. These rules would be backed by accreditation requirements, penalties for non-compliance and public reporting of performance. The Commission further recommended the establishment of a stand-alone Care Safe Agency, responsible for registering and vetting all staff and volunteers, setting nationally consistent induction, safeguarding and supervision standards, and requiring career-long training in trauma-informed practice, cultural and disability competence, and awareness of spiritual coercion. This agency would also be tasked with leading continuous quality improvement across the sector (Royal Commission of Inquiry into Abuse in Care, 2024). These measures directly address the failures of independence and accountability that have characterised faith-based responses in the past and ensure that safeguarding cannot be left to the discretion of institutions whose reputations may be at stake.

The Commission also highlighted the need for transformational governance structures. It recommended that survivor representatives and community leaders – including Māori, Pacific, disability and rainbow voices – be embedded at decision-making tables, to ensure diverse perspectives shape institutional responses. Faith leaders, it argued, should be required to issue public apologies, support independent redress mechanisms and contribute funding toward community-led healing projects. These measures are intended not only to acknowledge past harms but also to reshape the relational dynamics between institutions and the communities they serve (Royal Commission of Inquiry into Abuse in Care, 2024). In doing so, the Commission recognises that governance is not only about compliance structures but about embodying relational accountability, transparency and equity.

A central theme of the Royal Commission's findings is that culturally grounded practice is core, not peripheral, to safe care. Survivor testimony emphasised that the breakdown of trust – in terms of whakapapa (genealogy), vā (relational space), and whanaungatanga (relationships) – was as damaging as the abuse itself. The Commission underscored cultural principles such as kainga (family), aro'a (love) and fetokoni'aki (reciprocity) as examples of values that illustrate how safe care is relational, collective and sacred. Embedding such values within workforce standards is essential to preventing harm and rebuilding trust. Institutions must therefore create conditions where families, cultural leaders and peer networks are welcomed as active partners, where authority is shared, language and customs respected, and decision making reflects the values of the communities served.

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Ableism

Ableism is discrimination and prejudice against disabled people and is based on the assumption or belief that disabled people are inferior because of their impairment/s.

Accessibility

Accessibility means that information, goods and services can be used by disabled people on an equal basis with others. Women Enabled International and UN Women (2021) provide a checklist to ensure tāngata whaikaha and disabled people are not disadvantaged by lack of access to information about violence, facilities or access to services. According to Women Enabled International and UN Women (2021), accessibility in this context may include:

- disseminating information related to gender-based violence in accessible formats such as digital formats accessible to screen readers, braille, sign language, plain language and Easy-Read formats
- providing sign language interpretation in police stations and courts
- providing accessible helplines, including offering text service
- ensuring victim-survivors have physical access to accessible shelters that include ramps, railings and elevators and are close to where victim-survivors live
- ensuring services are free or low-cost
- providing training on disability inclusion to all staff working in gender-based violence related services.

Accessible services

Being an accessible sexual violence prevention or response service means providing not only physical access to buildings (toilets, bathrooms and all other spaces), but also offering fully accessible information in a range of formats including access to NZ sign language users and interpreters. An accessible service is one that is respectful and does not put up any barriers to those who need to access that service (whether physical, attitudinal, technological or cultural) that would prevent people from effective engagement with supports.

It means all organisations must develop policies and procedures in conjunction with tāngata whaikaha and disabled people that specify and teach the competencies required to understand who disabled people are; the dynamics and dimensions of sexual violence against tāngata whaikaha and disabled people; and how to constructively respond to this sexual violence, including a knowledge of available services and processes. This right is described in the United Nations Convention on the Rights of Persons with Disabilities.

Barriers to accessibility can also exist for people who are not disabled. Accessibility applies to all people, particularly those from marginalised communities. Organisations, initiatives and services must be aware of the accessibility needs of all people.

Adult at risk

An adult who has care and support needs (whether they are receiving services for those needs or not) and is experiencing abuse or is at risk of abuse, neglect and/or harm (including family violence and sexual violence) and, because of their care and support needs, is unable to protect themselves against the abuse or neglect, or the risk of it. All parts of the definition need to apply.

