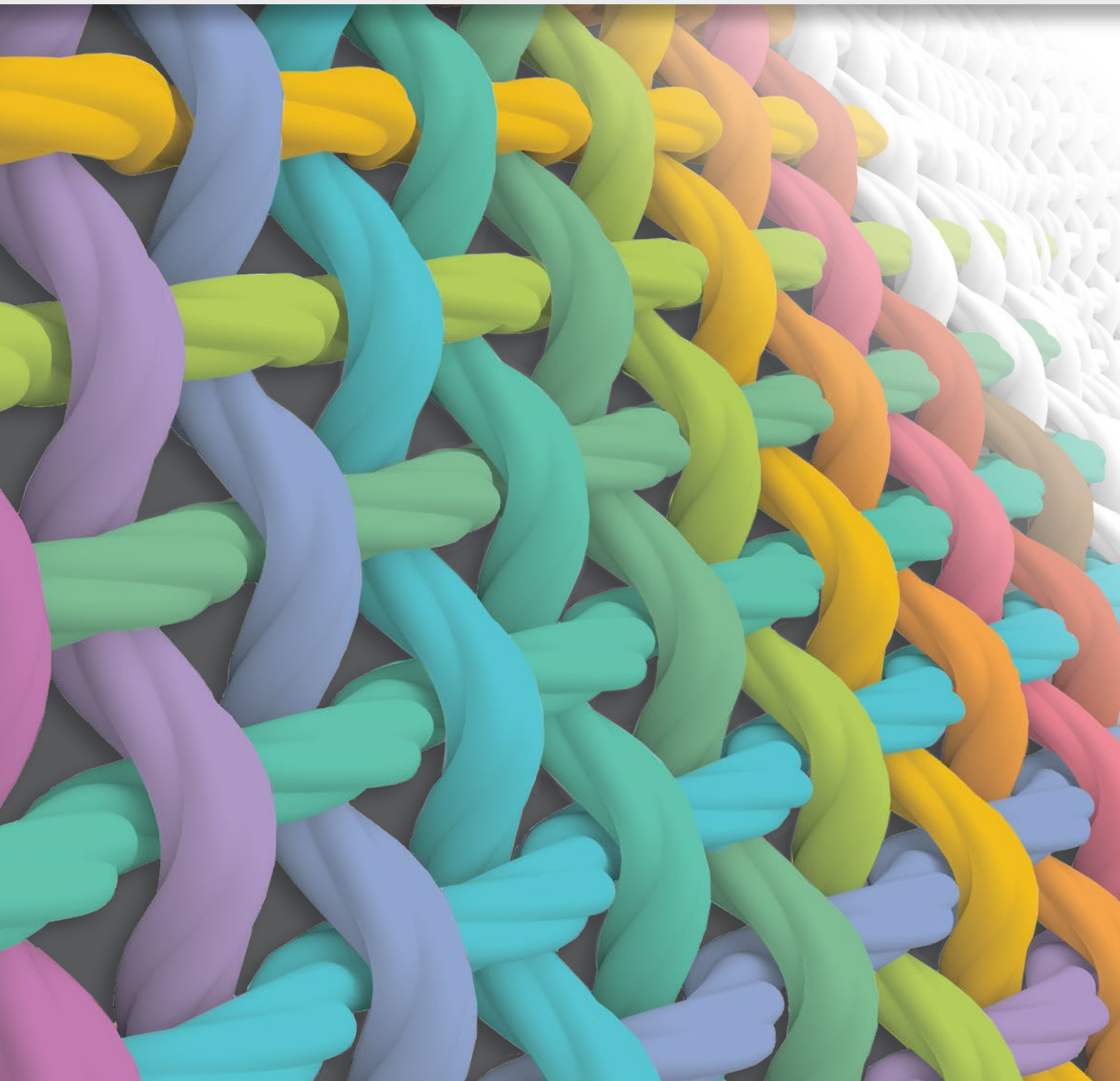
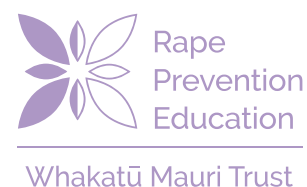




RAINBOW BEST PRACTICE GUIDELINES

Working with Rainbow Communities in Primary Violence Prevention





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Tikanga. Is akin to **Best practice** – tikanga refers to the correct procedures, best practice, or most appropriate way to enact something to ensure the collective safety of all involved.

Introduction

How to use this document

This guide is intended to provide practical steps to help violence prevention practitioners working with Rainbow communities through intersectional practice, working in partnership based on the principles of Te Tiriti o Waitangi. This document breaks down the systemic causes of violence with a power analysis. It intends to expand and deepen our understanding as practitioners of the impacts of systemic forms of disadvantage as a risk factor for violence. This is a living document and may be changed and updated over time.

Section 1. Context and framing provides a fuller breakdown of the historic and systemic violence towards Rainbow people in Aotearoa New Zealand.

Section 2. General Rainbow best practice contains key information for working with all Rainbow clients/communities. Practitioners should prioritise becoming familiar with the information and advice in this section.

Sections 3 – 12. Contains more targeted information and advice for working with specific Rainbow communities.

Each section from 2-12 begins with a summary page that includes key practice points for working with that community. Followed by best practice tables, with competency areas, best practice areas and examples. These tables are organised to be referred back to when preparing to work with Rainbow clients.

The digital document has clickable links in the contents page, and to the glossary and contents page at the bottom of each page, while the printed document is tabbed for quick reference. At the end of each section, there is a longer breakdown of structural violence impacting that particular Rainbow community and some further resources.

While this document is primarily aimed at frontline workers, it is equally important for managers, policymakers and anyone in a leadership position to be familiar with Rainbow best practice. Frontline practitioners can only succeed in implementing Rainbow best practice if they are adequately supported by managers and their workplaces' overall structure and culture. This includes making time within paid working hours to upskill in Rainbow competence, providing resources and training, and deliberately cultivating a culture of inclusivity, safety and learning.

A note on language

Rainbow/Takatāpui

The term ‘Rainbow’ refers to all variations of sex, gender and/or sexuality that exist beyond normative constructions of endosex, cisgender, and heterosexuality (i.e., endo/cis/hetero-normativities). Rainbow people include those who are lesbian, gay, bisexual and/or transgender (among other Western labels), Māori Takatāpui (including whakawāhine, tangata ira tāne, and tāhine), Pacific Rainbow+ identities, and other non-Western identities, such as bakla, two-spirit, hijra, 同志 (tongzhi), sistersgirls and brotherboys, and more. It is important to appreciate that the very notion of clear divisions between sex, gender, and sexuality, rooted in biological essentialism, are Western (colonial) ideas and that many of these ways of knowing and being oneself cannot be understood through a Western lens. While many may not identify as ‘Rainbow’, this term is used in this document because of its flexible interpretation, which does not inherently reinscribe Western categories of interpretation.

Takatāpui is a term with a complex history, which has provoked both strength and tension for gender, sex, and sexuality-diverse Māori. Unlike Western understandings of gender, sex, and sexuality, which are often grounded in essentialising narratives that construe these characteristics as inherent and immutable, Māori identities are inherently political, fluid, and contingent, resisting notions of reducible ‘authenticity’.

Te Tiriti o Waitangi and violence prevention

Takatāpui (from Māori Rainbow communities) have been stigmatised, and their rights as tāngata whenua have been ignored. Through colonisation and early missionary work, Christianity was introduced to Aotearoa New Zealand, removing Takatāpui from a traditional place of acceptance to one of stigmatisation and shame. The intersections of ethnicity, gender and sexuality are complex and compounding, especially within a settler-

colonial context. Through breaches of the Te Tiriti o Waitangi by the State, Tāngata Takatāpui have been alienated from a world that viewed them as part of the normal range of human expression, a world and a culture that had an established and respected place for them. As Māori living in a settler-colonial context, Takatāpui not only experience negative outcomes shared across Indigenous communities but experience additional challenges as members of a society while occupying compounding and intersecting marginalised identities.

When I think of the terms used for Rainbow Indigenous communities, I think often of the fluidity of gender and sexuality. I fall somewhere on this spectrum, and while I may be categorised as a Rainbow youth because of this, I myself have never identified with the Rainbow community. Part of this is to do with the hostility and fear of coming out. While visibility is so important for young Brown Rainbow youth, it can still feel much easier to live life ‘in the closet’ for young Brown working professionals. My partner once said as we discussed this: “Why marginalise yourself further?”

In short, Takatāpui moved from a social and cultural situation where minority stress was simply not a factor to one where it has become a key force in the negative health outcomes they experience. Identifying and addressing the specific public health needs of Tāngata Takatāpui is a duty of the Government in fulfilment of its obligations under Te Tiriti, especially in line with Article 3, guaranteeing the same rights and privileges to Māori as to British subjects.

Rainbow rights are enshrined in Te Tiriti, not just for Māori but all New Zealanders. This is because true partnership with Māori means valuing and cherishing Mātauranga Māori and Te Ao Māori - including upholding the mana of Takatāpui and Rainbow people in Aotearoa New Zealand.

Context and Rainbow histories

Rainbow communities in Aotearoa New Zealand, are in the process of undoing around 200 years of systematic institutional violence towards Rainbow people. There is evidence of change. For example, youth research¹ demonstrates that most queer young people now have at least one supportive parent or caregiver. These rates have slowly been rising over the past two decades. While heteronormativity is still pervasive, there are now institutional efforts to provide services and care, from sexuality education and sexual health services to general workforce capability, designed to meet the needs of Rainbow New Zealanders. Despite these positive efforts, there is still a lot of work to do, particularly for more marginalised Rainbow communities.

Criminalisation of Rainbow communities

From 1840 until 1986, homosexuality (between two men) was illegal in Aotearoa New Zealand. Initially punishable by death, later reduced to hard labour. While homosexuality (or, more specifically, sodomy) was decriminalised in 1986, historic 'homosexual crimes' were not quashed until 2017. Furthermore, anti-discrimination protections were only added to the Human Rights Act in 1993. Though sexual relations between women were never illegal, they also carried much of the burden of homophobic attitudes and/or were made invisible and thereby neglected.

Transgender and other gender-nonconforming people were arrested for dressing in gendered clothes until 1966. This meant that any people who didn't fit into essential binary genders were criminalised.

Given the assumed complementary relationship between genders, bisexuality was likewise erased and neglected, not to mention how heteronormativity erased other identities. Homophobic attitudes were further compounded by the HIV/AIDS epidemic that was misattributed to Rainbow communities. Violence experienced by Rainbow New Zealanders today is consistent with Aotearoa New Zealand's pervasively homophobic history.

History of Rainbow medical abuse

In the past, many Rainbow people and communities have experienced pathologisation. Pathologisation refers to the medicalisation of an experience or identity. Pathologisation implies that a person is broken and in need of repair. This can cause individuals to be viewed and treated as less than human. This reinforces the criminalisation of Rainbow identities, where Rainbow individuals become vulnerable to being characterised as deviant and disruptive. Many, if not all, Rainbow identities have been subject to invasive and dehumanising medical examinations and procedures.

Queerness was historically deemed a medical or psychiatric problem. Pathologisation often led to Rainbow people being forced into medical practices such as anti-gay counselling, chemical castration, and electroshock therapy. Under the DSM (Diagnostic and Statistical Manual of Mental Disorders), gender-diverse and transgender people were up until recently seen to be suffering from the "psychological condition" of Gender Identity Disorder. While 'transsexualism' is still listed under the International Classification of Diseases. Many procedures occurred without informed consent and should be recognised as physical, sexual and psychological abuse.

Ongoing medical abuse

For many in the Rainbow community, this experience of abuse is ongoing. It is perhaps most severely experienced by transgender and intersex communities whose bodies are viewed as deviations from the 'norm' of male and female. These ongoing forms of violence are outlined below in the Structural forms of violence section.

Bodily variations are normal; however, the natural variations of genetic, hormonal or physical sex characteristics that are defined by the intersex umbrella term has caused the intersex community to become highly medicalised. To be medicalised refers to being treated as a medical problem, and intersex people are often treated by society and health workers as having a defect that needs to

be fixed by surgery and medicine. Much of the medicalisation of intersex people are abuses of human rights, and many of the procedures imposed on intersex people amount to medicalised rape.

Services continue to be unsafe for intersex people due to a lack of knowledge and competency. Because of this, intersex people are vulnerable to experiencing medical abuse when accessing services and may justifiably have lower trust in institutions and helping professionals.

Examples of abusive practices endured by intersex people under the guise of medical examinations include provoking sexual arousal without consent, including on very young children, construction of vaginas on children and teens that require ongoing dilation through the insertion of penis-shaped objects, repeated observing and examining of genitals far beyond any level needed to provide care, but rather out of personal interest, and producing photographs and videos of intersex genitals without consent and spreading these images without restrictions. “Medical” practices to change sexuality, gender, and the sex characteristics of intersex infants, are still explicitly legal in Aotearoa New Zealand, despite other forms of conversion practice being banned. While the intentions of these procedures may not always be malicious, these actions can be experienced by patients as ongoing, legally sanctioned sexual violence.

Transgender people also experience forms of violence in medical settings that are invisibilised by social norms. This includes curiosity sexual harassment - where transgender people are asked unnecessary and invasive intimate questions about their bodies and sex lives. It also includes unnecessary bodily examinations, such as breast or genital examinations, which are a form of sexual assault.

Transgender people also experience structural violence in medical settings through a lack of access to all forms of basic necessary care. The Human Rights Commission's² inquiry into discrimination experienced by transgender people found significant gaps and inconsistencies in the availability, accessibility, and quality of health services, with most transgender people not receiving the gender-affirming healthcare they

needed. Ten years later, Counting Ourselves in 2019³ found significant levels of unmet need for gender-affirming healthcare and other forms of healthcare.

One of the reasons for these barriers is that transgender identities have, until recently, been defined as mental health issues and, in many cases, are still dismissed on this basis. Many health professionals have not had access to up-to-date professional training to learn about transgender people's healthcare needs and to understand their role in enabling transgender people to make informed choices about their bodies and lives.

In cases where transgender people are seeking services that are not related to gender-affirming care, if there is a gendered or sexed element to those services, they may have experienced barriers where they are required to ‘prove’ their gender or sex (usually by conforming to stereotypes of womanhood or manhood.)

Won't somebody please think of the children?!: Disinformation campaigns about Rainbow communities

Organised disinformation is a political tactic to build a power base based on the marginalisation and dehumanisation of groups of people.

An example is the disinformation that transgender women and transgender women's rights pose an inherent threat to cisgender women. The core messaging in this disinformation works to frame trans people, especially trans women, as predatory. This messaging relies on gender essentialism, where a person ‘assigned male at birth’ is framed as inherently violent, while persons ‘assigned female at birth’ are framed as inherently vulnerable. This framing fails to recognise gender outside the gender binary, where the only recognisable genders to exist are male and female, as determined by a narrow, unscientific interpretation of ‘biology’. Disinformation tactics may include using research on the numbers of transgender people arrested to argue that transgender people are inherently criminal or sexually abusive or conflating data for men (or ‘males’) with data for transgender women. In fact, most robust data sets show that transgender women are more vulnerable to sexual and family violence than cisgender women.

It is important to understand how transphobic ideas can translate into the perpetuation of violence in primary prevention contexts, reinforcing transmisogynist myths and power dynamics.

Drawing on the Family Violence Workforce Capability Framework (2017)⁴, undoing this violence can involve recognising family and sexual violence as gendered patterns of violence but expanding conceptions of what that means from ‘men committing violence against women’. Expanding to an intersectional lens of violence prevention means recognising that cis women sometimes have power and by creating more visibility and support for all people who experience violence. For example, children who break gender roles can be targeted for violence in families, while adults who violate gender or sexual norms are at significantly greater risk of being targeted for sexual violence by strangers.

Another misinformation campaign that we have seen perpetuated against Rainbow communities is the misappropriation of the concept of ‘groomer’ associated with Rainbow people and communities. The basic premise of this argument is that there is something inherently dangerous or harmful about educating children (or teenagers) about Rainbow people or Rainbow rights. In fact, rigid

gender norms and homophobia are recognised contributors towards violence. Rainbow education is violence prevention education and should be understood as such.

This form of misinformation has been targeted as a response to advances in Rainbow rights in the ‘80s, ‘90s, 2000s and recently. It is often a feature of international anti-Rainbow discrimination movements. In previous decades queer communities, such as gay men, have been accused of trying to ‘recruit’ young people, while more recently, the focus both here in Aotearoa New Zealand, and internationally has been more on trans communities, with the term ‘groomer’ being misappropriated to refer to any form of Rainbow education.

The impacts of this form of misinformation are arguably more profound in other countries, such as the US, where it has led to anti-trans legislation being passed. However, it is important for violence prevention workers in Aotearoa New Zealand, to be aware of this form of disinformation and be able to challenge it.

Structural forms of violence

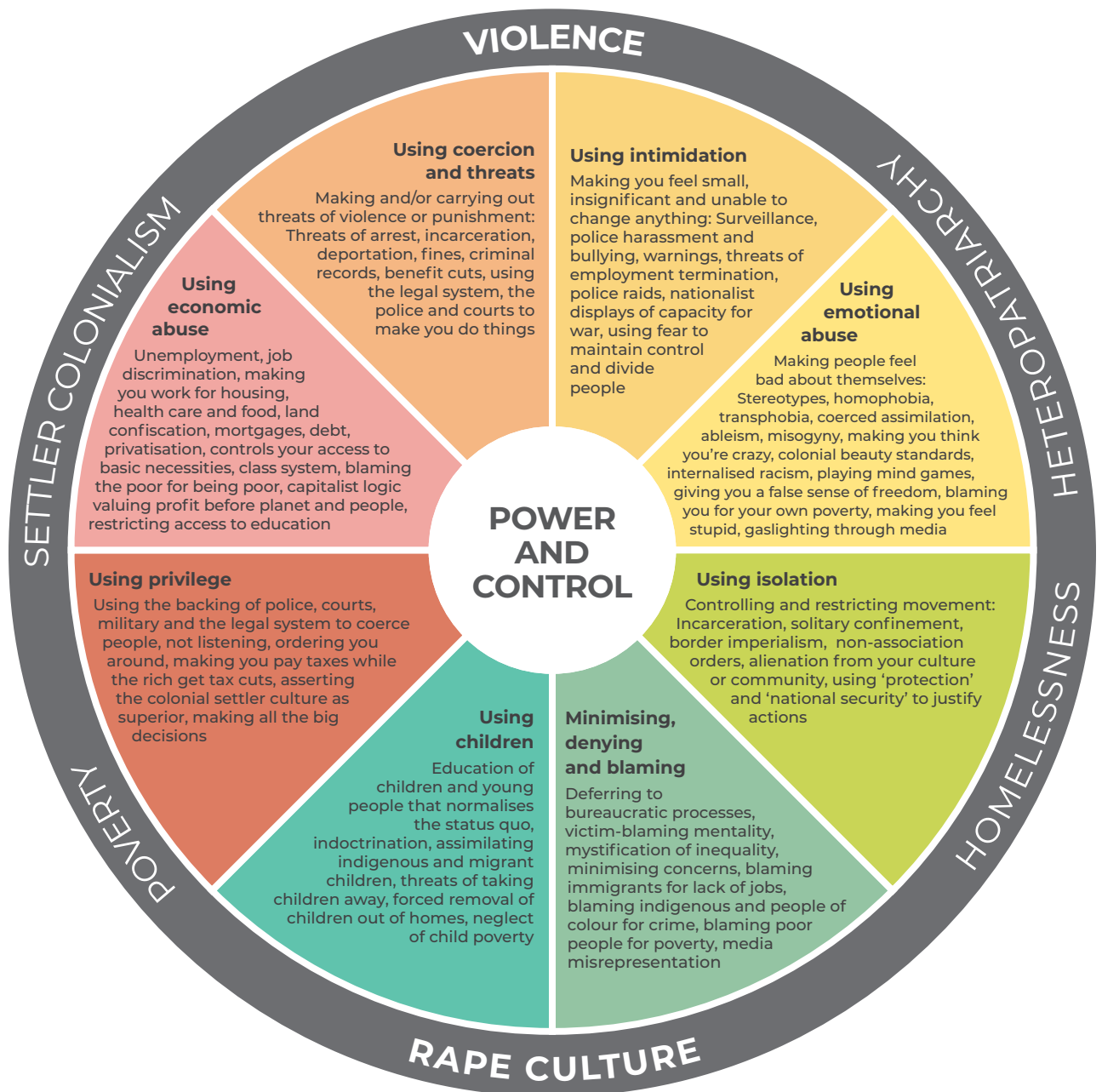
Moving towards an intersectional understanding of violence

In the primary prevention sector, we tend to recognise harm as interpersonal violence perpetrated by men against women in domestic and intimate partnerships. To understand collective experiences of harm, we must understand structural violence. Violence occurs along the lines of structural power. Structural power refers to the way that power (such as authority, wealth and privileges) is arranged to influence the norms of society, institutions and personal relationships. Understanding violence along the lines of power allows us to move into intersectional practice and address the drivers of violence at their roots.