Ageism

Ageism refers to the stereotypes, prejudice and discrimination towards others based on age. Ageism is everywhere: from our institutions and relationships to ourselves. Ageism can change how people view themselves, can erode solidarity between generations, can devalue or limit people's ability to benefit from what younger and older populations can contribute and can impact people's health, longevity and wellbeing, while also having far-reaching economic consequences.

Audism

Audism is an attitude based on pathological thinking that results in a negative stigma toward anyone who does not hear; like racism or sexism, audism judges, labels and limits individuals on the basis of whether a person hears and speaks. Audism reflects the medical view of deafness as a disability that must be fixed. It is rooted in the historical belief that Deaf people were savages without language, equating language to humanity. Because many Deaf people grew up in hearing families who did not learn to sign, audism may be ingrained. Audists can be either hearing or deaf. This attitude can also be present among Deaf individuals.

Care and support needs

Care and support needs may be physical, psychological, intellectual, emotional, spiritual or cultural. Care and support needs include the health and social care support needs that may be associated with:

- being a carer or an older adult, or having:
  - an intellectual disability
  - a neuro-disability
  - a physical or sensory disability
  - dementia
  - chronic and/or severe illness (both physical and mental).

Children's Act 2014

The Children's Act 2014 made sweeping changes to protect at-risk children and help them thrive, achieve and belong. The legislation includes:

- one new stand-alone Act, the Children's Act 2014
- amendments to the Children, Young Persons, and Their Families Act 1989.

It can be found at www.legislation.govt.nz.

Child sexual abuse material (CSAM)

Child sexual abuse material (CSAM) includes images, videos or live-streamed content that depicts and eroticises sexual activity involving children or teenagers (under 18 years).

Coercive control

Coercive control is a term developed by Professor Evan Stark to understand intimate partner violence (IPV) as an intentional pattern of behaviour that takes away the victim-survivor's liberty or freedom and strips away their sense of self (Stark, 2007). It is not just bodily integrity that is violated but also the victim-survivor's human rights. Coercive and controlling behaviours are an intentional pattern of behaviour, often by an intimate partner (including current and/or past partners or dating partners); however, they can also occur in non-intimate partner relationships and/or include harmful behaviours towards other members of the family. Coercion involves the use of force or threats to intimidate or hurt victims and instil fear. Control tactics are designed to isolate the victim and foster dependence on the abusive partner. Together, these abusive tactics inhibit resistance and escape.

Coercion and control tactics can include:

- physical or sexual violence, including attempted strangulation, use of weapons or objects to inflict injury or death
- intimidation – threats, jealous surveillance, stalking, shaming
- financial – controlling money, restricting access and/or using money needed for essential items
- degradation and destruction of property
- violence directed at children and pets/animals
- isolation – restricting the victim's contact with family, whānau, friends and networks of support, monitoring their movements or restricting their access to information and assistance
- deprivation, exploitation and micro-regulation of everyday life – limiting access to survival resources such as food, money and cell phones, or controlling how the victim dresses.

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Collusion

Collusion is any response that inadvertently or deliberately indicates agreement with, or support for, violence-supportive beliefs, thinking or abusive behaviour. It includes minimising or downplaying the severity of the sexual violence, justifying or excusing behaviour and/or blaming the sexual violence on something or someone else. Collusion can also include when workers agree with the motivation for the sexual violence, for example, they may agree that a victim-survivor's sexuality, sex characteristics or gender identity should be coercively controlled.

Colonisation

Colonisation is the imposition of a structural process whose primary purpose is the forced transfer of power, resources and status from one group to another. For Indigenous people it involves multiple historical acts of dispossession of:

- their lives through acts of war and violent destruction of people and property
- lands and other material
- social and cultural structures that maintain social order and models of collective healing.

For tāngata whenua, colonisation resulted in the dispossession of ancestral lands, the erosion of te reo Māori, the fragmentation of Māori social structures and the undermining of the ability of tāngata whenua to continue transmitting their tikanga (cultural customs and practices) and mātauranga and teachings from te ao Māori to successive generations.

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Consent

Consent is required when two or more people agree to take part in sexual activity. Without consent from all people involved, sexual activity is illegal. In New Zealand, you must be over 16 years of age to consent to sexual activity. The law is designed to protect young people from being taken advantage of.