Violence can be enacted by a person of any gender against a person of any gender. It can occur in same-sex relationships and to Rainbow individuals

within nuclear families or chosen families. Gender non-conforming and transgender people are also targets of gender-based violence. Intersex people can be the target of endosexist violence. The dominant understanding of our gender system leaves a large section of our Rainbow community invisible and causes Rainbow individuals to experience barriers to safety and support.

In their paper ‘What will it take to end gender-based violence?’ Mengzhu Fu (2015)⁵ develops the following power and control wheel reworked to shift our understandings of interpersonal dynamics of violence. Fu calls our attention to the nature of violence embedded in Aotearoa New Zealand’s settler colonial systems.



Fu, M. (2015). What will it take to end gender-based violence?. *Women's Studies Journal*, 29(2).

While interpersonal violence perhaps are the most recognised, it is crucial that we understand the more insidious forms of violence of the gender system that works alongside our political, economic and societal system. Gender-based violence cannot be separated from structural violence. The gendered division of labour and wage inequalities, benefit cuts, feminisation of low-wage work, poverty, border imperialism and the immigration system enables gender-based violence. These structures create a

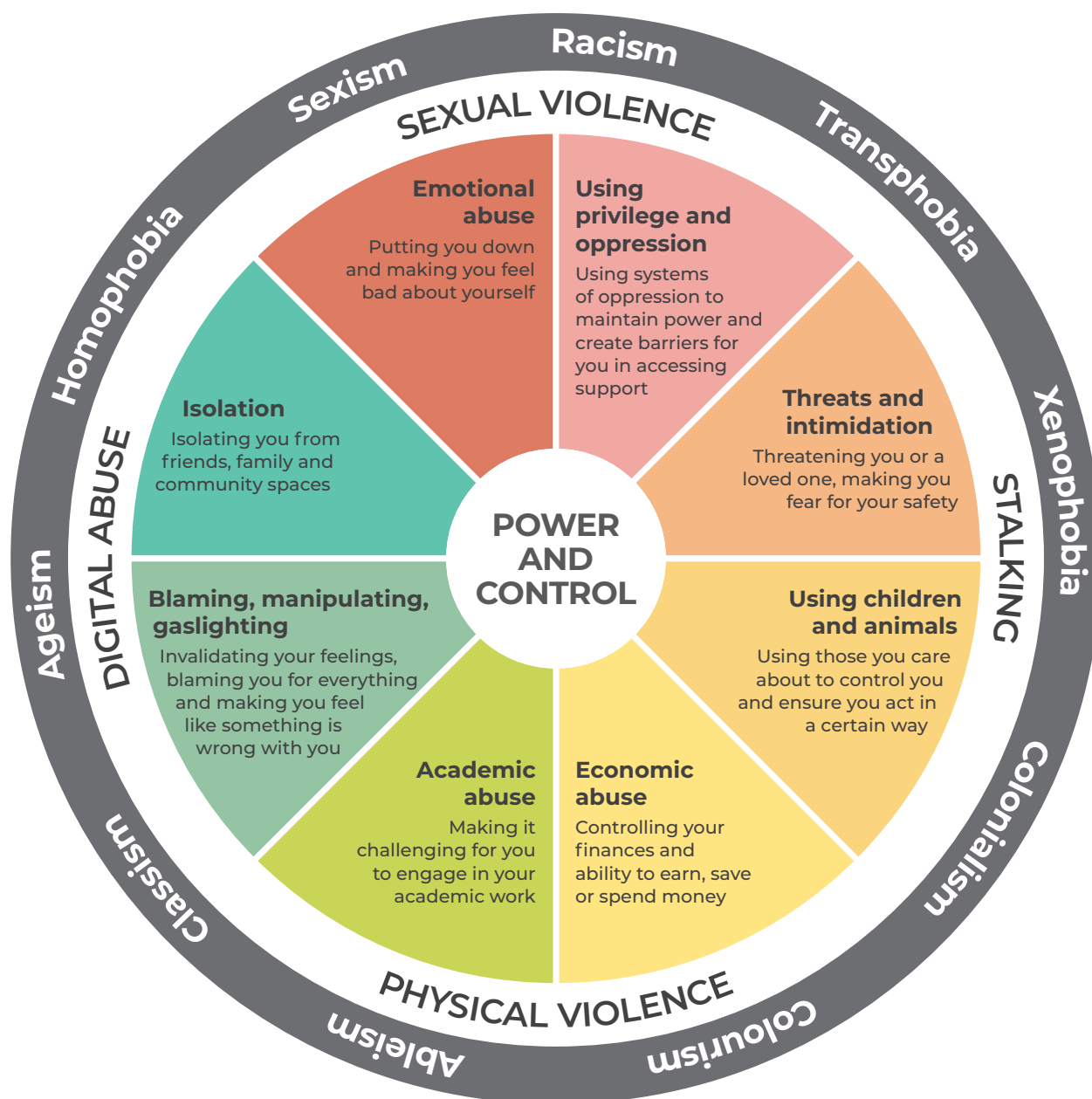
dynamic of dependence in intimate partnerships and enforce people's reliance on gendered identification documents, which may not match a transgender or intersex person's appearance or experience.

Structural violence disproportionately affects marginalised genders, non-permanent residents, Indigenous people, poor people and non-Pākehā people in Aotearoa New Zealand. Immigration status as non-permanent residents makes people

vulnerable to both domestic and structural violence through the immigration system. Rainbow non-permanent residents often become trapped in abusive dynamics, fearing the risk of deportation because they do not have the same rights as citizens and permanent residents.

Political-economic violence causes social suffering alongside interpersonal violence. Often, leaving family and intimate partner violence leads to reliance

on Work and Income New Zealand (WINZ). The degradation of self-esteem already experienced in an abusive relationship is furthered by barriers that prevent people from accessing support that they are entitled to through WINZ, ultimately deterring people from accessing safety. In their paper, Fu argues that we must dismantle structural forms of violence in order to see an end to gender-based violence.



Fu, M. (2015). What will it take to end gender-based violence?. *Women's Studies Journal*, 29(2).

With an understanding of Te Tiriti o Waitangi in the sexual violence sector, we must understand how colonial strategies work together in order to understand gendered violence. Often, practitioners in our sector hold space for patriarchy and gendered violence; however, they often overlook the ways in which racism shapes violence. Racism shapes how we see other people's bodies, shapes how we view sex and sexuality and shapes how we see who is deserving of care and access to change. Racism distorts our view of humanity, and it causes some of us to be seen as more human than others. Anti-Blackness and anti-Indigeneity directly cause sexual violence, shaping how we see and interact with other peoples' bodies.

Colonial strategies like ableism, fatphobia, colourism, transphobia, homophobia, sexism, sex negativity, and interphobia (prejudices against intersex people and their bodies) influence who we recognise as believable victims of harm. It influences who becomes invisible, enabling enactments of harm onto them.

Embracing decolonisation means acknowledging these parts of an interlocking system rather than siloing these issues.

Going to the doctor as an "overweight" Pasifika brown man can be a daunting experience. The last time I went to my GP for an inexplicable stomach pain, their only advice was that I stop eating so much and start exercising. The health system is fraught with inequities and health standards that make it feel unwelcoming and unsafe for Pasifika people. And so, in all honesty, if my doctor was to ask about my sex life or about my orientation, I'd have to make a true assessment about whether or not I trust them. I have yet to meet a doctor with whom I have that trust.

This is a call for us as a sector to work together more and to prioritise those who are multiply marginalised. To prioritise collective healing as well as individual healing, and to understand collective experience of violence rather than individual experience of violence.

Multiple marginalisation

"Growing up middle eastern, honour killings happen on the daily back home. The police didn't take me seriously at first, maybe if it was a white woman calling, but as a brown woman, I don't fit the mould of a perfect victim. Did I need to call them screaming/crying on the phone for them to take things seriously? You can't always assume that families are making empty threats. I convinced them of the threat to my life, and I was escorted out of my home and got out ok, but I can't guarantee that for the next brown woman who comes after me."

Structural violence affecting Rainbow people are, in fact, threats to life. Above is the experience of a person who escaped an honour killing when her family discovered her sexual orientation.

This story demonstrates the multiple ways Rainbow individuals can experience fear and violence. From an apprehension of contacting the police in the first place to fear of her family members experiencing racist violence from the police. When it becomes a matter of life or death to call the police, the barrier of not being taken seriously comes into play. This experience speaks to the experience of living with minority stress and the real life or death risks that occur for people with multiple marginalised identities. As practitioners, it is crucial to recognise the forms of marginalisation that people are living with and how these make them vulnerable to harm.

Barriers for Rainbow people to accessing support

Rainbow people face barriers in identifying and accessing support for violence in Aotearoa New Zealand. Some of the barriers that Rainbow communities face around violence prevention, intervention and response include:

Erasure

Heteronormative understandings of violence, such as the understanding that men are perpetrators of violence and women are victims of violence, mean that unique forms of violence experienced by Rainbow communities go unrecognised. The lack of inclusion of Rainbow people and their experiences in violence prevention discussion or messaging makes it difficult for Rainbow individuals to recognise their own experiences of violence.

Believability politics, invalidation and victim-blaming

Working to dismantle believability politics and victim-blaming is an essential foundation for violence prevention work for all communities. Believability politics impact Rainbow communities in particular.

Gender essentialism, gender stereotypes and sex negativity all shape who is believed about experiences of violence and abuse. This can make it incredibly difficult for Rainbow service users to disclose their experience of violence due to the risk of being not believed or having their experience invalidated.

While service providers, at the end of the day, are human, and they have their biases. They should be aware of their biases and how it impacts their clients. I don't know if it exactly relates to my queerness or to being trans, but discrimination is so subtle, to a point, that I'm not aware that it is happening. A lady said to me in response to my sexual assault, "Oh, at least you have not been penetrated." Microaggressions are subtle but sinister.

Lack of access to services

Violence prevention services may have policies or staff that are discriminatory towards Rainbow people. This can be a huge barrier for people to access violence intervention support.

Alienation

Western models of health care also deny Rainbow communities their identities outside of gender essentialist ideology by pathologising Rainbow people. This alienation persists in many communities and institutions within Aotearoa New Zealand, making Rainbow people more vulnerable to violence.

Suppression of Māori cultural practices

This is historically observed in the Tohunga Suppression Act 1907 and continues today in the Therapeutic Products Bill that was introduced in Parliament in November 2022. These policies criminalise Indigenous health practices and suppress the practice of tikanga Māori. These forms of knowledges and practices would benefit Takatāpui and all Rainbow people in Aotearoa New Zealand.

Minority Stress

Minority stress refers to the psychological burden of navigating society as a minority. For Rainbow communities, this can include distrust of institutions, anxieties around experiencing prejudice, or administrative challenges around navigating systems not made for them. Fear of further discrimination or judgement, concerns about confidentiality, and lack of trust in support systems may prevent Rainbow people from accessing needed support services.

Eroded trust in institutions

Criminalisation, pathologisation, medical abuse and institutionalised cis/endo/heteronormative practices all lead to eroded trust from Rainbow people towards the institutions that are supposed to offer support for violence.

Effective care

Anticipating the needs of service users is an important part of our jobs in prevention and intervention work. It is something that should be recognised as an important part of our professional responsibility. We cannot underestimate how being professional in our work can make a positive difference when providing care for the Rainbow community. When a service provider is able to anticipate care that a service user needs from the time of accessing care into the near future, this saves a service user from future distressing situations.

“Last year, I went to the university emergency fund, I filled out the form struggling and behind on a lot of things. I appointed this wonderful person. I contacted her on Monday, we got on a Zoom on Tuesday, and by Friday, the money was in my account. She acknowledged that she understood from a brown girl to a brown girl, things are harder for us than what a Pākehā

woman might be going through. The university has been historically slack with students, but this person who helped me, she didn't keep questioning me, she asked the right questions, and the money was in my account. I was really proud to be at my university in this moment. We didn't need to be in constant communication with each other after the money came through, but she reached out and asked if I needed support, she asked if I needed a counsellor, she asked if I was considering further study, it felt humanising to speak to her. Stuff came out that week and I was going through threats again with my family, and she helped me from a-z how to apply for compassionate consideration. It's the fact that she considers all these things. It's the attentiveness, the urgency and the compassion for me. I actually felt cared for.”

Throughout this document, we have laid out practices for effective care.

Māori and Rainbow models of safety

Models of justice, violence intervention, and safety that are based on community accountability and relationship healing are often resonant with Rainbow Communities. Research has found that Rainbow communities do not feel safe interacting with police, impacting their access to justice and intervention when violence occurs. This is also true for Māori communities and has mobilised people within both Māori and Rainbow communities to revive and develop more relational models of justice. These more relational models emphasise safety and violence prevention because they are focused on healing, community accountability and breaking cycles of violence.

In a study from Victoria, Australia, “Only six per cent of LGBT people who did report family violence, for example, ‘were referred to advice or support services’.”⁶ In ARC Project’s research, it found that for transgender people seeking help with sexual and family violence, “86.1%, almost nine out of ten, respondents experienced some level of harm due to the process of finding help.”⁷ Reporting statistics for sexual violence are dismally low, and conviction rates are even lower. We need alternative ways of working.

Māori models of justice centre healing and well-being for all involved as a crucial element of restoration following harm. Māori understandings of well-being extend beyond Western constructions of health. Concepts like mauri ora, hauora (well-being), toiora (balance and sense of purpose) and whānau ora (family well-being) are crucial within a holistic understanding of well-being. Māori interventions and healing practices often attend to elements of well-being that Western interventions do not.

Community-based responses to violence centre the healing of relationships, not only between victim and perpetrator but also for the benefit of families and communities to heal after trauma. While Māori restorative justice practices inherently centre whānau, whānau extends beyond genealogical networks to incorporate kaupapa whānau, akin

to the notion of a chosen family. Many Rainbow people are reliant on chosen family – the people in their lives who they have chosen to form family bonds of interdependence and love. This can be particularly important for Rainbow people who have experienced estrangement from their family of origin. Rainbow people who are embedded into a community of chosen family, and hold a distrust towards police, are unlikely to want to inflict the trauma of police intervention onto their community, even after they have experienced harm. This approach acknowledges how deeply interwoven our well-being is with others in our families, whānau and communities.

As a violence prevention practitioner working in Aotearoa New Zealand, it is important to have an understanding, respect and ability to refer to collective models of justice. These include

- Traditional Māori models of restorative justice, like processes of hōhou rongo are focused on restoration and re-balance following harm. They can better facilitate healing for Tāngata Takatāpui and their whānau (family) following sexual violence. These processes can only be facilitated by Kaupapa Māori practitioners in unique circumstances.
- Community-centred transformative and restorative justice are all relational models of justice that emphasise healing for all involved in and impacted by violence. This website describes community-centred justice and how to do it. www.mataora.wananga.com

Understanding and working towards embedding relational models of justice is an important way that violence prevention practitioners can honour Te Tiriti o Waitangi.

Glossary of Kupu Pākehā /English words and Kupu Māori/Māori words

Aroha. Refers to love. Aroha comes from a whakataukī and karakia, which references the importance of paying heed to the dignity and vitality of one another.

Believability politics. Are the ways in which some groups or individuals are seen as more believable or trustworthy than others according to cis/hetero/patriarchal social structures. Believability politics around sexual and family violence are strongly tied to desirability politics – with people who are considered to be desirable according to norms and standards being seen as more believable as victims of violence. Believability politics create barriers for Rainbow people in disclosing experiences of violence.

Client-led practice. Also known as client-centred or person-centred practice, is an approach that prioritises the client's needs, goals, and preferences in decision-making and service delivery. It emphasizes active listening, empathy, and collaboration to empower clients to take an active role in their own care. Practitioners respect the client's autonomy, honour their unique experiences, and work in partnership with them to achieve their desired outcomes.

Cultural competence. Is the ability of organisations and people to work effectively with others, not just the ability to recognise differences but also having specific knowledge about

the ways that culture, ethnicity, gender, age and migration impact on ethnic people in Aotearoa New Zealand

Cultural safety. Is a framework developed in Aotearoa New Zealand, which involves understanding your own cultural norms, biases, and assumptions, and how they impact the ways you carry out your practice.

Culturally effective education. Must be based on cultural values and must also address that different cultures (and different families within different cultures) have different ideas and that some of these ideas are not acceptable.

Endo/cis/hetero-normativity. The assumption that people's bodies will align with either 'typical' male or female sex characteristics, that biological expression will align with gender identity, and that sexual attraction will be solely towards the 'opposite' sex. These assumptions are embedded in infrastructures, from policy to public bathrooms, and privilege those who fit these expectations while marginalising those who do not. These normativities are part and parcel of intersexphobia, transphobia, and homophobia.

Endonormativity. Refers to the assumption that all bodies fit into binary essentialisations of male and female. This is the idea that intersex people do not exist or do not deserve respect as intersex people. Endonormativity

is also assumed by cis/hetero-normativities and may be referred to as endo-cis-hetero-normativities.

Family of origin. Refers to the family into which an individual is born or raised. It typically includes biological or adoptive parents and siblings, representing the primary caregivers and siblings one grows up with.

Gender essentialism. Is the belief system that there are innate and fixed characteristics, roles, and behaviours that are inherently tied to being a certain gender or sex.

Hapū. Refers to subtribe; hapū also means to be pregnant. Traditionally, hapū groups are collectives of whānau that are more closely related and in closer proximity than iwi.

Hauora. Refers to well-being as conceptualised from within Te Ao Māori.

Homonormativity. Refers to expressions of homosexual identity that enact respectability politics, designed to be palatable to heteronormative society. This is typically associated with privileged identities (e.g., white, wealthy, male). Homonormative politics align with mainstream, if not conservative, perspectives on sexuality, with the central goal of gay integration into mainstream society, rather than holding a critical position on normative social systems, which create hegemony within communities.

Intersex. Is an umbrella term used to describe a range of natural variations in the human body - specifically, the innate variations in someone's sex characteristics (VSC). Sex characteristics can include hormones, chromosomes, and internal and external sexual anatomy. When someone has an innate variation of sex characteristics, this means that there are atypical traits present. Other terms that people may use include altersex, hermaphrodite (which is currently being reclaimed by some community members), differences in sex development, or specific clinical terms for a person's variation, e.g. "I have Klinefelter's Syndrome", among others.

Ipsosex vs Ultersex. Ipsosex refers to intersex people who align with the gender they were (coercively) assigned at birth. Ultersex refers to intersex people who do not align with the gender they were (coercively) assigned at birth. It can be important to acknowledge these distinctions, as they can reflect fundamentally different relationships with what it means to be intersex, if individuals even identify as intersex.

Iwi. Refers to a tribe and also refers to bones. Iwi are the metaphorical bones of social groupings, providing strength, collective belonging and iwi-specific knowledges.

Kaitiakitanga. Refers to guardianship and protection – kaitiakitanga refers to the reciprocal and mutual obligations we each hold to foster safety, protection and conservation.

Mahi tūkino. Refers to sexual violence – conceptualised as working to enact longstanding violence, destruction, or abuse. Mahi tūkino impacts the individual, and the collective as sexual violence is an offence against whānau, hapū, iwi and whakapapa.

Mainstream / mainstream primary prevention. Refers to primary prevention workers whose role is not Rainbow specific.

Manaakitanga. Can refer to acts of hospitality. However, it should also be understood as a much more nuanced process. From an etymological perspective, mana-aki-tanga refers to leading people toward mana. Being able to guide individuals into patterns of behaviour that uphold their own mana and the mana of others. This can include small actions that affirm mutual respect and safety.

Mana. Refers to the prestige, authority, dignity, and significance of individual, collective, and non-human elements of the world.

Mātauranga Māori. Are Māori knowledges – Mātauranga Māori refers to a continually evolving body of knowledge shaped by ancestral practices and developed over generations.

Nuclear family. Refers to a family unit that consists of a married or cohabiting couple and their dependent children living together in the same household. It represents the typically recognised family structure in many Aotearoa New Zealand households.

Pathologisation. Refers to social and medical processes that turn a person's identity, body or any other aspect of a person into an illness or pathology. Some examples of the pathologisation of Rainbow communities include homosexuality being categorised as a mental health disorder and treated with medical interventions such as chemical castration or electroshock therapy. Transgender communities have ongoing experiences of pathologisation through mental health diagnosis. Intersex people also experience ongoing pathologisation through the healthcare system in Aotearoa New Zealand, including having unnecessary and nonconsensual surgeries and other medical procedures performed on them.