Consent is an agreement, not just the absence of saying 'no'. Consent is often established with talking and body language.

Just because someone allows sexual activity, it does not mean consent has been given. Consent cannot be given by someone who is:

- under 16 years of age (the legal age of consent in New Zealand)
- being forced or threatened (physically, emotionally or in any other way)
- unable to understand what they are consenting to, e.g., they are too drunk or high, asleep/unconscious or are affected by an intellectual, mental or physical condition.

This does not cover every situation where someone can't consent, but it does cover some of what is in the Crimes Act 1961 Section 128A.

Consent is a continuous process – just because you said 'yes' initially, it doesn't mean you can't change your mind. And just because you have had sex with this person in the past, it doesn't mean you have to consent to sex again or that they should assume you consent to do so again.

Consent must be given freely each time (and for each type of sexual activity) without pressure or coercion from another person.

Cultural humility

Cultural humility is a lifelong process of self-reflection and self-critique, combined with a commitment to learning from others and addressing power imbalances in relationships. It involves acknowledging one's own cultural biases and perspectives while actively seeking to understand and respect the cultural identities and experiences of others. Cultural humility is about recognising that one's own understanding of culture is incomplete and continuously working to improve cross-cultural interactions (Abe, 2020; Fisher-Borne, 2015; Foronda, 2016; Lekas, 2020; Tascons, 2020).

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Cultural safety

Cultural safety requires people to examine themselves and the potential impact of their own culture on interactions and service delivery. This requires people and organisations to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided. In doing so, cultural safety encompasses a critical consciousness where people and organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities, and as measured through progress towards achieving equity. Cultural safety requires people and their organisations to influence services and initiatives to reduce bias and achieve equity within the workforce and working environment (adapted from Curtis et al., 2019).

Cultural facilitators of violence

The principles and practice of patriarchal colonialism underpin cultural facilitators of violence and are exemplified in four ways:

- Natural order – a belief system that places the dominant party in a position of power over their victim and makes them feel legitimately entitled to obedience.
- Objectification – continual reinforcement of the oppressor's beliefs through objectifying their victims rather than seeing them as equals. Such objectification dehumanises the victims or places a commercial value on them. It is a practice used to diminish and subjugate a person or people.
- Forced submission – the practice of making the subjugated believe they are responsible for what is happening or has happened to them. It encourages them to believe their beliefs or world reality are faulty, lesser or irrelevant. They learn to doubt or even hate themselves.
- Overt coercion and physical force are condoned by patriarchal colonialism and regarded as legitimate means of control. Physical force or suppression can be used without any real consequence or significant punishment. These beliefs and attitudes are deeply embedded in the modern-day psyche of New Zealand society and explain the prevalence of violence witnessed towards at-risk members of our society.

Deaf community

Use of upper-case ‘D’ in ‘Deaf’ denotes a linguistic-cultural group whose members are deaf and use sign language as their first or preferred language and who identify with the Deaf community and Deaf culture. When lower-case ‘d’ in ‘deaf’ is used, this represents a wider group of people who are deaf or hard-of-hearing and who may or may not use sign language as their first or preferred language. The distinction between ‘Deaf people’ and ‘deaf people’ is not always clear and people’s personal identity and preferences can shift over time.

Decolonial framework

The decolonial framework, at its most fundamental level, addresses historical and ongoing injustices stemming from colonialism. The framework is essentially about addressing the lingering injustices caused by colonialism, seeking to create a more equitable and balanced world.

Digital sexual landscape

The digital environments, platforms and content that shape how young people experience, learn about and engage with sex, sexuality and relationships. This includes pornography sites, sexualised content on social media, online dating, sexting, AI-generated apps, online communities, virtual reality and platforms hosting user-created sexual content.

Dowry abuse

Dowry includes gifts, money, goods or property given from the bride’s family to the groom or in-laws before, during or at any time after the marriage. Dowry is a response to explicit or implicit demands or expectations of the groom or his family.