Professional Transparency. Involves being proactively clear and honest with clients, sharing relevant information that might inform how they engage with you as a practitioner (such as mandatory reporting obligations) and being honest when you don't know something, or cannot help with something.

Pono. Refers to the notion of sincerity and being genuine.

Primary Prevention. Primary prevention interventions are population-based and can be either universal or targeted and include interventions that change structures and norms in a particular setting, society, or culture. While the Rainbow community may be considered a targeted population, it is important to recognise the variation among Rainbow people and communities, and sub-groups may require specific

considerations. The World Health Organisation highlights the importance of prevention and awareness-raising activities in reducing family and sexual violence in our communities.

Pūrākau. Refers to myths, legends, and stories shared across generations that carry wisdom, morals, and social expectations. Pūrākau differs across hapū and iwi, drawing on significant people within those shared histories. These are distinct from pakiwaitara, which are similar stories shared across generations that carry wisdom, morals, and social expectations, but tell narratives specific to whānau within living memory.

Queer. Is employed here as an umbrella term to refer to people whose sexualities are not heterosexual or do not conform to heteronormative expectations. This term is taken up to avoid centring heterosexuality (i.e. by using non-heterosexual) or using the term ‘sexuality diverse’, as diversity encompasses all variations of sexuality, not simply non-heterosexual variations (even though that is what is conventionally meant when this term is used). As a reclaimed slur, queer tends to be associated with more radical politics; however, it is used here in a more general sense. Notably, some people still find the term offensive, so it is important not to assume that all non-heterosexual people identify with ‘queer’.

Rainbow Primary Prevention Worker. Anyone whose work role aligns with primary prevention activities, who is a part of the Rainbow community, and whose role is specific to supporting Rainbow people.

Structural violence. Refers to the ways that social structures and institutions harm individuals and groups by creating barriers to meeting their needs. Harm and violence is enacted through hierarchies of power, which refers to the way that power, such as authority, wealth and privileges, is arranged to influence the norms of society, institutions and personal relationships. Examples of structural forms of violence experienced by Rainbow communities include nation-states and their systems refusing recognition of trans identities, harmful medical examinations being performed on intersex and transgender people due to trust placed in the authority of medical professionals, or queer and trans women being excluded from domestic violence shelters.

Tapu. Within this context, refers to sacredness. Sexuality is tapu. This doesn't mean that it is taboo or should not be done, but rather that it is important for sexual exploration to happen in ways that are physically, psychologically and spiritually safe.

Te Ao Mārama. Refers to the world of light – the contemporary context within which we live.

Te Ao Māori. Refers to The Māori World, steeped in Māori knowledges, ways of being and making meaning.

Te Ao Wairua. Refers to the intangible world of spirituality.

Tika. Refers to the notion of being true, just, fair, correct or right.

Tikanga. Is akin to Best practice – tikanga refers to the correct procedures, best practices, or most appropriate way to enact something to ensure the collective safety of all involved.

Toiora. Refers to balance and a sense of purpose conceptualised as helping maintain hauora and create long-term pathways toward self-determination and flourishing.

Transgender. Is an umbrella term for people whose gender identity and/or gender expression differs from what is culturally typically associated with the gender/sex they were assigned at birth. Some people who fit this definition may not consider themselves to be transgender. Therefore, it's best to use the descriptive term preferred by the individual. Many transgender people are prescribed hormones by their doctor to change their body. Some undergo surgeries as well. But not all transgender people can or will want to take those steps. A transgender identity is not dependent upon medical procedures. The term transgender is neither indicative of sexual orientation, nor hormonal makeup, physical anatomy, or how one is perceived in daily life.

Transmisogyny. The combination of misogyny, or hatred of women, with transphobia. A key aspect is the double bind – trans women are presumed to embody the worst of “masculinity” - sexually aggressive or predatory, violent, and domineering, when that is convenient for those who would mistreat them, but are also treated with the worst of misogyny – as objects to be used, without agency, hypersexualised, as though their existence is too seductive, and as though they are over emotional and irrational – when that is convenient for those who would mistreat them. The result of this stigma

is discrimination and violence (including intimate partner and sexual violence), at much higher rates than women in the general population. In a patriarchal society it is seen as a threat to masculinity and to the power of men when people who could have been men reject manhood in favor of a lower status position – womanhood. As such, trans women are often treated with abjection, or transmisogyny, both interpersonally and structurally. It is also in the best interest of those who would mistreat trans women to ensure that society sees trans women in this way, so there are dedicated anti-trans extremists manufacturing misinformation constantly.

Trauma-informed. Practice is an approach that recognises the pervasive impact of trauma on individuals' well-being

and behaviour. It emphasises creating safe, supportive, and empowering environments that promote healing and resilience. It involves understanding the prevalence and effects of trauma, prioritising safety, trust, choice, collaboration, and cultural sensitivity in interactions and interventions.

Wairuatanga. As a noun, wairua refers to the spirit or soul of a person that exists beyond death. Wairuatanga is how we engage with and foster that spirituality through an array of practices. Wairua and wairuatanga are crucial in well-being and any violence prevention work.

Whānau. Refers to family - unlike nuclear family structures, whānau refers to collectives that are bound together through shared whakapapa, or

genealogical networks. Whānau can also include kaupapa whānau, collectives bound together through a shared purpose, shared experiences, aspirations or goals. Kaupapa whānau can be understood similarly to the notion of a chosen or found family.

Whanaungatanga. Refers to the process of acknowledging and creating relational networks between people. Whanaungatanga is a process of introduction – positioning each other in relation to shared networks, aspirations, or experiences. It is a nuanced social process that creates and maintains connections and support between individuals and collectives.

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Whanaungatanga. Refers to the process of acknowledging and creating relational networks between people. Whanaungatanga is a process of introduction – positioning each other in relation to shared networks, aspirations, or experiences. It is a nuanced social process that creates and maintains connections and support between individuals and collectives.

Rainbow Best Practice – general guidance

In Aotearoa New Zealand, the term “Rainbow” is used to describe a diverse group of people who identify with non-heteronormative sexual orientations, genders, or have variation of sex characteristics. This includes people who identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA+) and people whose ways of being are culturally specific and cannot be fully understood through a Western lens – such as Takatāpui people.

Structural violence

- Discrimination towards Rainbow people in Aotearoa New Zealand, has become entrenched into the structure of our society.
- This includes social, legal, medical, economic and political systems.
- Structural violence/discrimination was introduced to Aotearoa New Zealand, through colonisations. Because of this, all Rainbow issues are Te Tiriti issues.

Practice principles

- Acknowledge the existence of Rainbow people and their experiences of violence. Listen to and believe Rainbow people, including their relationships, gender, sex and sexuality and their disclosures of violence.
- Use reflective language, and practice professional humility through tika and pono if you come across language or concepts that are new to you.
- Engage in professional development first through readings, competency training and community-led resources. Respect the expertise and lived experience of Rainbow people, and value and remunerate it appropriately.
- Be Rainbow community-led in your professional practice. Look for information from the communities you are learning about, engage in consultation, and amplify Rainbow voices within violence prevention work.
- Being Rainbow trauma-informed means understanding that Rainbow people are subject to structural and institutional forms of violence that enable interpersonal violence. Being trauma-informed with Rainbow people means understanding structural violence against Rainbow people.

Competency areas

- | | |
|---|-------------------------------------|
| 1 Establishing trust | 5 Addressing prejudice |
| 2 Te Tiriti in violence prevention practice | 6 Being Rainbow and trauma-informed |
| 3 Cultural safety | 7 Advocacy |
| 4 Language | |

1

Competency area Establishing trust

Rainbow people often have experienced or heard about negative experiences with institutions or helping professionals. Because of this, they may be hyper-vigilant in noticing signs that they will not be respected.

1

Competency area

Establishing trust

Practice areas	Examples
<p>Whanaungatanga and acknowledgement</p> <ul style="list-style-type: none"> Whanaungatanga is making connections and support between individuals and collectives. It should be practiced all the time, not just with people you think may be Māori. Apply Rainbow best practice all the time, not just with people who you think maybe Rainbow. All forms of Rainbow support and education are violence prevention because all forms of engrained or institutionalised prejudice will contribute towards violence against Rainbow people. Whanaungatanga can be useful to avoid making assumptions about gender, sexuality, relationship structures or ways of being by introducing yourself and waiting for people to tell you about themselves. <ul style="list-style-type: none"> Sharing information about your professional context through whanaungatanga creates a sense of comfort within sexual violence prevention efforts through mutual accountability. 	<p>Whanaungatanga and acknowledgement examples</p> <ul style="list-style-type: none"> Ensure you introduce yourself properly to each person you work with and hold space for them to do so too. Make time to ask someone how they are and talk about what is going on in their life. Share your whakapapa (genealogy) Talking with clients about the important relationships in their lives and being open about the important relationships in your own life. In educational settings, creating space for groups to get to know each other. Recognising shared experiences or journeys. Ask your client what pronouns they would like you to use for them. Check with your client about the pronouns they want you to use on paperwork. This may be a matter of safety, depending on who is likely to see the paperwork. If asking about a client's partner(s), use gender-neutral language until you know the gender of their partner(s) and the nature of their relationship. Acknowledge Rainbow people and relationships in group and educational settings. This helps to build safety and connections with Rainbow people in those settings.
<p>Rainbow safe workplace</p> <ul style="list-style-type: none"> Ensure you have policies that protect Rainbow people in your workplace, whether they are clients or staff members. Employers have legal responsibilities to create safe and inclusive workplaces and services for Rainbow people. Seek opportunities for professional development as a practitioner and as an organisation. If your organisation is not Rainbow-safe, or there are people in customer-facing roles that are not Rainbow-safe, do not signal yourself as a Rainbow-safe/friendly organisation. If whole staff Rainbow competence is not present in a service, individual practitioners can demonstrate their safety by displaying small signs of Rainbow-allyship. Understand that Rainbow-inclusivity is an ongoing commitment. Signalling this shows that you are committed to ongoing personal and professional development in this area. 	<p>Rainbow safe workplace examples</p> <ul style="list-style-type: none"> Implement zero-tolerance policies for anti-Rainbow bullying. Connect with and build relationships with Rainbow, transgender, and intersex organisations. Have clear pathways for feedback. Ensure that Rainbow clients know what they are and how to use them. Take feedback from Rainbow service users seriously. If your organisation has worked on your collective Rainbow competency and is confident in serving Rainbow service users, indicate this with Rainbow-affirming posters, signs or images in your space and on your website. Flags are fine, but positive messaging is better.