The United Nations Division for the Advancement of Women defines dowry-related violence or harassment as “any act of violence or harassment associated with the giving or receiving of dowry at any time before, during or after the marriage.” While dowry is practised in many different areas of the world, dowry-related violence is most prevalent in South Asia, in India, Pakistan, Sri Lanka and Bangladesh. The most common forms of dowry-related violence are battering, marital rape, acid-throwing, wife-burning and other forms of violence.

People who use violence also use methods of starvation, deprivation of clothing, evictions and false imprisonment as a method of extortion. They often use violence disguised as suicides or accidents, such as stove or kerosene disasters, to burn or kill women for failing to meet dowry demands. In New Zealand dowry-related violence is classified as a form of family violence regardless of its purpose.

Equity

Equity is founded in social justice and human rights and is evident when all people have fair and reasonable access to opportunities to reach their full potential. Equity acknowledges that disparities between groups in accessing essential resources and services are structural, rather than the result of individual or group deficit or choice. Equity requires different responses to groups that are differently placed. It also requires responses that acknowledge differences in culture, values and aspirations.

Ethnic communities

Ethnic communities include migrants, former refugees, long-term settlers and people born in New Zealand who identify as African, Asian, Continental European, Latin American and Middle Eastern. Over 200 ethnicities are represented in New Zealand, and between them they speak more than 170 languages.

Gaslighting/gaslit

The practice of psychologically manipulating someone into questioning their own sanity, memory or powers of reasoning.

Good Lives Model

The Good Lives Model (GLM) is a strengths-based rehabilitation framework that focuses on helping individuals, especially those who have committed offenses, to develop a meaningful and fulfilling life by addressing their needs and aspirations. It aims to assist individuals in achieving a 'good life' that is compatible with societal norms and reduces the risk of future offending. Research has shown that the use of the GLM and its core concepts can enhance treatment engagement and motivation to change, reduce drop out and contribute to reductions in risk, increases in protective factors and strengths, and reductions in sexual reoffending (Heffernan & Ward, 2019; Willis & Ward, 2024).

Grooming

Grooming is the intentional act of building a relationship, trust and emotional connection with a child, young person, or adult to manipulate, control and sexually exploit them over time. It is a process rather than a single event and commonly extends to the victim's family or community. Specific goals include gaining access to the person, gaining their compliance and maintaining their secrecy to avoid disclosure. This process serves to strengthen the offender's abusive pattern, as it may be used as a means of justifying or denying their actions (Craven et al., 2006).

Heteronormativity

A world view that presents gender roles as fixed and an assumption that heterosexuality is the 'normal' or preferred sexual orientation. Heteronormativity assumes a gender binary and also sets expectations for heterosexual couples about how to be in a relationship, particularly setting expectations for gender roles and scripts for sexual activity.

While overt acts of homophobia or biphobia are motivated by hatred or fear of sexuality diverse people, heteronormativity is rarely identified, but creates the systemic invisibility of sexuality diversity within legal, medical, social and cultural contexts.

Historical trauma

Historical trauma generally consists of three elements:

- Act(s) of trauma from major historical events.
- The sharing of that trauma by a collective rather than an individual.
- Effects of the trauma that are experienced across multiple generations.

Historical trauma links past injustice to present-day contexts. If unaddressed, historical trauma is transmitted from generation to generation, resulting in contemporary lifetime trauma, chronic stress, physiological and epigenetic changes, discrimination, family violence, sexual violence and violence within families and whānau. Regarding Indigenous people, the acts of historical trauma enacted through the process of colonisation exceed the term 'historic'. The fact that colonisation is an ongoing process and not an event, does not negate the significance of historical acts of trauma but rather broadens and deepens the application of historical trauma to the ongoing experiences of Indigenous people.

Holistic

Dealing with or treating the whole of something or someone and not just a part.

Holistic approach

A holistic approach refers to an approach that is person-centred and provides support that looks at the whole person. The support should consider the person's physical, mental, emotional, social and spiritual wellbeing.

Human rights approach

A Human Rights Approach ensures all policies and actions align with the country's human rights obligations, both domestically and internationally. This approach focuses on recognising the inherent dignity and worth of every individual and ensuring their rights are respected, protected and fulfilled. This approach is underpinned by five principles:

- Participation
- Accountability
- Non-discrimination and Equality
- Empowerment
- Legality

Image-based abuse (IBA):

This is a specific form of Technology-Facilitated Sexual Violence focused on non-consensual taking, sharing or threatening to share sexual images or videos of a person. It can include images taken without consent (e.g., hidden recordings), shared without permission (including via social media), digitally altered (e.g., deepfakes) or used to threaten, shame, control or coerce someone. Image-based abuse is an offence in New Zealand under the Harmful Digital Communications Act 2015.

Inclusive practice

Inclusive practice is a way of working that ensures everyone, regardless of their background or abilities, feels welcome, valued and supported to participate fully. It involves adapting methods and environments to meet diverse needs, ensuring equal access to content and activities, and valuing individual differences as a source of enrichment.

Intergenerational abuse

A pattern of interpersonal violence, abuse and/or neglect that, if unaddressed, is repeated from one generation to the next.

Interphobia

Interphobia is the discrimination against intersex people who are born with variations of sex characteristics such as sexual anatomy, reproductive organs, hormonal patterns and/or chromosomal patterns that are more diverse than stereotypical definitions for male or female bodies.

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Intersectionality

Originally coined by Kimberlé Crenshaw (1989), intersectionality refers to the ways in which different aspects of a person's identity influence their access to resources and opportunities within their environment and can expose them to overlapping forms of discrimination and marginalisation. These aspects include gender, age, ethnicity, disability, sexuality and gender identity. Intersectionality recognises that people's lives are shaped by their identities, relationships and social factors. These combine to create intersecting forms of privilege and oppression depending on a person's context and existing power structures. It identifies hidden structural barriers and supports an understanding of how individual experiences differ, even within already marginalised or underrepresented groups.

Mahi tūkino

Mahi tūkino refers to sexual violence affecting Māori that occurs within whānau. However, mahi tūkino may be done by people who are not whānau. In addition, not all violence is enacted by Māori – many wāhine Māori are survivor-victims of their non-Māori partner's use of violence (Wilson, 2023). It is important to note that this term is not used by all iwi and definitions can vary.

Marginalised communities

Marginalised communities are people and groups who are harmed by social, economic and political oppression, exclusion, discrimination and bias. Marginalisation creates unequal opportunities, resources and rights in society, which lead to worse outcomes for some groups compared to others. Discrimination exists in many forms including racism, sexism, ageism, ableism, classism, transphobia, intersex phobia and homophobia. In the Risk and Safety Practice Framework (RSPF), marginalised communities refer to older people and kaumātua, Pacific peoples, disabled people, ethnic communities and Rainbow communities.

Non-binary

An umbrella term for gender identities that are neither male nor female. People who are non-binary may experience their gender as always a combination of masculine and feminine; different at different times; or feel that neither masculine or feminine describes them.

Nuances

Nuances in the context of sexual violence work refer to the subtle but significant differences in language, tone, body language and cultural expression that can deeply influence how a survivor's story is shared, received and supported. This includes an awareness of cultural values, trauma responses and the unspoken ways people communicate distress, trust or shame. Understanding and responding to these nuances is essential for building safe, respectful and culturally appropriate therapeutic relationships.

Online-related harms

Online related harms is a broad term used to describe harms that arise from, or are influenced by, the normalisation of sexual norms within online environments – such as rough sex, strangulation (choking) and 'consensual non-consent'; or harms associated with online sexual behaviours (e.g., problematic pornography use) and digital experiences, such as unwanted exposure to CSAM or other objectionable sexual content.

Pacific peoples

Pacific peoples refers to a collective of populations from different countries within the Pacific region, including Cook Islands Māori, Fijian, Kiribati, Niuean, Samoan, Tokelauan, Tongan and Tuvaluan. This includes people born in New Zealand who have Pacific heritage.

Paramountcy of safety

The principle of 'paramountcy' or 'paramount consideration' typically refers to the idea that the welfare and best interests of a child are the most important factor in decisions affecting them. This principle is enshrined in various laws, including the Oranga Tamariki Act 1989 and the Care of Children Act 2004. It dictates that when making decisions about a child's care, guardianship or contact, the child's wellbeing must be the primary consideration.