1

Competency area

Establishing trust

Practice areas	Examples
Tika and pono <ul style="list-style-type: none"> Remaining tika (honest) and pono (genuine) with clients will create a more impactful therapeutic dynamic. Be solutions-focused and have an openness to collaboration with or instruction from your Rainbow colleagues about building your own best practice capabilities. 	Tika and pono examples <ul style="list-style-type: none"> Being tika in practice means being honest, open, and transparent with clients. It is OK not to know everything. If you encounter something that you don't understand, you can say so. Being honest about this can help build trust with your client. Being pono in practice means being genuine with clients. <ul style="list-style-type: none"> Not promising to do more than you are capable and confident to do. Only referring clients to services that you know have their best interests at heart.
Rainbow whānau-centred practice (family-centred practice) <ul style="list-style-type: none"> Build a nuanced understanding of whānau: a collective of biological relations or found families. For Rainbow people, whānau-centred practice may be a practice that takes into account people's found or chosen family. This creates longevity in sexual violence prevention initiatives and allows whānau to create their own patterns of preventative practice across generations. Make space for the reality that Rainbow people might not have relationships with their family of origin. Recognise that Rainbow people may use words like family, chosen family, found family or whānau to refer to the important people in their lives. Keep in mind that family and whānau are all different and equally legitimate. Avoid making assumptions about whether Rainbow people are parents or want to be. Whānau-centred practice requires a nuanced understanding of whānau that is responsive to the diverse realities of Rainbow people. 	Rainbow whānau-centred examples <ul style="list-style-type: none"> Instead of asking about people's parents, families or siblings, ask: <ul style="list-style-type: none"> 'Who are the important people in your life?' 'Who supports you?' 'Tell me about the important relationships in your life?' Be trauma-informed when discussing family/whānau with Rainbow people. Understand that Rainbow people may have shame or trauma relating to their families of origin. Be client-led when discussing family/whānau. Model healthy relationships, practices and tangible ways to ensure safety is centred in whānau and whānau dynamics.

“

We were each other's, like, social workers, we were each other's counsellors. And, because we understood what we were going through, it was kinda, like, easy tolerate and go 'yeah I know how you're feeling'.

”

2

Competency area

Te Tiriti in violence prevention practice

Colonisation and the suppression of Māori knowledges and practice have impacted all Rainbow people living in Aotearoa New Zealand. Working in partnership is an ongoing learning process which includes embedding Māori ways of understanding into violence prevention work.

Practice areas	Examples
Understanding Te Tiriti <ul style="list-style-type: none"> Understand Te Tiriti and its implications for practice. Te Tiriti guarantees the right of Māori to the protection and resourcing of cultural practices - which includes takatāpui practices. It is important to have professional upskilling to support an adequate understanding of and appropriate care for takatāpui. Te Tiriti o Waitangi affirms the legitimacy of everyone within Aotearoa New Zealand, and the importance of Rainbow rights. Te Tiriti o Waitangi provides a relevant constitutional framework to address these injustices through a commitment to reciprocity, active protection, partnership, equity and self-determination. Before colonisation, takatāpui were celebrated as members of whānau (family), hapū (subtribes) and iwi (tribes). Practitioners must understand this history and take proactive steps to support and empower takatāpui at the individual, whānau (family) and community levels. 	Understanding Te Tiriti examples <ul style="list-style-type: none"> Understand the differences between Te Tiriti o Waitangi and the Treaty, as well as the significance of these differences. Incorporate tikanga (best practice) Māori where requested by clients. Become comfortable in understanding your role and obligations as either Tāngata Tiriti or Tāngata Whenua and how you as an individual should be honouring Te Tiriti. <ul style="list-style-type: none"> Reflect on 'how do I apply responsive practice in all my work towards supporting the liberation of Māori?'

Practice areas	Examples
Key terms and concepts <ul style="list-style-type: none"> Understand the following Māori terms and their meaning within violence prevention work (outlined in the glossary): <ul style="list-style-type: none"> Whānau, whanaungatanga, tikanga, mana, tapu, wairuatanga, manaakitanga, hauora, toiora, hōhou rongo, tika, pono and aroha. Understand the relationship between your own cultural worldview and Te Ao Māori, i.e. similarities and divergences. Mana – Maintain cognisance of the mana of everyone you work with as a practitioner. Undermining, belittling, or discriminating against clients is a direct attack upon mana and will undermine violence prevention efforts. Tapu – Discussions of sexuality and specific sexual acts may create significant discomfort but are necessary to ensure clients are safe. Staying mindful of tapu in these discussions can create space for practitioners to avoid significant discomfort and to have impactful relationships with clients. 	Key terms and concepts examples <ul style="list-style-type: none"> Utilise whanaungatanga and manaakitanga (knowledges) in practice to create dynamics of accountability and reciprocal care. Recognise how tika (honesty), pono (genuine) and aroha (love) can create therapeutic relationships that are open, honest, genuine and transparent from the offset. Avoid shying away from notions of aroha in practice. Paying heed to the dignity and vitality of clients is crucial in pursuing and promoting sexual violence prevention. Practitioners must recognise that talking about genitalia or intimacy may be considered tapu. Approaching these conversations delicately and respectfully will help practitioners acknowledge the tapu of our bodies.
Sharing power <ul style="list-style-type: none"> Practitioners must be able to share power with Māori staff, organisations, and clients. In standard service delivery, practitioners are often positioned as experts. 	Sharing power examples <ul style="list-style-type: none"> Practitioners must develop their understanding of what partnership means and commit to pursuing and developing this partnership in practice. Be client-centred and listen. Practice cultural humility when working with tāngata takatāpui.

3

Competency area

Cultural safety

Cultural Safety is a framework developed in Aotearoa New Zealand. It involves understanding your own cultural norms, biases, and assumptions and how they impact the ways you carry out your practice.

Practice areas	Examples
Cultural safety <ul style="list-style-type: none"> Understanding cultural safety means being actively anti-racist. Take the time to understand the mechanisms of racism in Aotearoa New Zealand. Take time to understand the specific implications of racism in New Zealand for Māori, Pasifika, Middle Eastern, Latin American, African, migrant and asylum-seeker communities. Reflect on how these may inform how you relate to Rainbow clients and colleagues. Reflect on how these may inform how you relate to your understanding of violence. 	Cultural safety examples <ul style="list-style-type: none"> Some questions to ask yourself to help guide your self-reflective practice: <ul style="list-style-type: none"> 'Can I identify the cultural norms of sex, sexuality and gender in my household when growing up?' 'Who/where did I learn these norms from?' 'How do I think these norms inform my thinking today?' 'Do I experience the cultural norms specific to my upbringing in my work?' 'Are these norms related to any particular client, setting or situation?' 'Are there differences in how I relate to clients of different ethnic backgrounds? Why?'

4

Competency area

Language

Practice mindfulness and respect in your use of language. This is crucial for working to prevent violence against Rainbow people. It is important to recognise that language can be used as a form of violence and that working to get your language correct, and helping others to do the same, is violence prevention.

Practice areas	Examples
Reflective language <ul style="list-style-type: none"> It is good practice to reflect the language that people use for themselves. The exception to this is that sometimes people will use slur words to refer to themselves. Be aware that not all people covered in this document identify with the term Rainbow. Be mindful of relying on unpaid labour from Rainbow clients or co-workers for your professional development. See 'professional development' for more information. 	Reflective language examples <ul style="list-style-type: none"> If a Rainbow client uses a term you are unfamiliar with, ask, 'What does this word mean to you'? Rather than 'What does this word mean.' Words can have complex meanings and be used differently by different people. It can be stressful for Rainbow people to be put into a position of having to educate, particularly when they are feeling vulnerable. It is easier and more useful to speak to their own experiences rather than speaking for an entire community/identity group. You can also ask, 'Is this the word you'd like me to use to refer to you, or is there a different term you'd prefer?' If you need to develop your knowledge of terms, engage in professional development as outlined below in 'professional development'.
Corrections <ul style="list-style-type: none"> If someone corrects your language or pronunciation, thank them and move on. Avoid defensiveness, over-apologising and over-explaining your intended meaning. <ul style="list-style-type: none"> These reactions maintain focus on yourself rather than on your client. Your client may also experience pressure to make you feel better. For Rainbow people who experience microaggressions, accidental slurs, or misgendering often can be further harmed by the cumulative effect of having to offer reassurance. 	Corrections examples <ul style="list-style-type: none"> If your client makes you aware of unintended hurt or harm in your actions, thank them for helping build your awareness around this.
Slurs <ul style="list-style-type: none"> Be aware of potential slur words and avoid their use. Some words that Rainbow people use are reclaimed slurs that are inappropriate for others to use. Please see sections 3-12 for more detail around terms to be aware of. Do not 'correct' Rainbow people's language they use about themselves, even if it's a slur – just don't repeat it. 	Slurs examples <ul style="list-style-type: none"> If you are unsure whether a word is a slur word, look it up. If the content you find is inappropriate or offensive, it is probably a slur. Search for a website or organisation that is led by the Rainbow community that the word relates to. If talking to a person, you can use the phrase, 'I may need to build my awareness in this area. Is [word in question] considered offensive?'

5

Competency area

Addressing prejudice

This is a crucial starting point to prevent violence against Rainbow people. Prejudice towards Rainbow people is still engrained in institutional practices, individual worldviews and structures in Aotearoa New Zealand.

Practice areas	Examples
Professional development <ul style="list-style-type: none"> Be aware that everyone, including yourself, has some form of bias and areas in which they lack information. Acknowledge that gaps in your knowledge could contribute toward a distorted view of Rainbow communities. Don't assume that people are unhappy or unhealthy because they are having a particular type of sex, have lots of sex or no sex, or have lots of relationships or no relationships. 	Professional development examples <ul style="list-style-type: none"> Engage in critical reflexive practice to identify gaps in your knowledge and how these gaps may impact your professional practice. Seek research and resources that have been developed by the Rainbow communities you are learning about. Discuss the needs of Rainbow people with your external supervisor. This can help you to process new information or challenge any prejudices if they come up. Take the above steps before working with a specialist such as a cultural advisor. Learn what you can on your own before engaging with specialists who are in high demand in the sector. Take Rainbow clients' feedback on board and move on without creating pressure on your client to explain or educate you further. Refrain from seeking reassurance about your intentions or behaviour from Rainbow clients. Seek external supervision instead.
Barriers <ul style="list-style-type: none"> Recognise the barriers many Rainbow people face when trying to access support. Recognise what "ongoing colonisation" means and how practitioners may perpetuate the dynamics of colonialism. <ul style="list-style-type: none"> Many of the institutions and processes in Aotearoa New Zealand, were established to serve European settlers and marginalise Māori. Gender essentialism still influences many systems in Aotearoa New Zealand, including the law, healthcare and social services. These systems are often hostile to Rainbow people. 	Barriers examples <ul style="list-style-type: none"> Identify barriers in your organisation or practices that may reinforce these barriers and advocate for change. Some questions to ask include: <ul style="list-style-type: none"> 'Do we have policies or practices that overtly or covertly exclude Rainbow family members or parents?' 'Are our services highly gendered?' 'Are all staff members competent in working with Rainbow people?' 'Are there staff members in our organisation who express prejudice or harmful views towards Rainbow people?'