Pornography

Pornography refers to images, cartoons, videos or audio that is created with the primary purpose of sexually arousing the viewer or listener. It typically depicts explicit sexual content and may involve real or simulated sexual acts.

Positionality

Positionality refers to recognising and articulating how a worker's social identities, lived experiences and location within power structures influence what they notice, how they interpret information and how they act. It includes acknowledging biases, privileges and connections to communities, and considering how these shape engagement, assessment and decision making, including in work with Māori and other cultural groups. See also: Positioning (practice).

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Positioning (practice)

Positioning (practice) refers to accurately locating people in relation to sexual violence and family violence based on patterns of behaviour, coercion and harm over time. It guards against minimising, mutualising or reframing violence through perpetrator narratives (e.g., blaming the victim-survivor). Correct positioning:

- identifies the primary victim-survivor and the person using violence, using pattern- and impact-based analysis (not incident-by-incident or 'he said/she said')
- centres safety and risk (including lethality) for the victim-survivor and children
- avoids collusion with justifications ('they made me do it') and avoids reactive mislabelling of victims as offenders
- accounts for context and intersections (culture, age, disability, sexuality, immigration status, system involvement) without losing sight of responsibility for harm.

See also: **Positionality.**

Patriarchy

Patriarchy is a system of social structures and practices in which men dominate, oppress and exploit women. Social stratification along gender lines, in which power is predominantly held by men, is prevalent in European cultures.

Practitioner

Practitioner means someone who practices a profession. In the context of this document, it refers to people who are practising sexual violence intervention workers and advocates.

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Prevention

Previously, family violence and sexual violence were considered inevitable. Current research indicates that violence is predictable and preventable and that prevention opportunities exist in primary, secondary and tertiary settings.

Primary prevention aims to change social structures and norms that contribute to violence-supportive attitudes and behaviours, and create an environment that increases the protective factors that foster equitable, loving, respectful relationships. Interventions change structures, norms and behaviours so that violence is less likely to occur.

Secondary prevention occurs through interventions that take place before harm occurs by identifying those at risk of harm, or at risk of harming. An example of secondary prevention is targeted support for those experiencing concerning sexual ideation.

Tertiary prevention focuses on both immediate responses, often in crisis situations, and also on long-term responses after sexual violence has occurred. These interventions attempt to lessen trauma or reduce the long-term impacts associated with sexual violence and to rehabilitate and reintegrate people who use sexual violence.

Privilege

Privilege consists of three elements:

1. One group of people's unprecedented increases in wealth, power and social status due to traumatic historical acts involving the forced transfer of power, resources and status from another group.
2. Naturalisation of this group of people's 'superiority' through structural, institutional and cultural favouritism, and denying legal, social and cultural freedoms to the dispossessed people.
3. Collective intergenerational accumulations of wealth, power and social positioning (structural advantages supported by government action) are passed to and added on by multiple generations.

Psychological trauma

Psychological trauma is harm caused by experiencing or witnessing terrifying events, such as actual or threatened death, serious injury or sexual violence. Such experiences can cause alteration to the way nervous systems work, and the ways people think and feel.

Pūrākau

Pūrākau are a "traditional form of Māori narrative, containing philosophical thought, epistemological constructs, cultural codes and world views" (Lee, 2009).

Rainbow communities

Rainbow is an umbrella term that includes people of diverse sexual orientations, gender identities and expressions, and sex characteristics. The term rainbow communities is used to reflect the diversity within these groups. Please note that some people do not identify innate variation of sex characteristics (IVSC) as Rainbow. It is always important to respectfully ask how someone wants to identify themselves.

Religious grooming

Religious grooming is a premeditated, predatorial behaviour used by an adult in a position of dominance and or power (a care giver or a religious leader) who exploits religious beliefs, authority, institutions or narratives to gain a child's trust, reduces their resistance, and justify or normalise the sexual abuse. This form of grooming manipulates spiritual obedience and institutional power, often framing the abuse as divinely sanctioned or part of a child's religious education.