Competency area

Addressing prejudice

Practice areas	Examples
<ul style="list-style-type: none"> Be aware that stereotypes can create barriers to safety. Develop your awareness of stereotypes and facts that dismantle them, such as: <ul style="list-style-type: none"> Disabled people are often sexually abused. This contradicts the stereotype that disabled people are undesirable and unlikely to be abused. Rainbow people don't always want sex. This contradicts the stereotype that Rainbow people are 'always up for it'. Crossdressing is not a deceptive behaviour. This contradicts the stereotype that trans people are untrustworthy/deceptive. 	<ul style="list-style-type: none"> If you have identified barriers to care within your organisation, implement or advocate for change. Some steps to take: <ul style="list-style-type: none"> Talk to staff members with prejudicial behaviours and encourage them to engage in Rainbow competency training. Suggest or implement Rainbow inclusive policies. Implement Rainbow competence into staff onboarding processes. Ensure there are clear pathways for Rainbow people to provide feedback, make requests and suggestions about your service or organisation.
<h4>Bystander intervention</h4> <ul style="list-style-type: none"> Confront harmful behaviours without undermining the mana of anyone involved. This is important to create long-term change. Practice bystander intervention when you witness language or ideas being expressed that are harmful to Rainbow people. Calling people in refers to holding a private, gentle intervention, drawing someone's attention to something they have done that is harmful. Have an awareness that slurs or put-downs based on gender, sexual orientation, sex characteristics etc., are a form of abuse and/or workplace bullying when conducted by a colleague. 	<h4>Bystander intervention examples</h4> <ul style="list-style-type: none"> Bystander intervention for Rainbow people involves <ul style="list-style-type: none"> Being able to recognise harmful behaviour towards Rainbow people when it occurs. See Rainbow trauma-informed practice. Being able to explain why a slur, stereotype, etc. is harmful towards Rainbow people and communities. Knowing when and how to intervene in a way that upholds the mana of everyone involved. Having an awareness of the safety of everyone in a space. Workplaces and organisations have legal obligations to create safe and inclusive workplaces and services. If ongoing discrimination is an issue in your organisation or workplace, you can: <ul style="list-style-type: none"> Keep a written record of the incident in case you need to make a formal complaint. Write formal letters of complaint to management/HR. Make a complaint to the Human Rights Commission.
<h4>Awareness of sex negativity</h4> <ul style="list-style-type: none"> Sex negativity in Aotearoa New Zealand, in part, stems from colonisation. Through colonialism, sexuality and sexual encounters that diverged from heteronormativity became a source of shame and social stigma. Through sex negativity, the notion of shame is frequently associated with sex. 	<h4>Awareness of sex negativity examples</h4> <ul style="list-style-type: none"> Recognise and reflect on your own attitudes toward sex and sexuality: <ul style="list-style-type: none"> How do you feel about sexuality and sexual exploration? Where have these ideas come from? Who benefits from the ideas you have been taught, and who is left out of the ideas you have been taught?

Competency area Addressing prejudice

Practice areas	Examples
<ul style="list-style-type: none"> Sex negativity causes victim-blaming narratives; people who enjoy sex are seen as not being believable. Sex negativity and shame are often bound in racist narratives that conflate sexuality and sexual pleasure with a lack of civility. Through colonisation, people of colour are stereotyped as being hypersexual/always consenting and, therefore, unable to be sexually assaulted. This understanding also means that people of colour are seen as predisposed to enacting harm. Practitioners must ensure their own assumptions or experiences do not influence their ability to work with clients or create harmful dynamics for clients who have a different relationship with their sexuality than the practitioner. 	<ul style="list-style-type: none"> How have you challenged your assumptions toward sexuality? How do you speak to young people in your life about sexuality and shame? Engage in trauma-informed practice with all people. Some key concepts and phrases for this can include: <ul style="list-style-type: none"> No one deserves to be assaulted. No amount or type of sex that people engage in means they have invited assault. Atypical sexual behaviours are not a pathology or something that needs to be fixed. Atypical sexual desires are not a definite result of trauma.
<h3>Believability politics</h3> <ul style="list-style-type: none"> Believability politics are about people with more privilege being more likely to be believed. People who hold less privilege are more likely to be disbelieved or victim-blamed for their experience of violence. Fatphobia, racism, ableism, and xenophobia contribute to assumptions that people are not sexually desirable and, therefore, not likely to be believed when they disclose harm. Believability politics is also about who is seen as trustworthy. 20% of transgender people in Aotearoa do sex work at some point in their lives, and Rainbow cisgender men are also more likely than the general population to do sex work. Sex work is sometimes framed as rape because of the idea that all sex work is coercive. This framing supports the idea that raping a sex worker is the same as having consensual sex with a sex worker and enables higher rates of sexual violence against sex workers. Gender stereotypes also impact believability politics. It isn't always the case that feminine people are abused by masculine people. It's especially important that we recognise and listen closely to people whose abuse doesn't fit into the stereotypes. 	<h3>Believability politics examples</h3> <ul style="list-style-type: none"> Practitioners need to recognise and reflect on where their assumptions and perspectives toward believability and desirability have come from: <ul style="list-style-type: none"> What has shaped your understanding of who in society is sexually or romantically desirable? Does your understanding of who is desirable impact your understanding of sexual violence? Does your understanding of the desirability of people with disabilities impact your ability to engage in trauma-informed practice with disabled people? Does this change if they are a Rainbow disabled person? Does your personal view towards sex work impact your ability to practice trauma-informed care with sex workers? Does this change if you are thinking about Rainbow sex workers? Are there some groups who you think are less likely to experience sexual violence? Are these views based on evidence and research? Are they impacted by who you view to be desirable or trustworthy? Encourage colleagues, managers, etc., to do the same.

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Competency area**Addressing prejudice**

Practice areas	Examples
<ul style="list-style-type: none">• Have an awareness of your own bias, such as:<ul style="list-style-type: none">- Racial bias about believability or desirability.- Ableist bias toward seeing disabled people as desexualised, undesirable, or unlikely victims of abuse.- Bias about Rainbow people, such as seeing bisexual people as hypersexual or gender diverse people as untrustworthy.	

6

Competency area

Being Rainbow trauma informed

Rainbow people experience specific forms of violence, including interpersonal, family, institutional and structural violence. Understanding these is crucial to being trauma-informed when working with Rainbow people.

Practice areas	Examples
<h3>Understanding abuse toward Rainbow people</h3> <ul style="list-style-type: none"> Understand forms of abuse that are specific to Rainbow people, such as <ul style="list-style-type: none"> Jokes meant to demean Rainbow people. Put-downs based on gender or sexuality. Coercing a partner to behave in a particular gendered way is a form of sexual coercion. Coercion by family to behave in a particular gendered way is a form of abuse. Specific forms of abuse impact Rainbow people with multiple marginalised identities, like being fetishised or excluded due to race or able-bodiedness. Recognise these patterns as abuse. Some of these are further outlined in sections 3-12, and below. Rainbow people are vulnerable to specific forms of power and control. <ul style="list-style-type: none"> Law enforcement and the justice system are less likely to protect the rights of Rainbow people. This impacts the ability of Rainbow people to disclose violence and seek support. Gender presentation, race, income and other variables can influence power dynamics in subtle ways in Rainbow relationships. 	<h3>Understanding abuse toward Rainbow people examples</h3> <ul style="list-style-type: none"> Advocate for Rainbow people to be protected from abuse in organisational policy. Use existing workplace protections to prevent abuse towards Rainbow people within your workplace or organisation. Work with families, co-workers, etc. to help them understand that these forms of abuse have harmful impacts and perpetuate violence against Rainbow people. More in bystander intervention. Acknowledge Rainbow experience of violence in violence prevention education materials and practice. Communicate that hierarchies of power make some people more vulnerable to power and control dynamics, and that power is more complicated than simply 'men vs women'. Identify intersectional drivers of violence in violence prevention education, including racism, colourism, ableism, endosexism, sexuality, and gender essentialism (all defined in the glossary). Understand and acknowledge that <ul style="list-style-type: none"> Rainbow people sometimes use violence Rainbow people and communities are not inherently violent. If a client's disclosure of violence will trigger mandatory reporting to the police, let service users know this as soon as possible.
<h3>Questions and curiosity sexual harassment</h3> <ul style="list-style-type: none"> Curiosity sexual harassment is when people ask invasive and non-essential questions to indulge their curiosity. This can include questions about people's bodies or sexual practices. Making comments of a sexual nature is sexual harassment. Legal or workplace policy protections against sexual harassment can be used in these situations. 	<h3>Questions and curiosity sexual harassment examples</h3> <ul style="list-style-type: none"> Some useful phrases include: <ul style="list-style-type: none"> If there is any information you'd rather not share, that's fine. Please let me know if you're uncomfortable with any of my questions.