Risk assessment

Risk assessment is usually a detailed process allowing a full examination of someone's worldview, behaviours, circumstances and interactions to begin to form a prediction about a person's risk of being harmed or harming others. Risk assessment is both a static and dynamic process, as risk can change quickly. Static risk determines the risk level based on available evidence, which is a combination of data about an individual and their past and present behaviour. Dynamic risk refers to regularly examining changeable or dynamic factors known to be significant precursors to behavioural changes; for example, changes in alcohol or other drug use patterns can increase risk for victims and people who use sexual violence. Situations may change rapidly, so regular reviews are an essential part of managing and mitigating risks. Decisions should be made during and after assessment about what form an intervention will take, in consultation with the client. A full risk assessment requires skills and experience and is generally carried out by specialists.

Risk management

Risk management covers the ways service providers, together with the wider sexual violence system, ensure the safety of victims and children. It contains, challenges and changes the behaviour of people using violence, based on evidence collated and regular assessments. Risk management is a conscious and planned approach to identify and prioritise risk factors and remove, reduce or mitigate them. Everyone in the system has a role to play in risk management. It can include actions taken by an agency or a group of agencies. Ideally, managing the risks to a victim should be coordinated with the risk management of people who use sexual violence.

Risk, Need, Responsivity Model (RNR)

RNR is an evidence-based model for the assessment and treatment of offenders focused on three core principles of risk, need and responsivity. The risk principle matches the level of service to the offender's risk to re-offend. The need principle assesses criminogenic needs and targets them in treatment. The responsivity principle tailors the intervention to the learning style, motivation, abilities and strengths of the offender.

Safe environments

Safe environments in this context are environments (e.g., home, school, sports clubs, social gatherings) where people are valued and cared for and the environment is protective, nurturing and safe for everyone. It is a safe space where there is zero tolerance of abuse, children are seen and heard at all times, and their voices are a priority at all times.

Safeguarding

Safeguarding refers to the proactive measures taken to protect the health, wellbeing and rights of individuals such as children and young people from abuse, harm and neglect.

Spiritual perspectives

Spiritual perspectives encompass a wide variety of beliefs and experiences related to spiritual and religious aspects of human experience. It is important for practitioners to respect the wide variety of spiritual perspectives that exist.

Spiritual abuse

Spiritual abuse is a type of emotional and psychological abuse where a person uses coercive, harmful and controlling behaviours within a religious or spiritual context (e.g., using religious teachings to justify or minimise abusive behaviours). It can also happen in the context of particular cultural values, which can be used to further compound the abuse and weaponise cultural and spiritual values.

Strangulation/suffocation (choking)

Strangulation (often confused with 'choking') is when pressure is applied on or around the neck or throat with enough force to reduce or stop breathing, or change the blood supply to and/or from the brain. This means less oxygen is reaching the brain. Pressure can be applied in different ways – with one or two hands, or with something like a rope, or anything that puts pressure onto the throat.

Suffocation is when breathing is reduced or stopped either by a) obstruction over the nose and mouth, b) compression on the chest or abdomen so the lungs cannot expand and take in air or c) submersion in a liquid so air cannot enter the nose or mouth.

Choking is different as it refers to a blockage inside the throat that makes it hard to breathe.

See also: Suffocation.

Strengths-based practice

Professional practice that includes self-determination and strengths, viewing people as agents with resilience, rather than passive receivers of services. It is a holistic and multidisciplinary approach rather than an outcome or a process. It is less about 'what the end result is' or 'what we do', and more about 'how we do things'. The aim is to enable better outcomes and/or lives for people.

Suffocation

When someone's mouth and/or nose are blocked, preventing air from reaching their lungs. This can happen if a person's mouth is covered by a hand, pillow or clothing, or if something like a cloth is stuffed into the mouth, cutting off their ability to breathe.

Both non-fatal strangulation and suffocation can lead to a lack of oxygen and serious health risks.

See also: Strangulation/Suffocation (Choking).

Takatāpui

Takatāpui is a te reo Māori word, meaning intimate companion of the same sex. It is a traditional term reclaimed by Māori to encompass both their culture and spirituality, as well as their diverse sexual orientations, gender identities and expressions, and sex characteristics. The term takatāpui communities is used to connect Māori heritage with Rainbow identities.

Tangata Whaikaha Māori

Tangata/tāngata whaikaha Māori is used to specifically describe Māori with disabilities.

Tāngata whenua

Tāngata whenua are the Indigenous people of Aotearoa New Zealand. The term tāngata whenua translates to 'people of the land' and refers to the iwi or hapū that holds mana whenua over that area. It signifies a specific group of people with a historical and cultural connection to the land, often based on their occupation and use of the land over generations.

Technology-facilitated sexual violence (TFSV)

Technology Facilitated Sexual Violence is a broad the term for any form of sexual harm that is enabled, amplified or carried out through digital technologies. It includes non-consensual sharing of sexual images (revenge pornography); deepfakes or AI-generated content; online grooming; online sexual coercion or blackmail (sextortion); sexually-focused stalking and harassment facilitated by cameras, apps or devices; non-consensual recording or livestreaming of sexual activity; or unwanted digital sexual contact or harassment.

Tika, pono and aroha

Tika can be defined as the principle concerned with the right ordering of relationships, the right response to those relationships and the right exercise of mana. In other words, the right way to do things. Pono is the principle that seeks to reveal reality and to achieve integrity of relationships. In other words, it calls for honesty and integrity in all that we do. Aroha is the principle of expressing empathy, compassion and joy for others in all that we do.

Tika, pono and aroha are the principles of action by which Māori exercise tapu and mana. If one wants to have mana, one must first seek tapu. To possess tapu, one must exercise tika, pono and aroha.

Transgender/trans

An umbrella term for a person whose gender differs from their sex assigned at birth.

Transmisogyny

The negative attitudes expressed through cultural hate, individual and state violence, and discrimination directed toward trans women and people presumed to be assigned male at birth, who are femininely gendered, e.g., excluding trans women from services for female survivors of partner violence or assuming male-assigned people who express femininity are weak.

Trauma- and violence-informed approaches

Trauma- and violence-informed approaches provide a framework for understanding trauma and how the consequences of trauma could present for victim-survivors and for people using violence. Violence was added to trauma-informed approaches to emphasise how violence influences and shapes interpersonal experiences of trauma and how that affects an individual's health and wellbeing, and engagement with services.

Trauma-informed therapy

Most trauma-informed therapy broadly follows the following stages:

1. Securing safety, stabilising symptoms and fostering self-care.
2. Recovering and treatment, also known as ‘remembrance and mourning’.
3. Reconnecting with people, meaningful activities and other aspects of life.

Specialist sexual violence workers are not expected to conduct trauma therapy (as opposed to trauma-informed therapy) unless they are suitably qualified. However, they do need to understand it so that those working with people in crisis are not trying to ‘unpack the trauma’ when it is not therapeutically sound to do so.

Twin-track

Twin-track is when mainstream services are designed to be competent to work with particular communities, while separate services are uniquely designed for these communities. The twin-track approach allows people who need support to have choices in services that meet their needs.

Victim-survivor

Victim-survivor is used to refer to adults, children and young people impacted by sexual violence or family violence, including people from different cultures, ages, disabilities, genders/sexes, sex characteristics, sexualities and sexual identities.

Warm referral

Warm referral is the processes of providing a supported, assisted referral rather simply giving someone a phone number. A warm referral includes a range of tasks from discussing the options through to follow-up. It aims to ensure the right referral is successfully completed the first time every time.

Whānau-centred

A culturally grounded, holistic approach focused on improving the wellbeing of whānau and addressing individual needs within a whānau context. Whānau encompasses a wide range of social constructs, shaped by intent and context. Whānau determine their membership. The traditional whānau concept is tāngata whenua who share a common descent and kinship, and collective interests that generate reciprocal ties and obligations. More contemporary 'kaupapa whānau' share a common mission, but not necessarily whakapapa. Whānau are significantly different, culturally and socially, from 'family', which tends to be a single household. Policy development should work with and not seek to confine the flexible and inclusive nature of whānau. It must start from a strong understanding of issues, context and the relevant construct(s) of whānau.

Whānau hauā

Whānau hauā is an 'umbrella' term for Māori with disabilities and reflects te ao Māori perspectives and collective orientation. This term emphasises that the disabled individual is firmly located within the collective, as part of a wider whānau – disability and oranga are collective issues for the whānau and not just for the individual.