6

Competency area

Being Rainbow trauma informed

Practice areas	Examples
<ul style="list-style-type: none"> Understand that as a service provider, you may be in a position of authority and that it is essential that you demonstrate good consent practices around information seeking. 	<ul style="list-style-type: none"> Listen to and respect Rainbow clients if they tell you that they are not comfortable answering some questions or if they tell you that the information you are asking for is not relevant to the help they are seeking. Explain the purpose of questions about personal or intimate subjects. If you need to ask questions relating to anatomy or violence, make sure to ask questions in a way that does not assume the gender of anyone involved. If you are curious about something, find a Rainbow organisation to seek further information. Practice trauma-informed care with clients if they disclose experiences of curiosity sexual harassment. Identify curiosity sexual harassment in violence prevention materials.
Online violence <ul style="list-style-type: none"> Have a knowledge and understanding of online violence towards Rainbow people, especially transgender people. There are online hate groups that are set up to specifically harass, stalk, and harm transgender people. Transgender people routinely experience coordinated online attacks and are subject to the violence of transphobic rhetoric. These hate groups are sometimes organising points for in-person acts of violent extremism. Understand that online norms, language, and ways of ridiculing people are continuously evolving. 	Online violence examples <ul style="list-style-type: none"> Know which support services have knowledge of online violence and are Rainbow-safe. Practice trauma-informed care when people disclose experiences of online violence. Include online violence in violence prevention education, including coordinated violence from hate groups. <ul style="list-style-type: none"> Include information about online safety and privacy, particularly for Rainbow people who may be more vulnerable to online hate/violence. Include information about how to behave in a safe way towards others online.
Medical trauma <ul style="list-style-type: none"> Understand that Rainbow communities have histories of trauma within medical institutions. Unnecessary body examinations are a form of sexual assault most likely to be experienced by transgender or intersex people. This form of assault can be invisibilised by the trust people place in medical professionals and by the fact that it is often motivated by curiosity. It can be difficult or impossible for a patient to challenge this, particularly if they are young, disabled, or isolated from peers. 	Medical trauma examples <ul style="list-style-type: none"> Practice informed consent with Rainbow service users. This is particularly important when touching or talking about people's bodies. Practice trauma-informed care if a Rainbow person tells you that they have experienced violence or sexual violence in a medical setting. In an educational setting, emphasise the importance of consent in all settings, including medical settings.

Competency area

Being Rainbow trauma informed

Practice areas	Examples
<ul style="list-style-type: none"> Intersex and transgender people are often treated as objects of curiosity when accessing all kinds of services, as well as in relationships. 	<ul style="list-style-type: none"> Communicate that people can have a support person present. The results of any physical exam should always be recorded for transparency and to avoid unnecessary future examinations.
<h3>Religious trauma</h3> <ul style="list-style-type: none"> Understanding the reality of religious trauma for Rainbow people. Understand that there is a complexity to Rainbow people's experiences of faith communities. <ul style="list-style-type: none"> Faith communities can be hostile, hateful and violent towards Rainbow people. Faith communities can be places of love, safety and healing for Rainbow people. Understand that some Rainbow people may be in faith communities that are both a source of love and support and of spiritual violence at the same time. Be aware of your bias towards different religions and faith communities. Understand that all faith communities have complexity and nuance, including in their relationships to Rainbow communities. Understand that religions are not the problem. Prejudice and enacting spiritual harm are the problem. Understand the role religion has played in the colonisation of Aotearoa New Zealand. Develop your professional awareness of religious/spiritual abuse. Some examples include: <ul style="list-style-type: none"> Conversion practices such as aversion therapy <ul style="list-style-type: none"> i.e., showing a gay man homoerotic images while applying physical pain or mental abuse. Forced marriage. Blaming of family members, i.e., blaming a single mother for their son being gay. Telling a Rainbow person that they have dishonoured their family. Using misrepresentations to gaslight, i.e., "Transgender people are predators, but you're not like that". The emotional/spiritual/psychological abuse of <ul style="list-style-type: none"> Being repetitively told that you're going to hell Threats of being cursed Saying that people being Rainbow is the result of past spiritual wrongdoings, which results in bad karma in the present. 	<h3>Religious trauma examples</h3> <ul style="list-style-type: none"> Be client-led when speaking about religion or religious trauma. <ul style="list-style-type: none"> Refrain from making small talk by asking questions about that person's experience of faith communities or religious trauma. Allow clients to set the pace and lead the conversation. Understand that this subject may bring up strong emotions or trauma for Rainbow people. Employ trauma-informed practice when discussing this topic. Be mindful of verbal and nonverbal cues from Rainbow people when discussing this topic. Demonstrate conversational consent practices and change the subject if someone tells you they don't want to talk about it. When delivering violence prevention education and developing violence prevention materials, acknowledge that <ul style="list-style-type: none"> Faith communities sometimes are drivers of prejudice and harm towards Rainbow people. Rainbow people who are engaging with these faith communities are at constant risk of emotional, mental, spiritual and physical harm in order to be a part of their community. There are faith communities that are inclusive towards Rainbow people. When doing screenings for violence, include questions about spiritual forms of violence for Rainbow clients. <ul style="list-style-type: none"> When doing this, focus on harmful practices and avoid making stereotypes that all people of particular faiths are prejudiced towards Rainbow people. Ask questions like 'Do you feel spiritually safe with all the important people in your life and community?'



Competency area
Advocacy

Working to shift the institutional and structural forms of violence that exist towards Rainbow people is a crucial component of violence prevention in Aotearoa New Zealand.

Advocacy can be at the big systems level down to the smaller systems level, i.e. research and policy, through to individual team dynamics.

Practice areas	Examples
<p>Rainbow-Safe Organisations</p> <ul style="list-style-type: none">· Know that your employer’s responsible for creating a Rainbow-safe workplace and inclusive services.· There are protections for Rainbow people in the Human Rights Act and New Zealand employment law.	<p>Rainbow-Safe Organisations Examples</p> <ul style="list-style-type: none">· Advocate for Rainbow competency training within your workplace and for regular opportunities to build professional development in this area.· Advocate for medical professionals to receive Rainbow competency training. When working alongside medical professionals, emphasise the importance of consent with Rainbow clients.



Being Muslim and Arab, there’s another thing of dealing with religious traumas, the ideas of hellfire, and the idea of being shut out from your family is a lot more intense. Not a lot of Arab Muslims come out because of this trauma, there needs to be a lot of understanding from service professionals – someone like me, if I worked in these organisations, I would understand what to say, and understand where all the deep trauma and fear and all the other big feelings come from.



Structural violence breakdown

The structural violence Rainbow communities face in Aotearoa New Zealand, encompasses various forms of systemic oppression and discrimination. Here is a 101-level breakdown of these forms of structural violence:

- **Legal and policy discrimination:** Historically, Rainbow communities have encountered discriminatory laws and policies that criminalised them and denied them equal rights and protections. Although significant progress has been made, legal barriers still exist, such as limitations on adoption and assisted reproductive technologies, discriminatory policies and practices towards transgender and intersex people throughout the healthcare sector, and a lack of affirmative action and policies to ensure we reduce the rate of Rainbow people experiencing homelessness. These discriminatory laws and policies contribute to disparity, poor health outcomes, and other structural violence experienced by Rainbow communities.
 - **Health disparities:** Rainbow communities face health disparities due to various factors, including societal stigma, limited access to inclusive healthcare services, and a lack of culturally competent providers. These disparities manifest in higher rates of untreated illnesses, poor mental health outcomes, high rates of substance abuse, and high rates of suicide within Rainbow communities, particularly transgender communities. Structural violence is perpetuated when healthcare systems fail to provide equitable access to healthcare services. In the case of people with intersex variations, healthcare environments can be the epicentre of where harms occur due to enforced 'normalisation' treatments to conform with sex essentialism. In the case of transgender people, they are often the epicentre due to prejudicial policies, negligence, and malpractice.
 - **Education and bullying:** Rainbow youth often experience bullying, harassment, and discrimination in educational settings. They face exclusion, verbal abuse, and physical violence based on their sexual orientation, gender identity, or expression. These experiences contribute to educational disparities, lower self-esteem, and compromised mental health outcomes. Structural violence is evident when educational institutions fail to provide safe and inclusive environments for Rainbow youth. Rainbow adults and Rainbow elders also face bullying and harassment.
 - **Erasure/invisibilising:** Of Rainbow content in all forms of media as well as education. Education should normalise sex, gender and VSC diversity within the curriculum to create a learning environment for staff and students.
 - **Employment discrimination:** Rainbow people encounter employment discrimination, including biased hiring practices, unequal pay, limited promotional opportunities, and hostile work environments. Transgender people experience high rates of workplace bullying and sexual harassment at work. Hostile work environments can also include being asked to do unpaid additional labour in order to educate or upskill colleagues on Rainbow issues. This discrimination hinders their professional growth and financial well-being while perpetuating societal marginalisation. Employment discrimination also includes not hiring people whose sex characteristics challenge cisgender beauty or gender norms, unsafe workplaces for transgender, non-binary and intersex people, or the need to hide relationship status to have secure employment. Structural violence persists when workplaces fail to ensure equitable treatment and equal opportunities for Rainbow individuals. Increasingly, there are legal protections for people within the Rainbow community, but more needs to be done.
 - **Family and social rejection:** Rainbow individuals may face rejection, discrimination, or violence within their own families and social networks. This rejection can lead to social isolation, homelessness, and negative mental health outcomes. Structural violence is perpetuated when societal norms and biases result in the exclusion and mistreatment of Rainbow individuals within their familial and social contexts.
- Rainbow issues are Tiriti issues because working in partnership means respecting and upholding Māori worldview and cultural practices, which have been eroded through the process of colonisation.

Further resources

- RVPN resources for professionals <https://rvpn.nz/working-with-rainbow-communities/>
- RVPN resources for Rainbow relationships <https://rvpn.nz/rainbow-relationship-resources/>
- Supporting Aotearoa's Rainbow People – A resource on supporting Rainbow people in Aotearoa's mental health settings. <https://www.rainbowmentalhealth.com/>
- What to do if you've been doxed <https://genderminorities.com/2023/05/05/understanding-doxing/>

Academic research:

- Dobbs, T. A. (2021). *Building Taitamariki Māori Capacity: Reclaiming and Applying Te Ao Māori Principles to Inform and Support Their Intimate Partner Relationship Well-being* (Doctoral dissertation, Auckland University of Technology). <https://openrepository.aut.ac.nz/items/a221ed62-f34e-461e-8ebd-6f552e1f9dd6>
- Hamley, L., Groot, S., Le Grice, J., Gillon, A., Greaves, L., Manchi, M., & Clark, T. (2021). "You're the One That Was on Uncle's Wall!": Identity, Whanaungatanga and Connection for Takatāpui (LGBTQ+ Māori). *Genealogy*, 5(2), 54. <https://www.mdpi.com/2313-5778/5/2/54>

Queer. Like transgender, is employed here as an umbrella term to refer to people whose sexualities are not heterosexual or do not conform to heteronormative expectations. This term is taken up to avoid centering heterosexuality (i.e., by using non-heterosexual) or using the term 'sexuality diverse', as diversity encompasses all variations of sexuality, not simply non-heterosexual variations (even though that is what is conventionally meant when this term is used). As a reclaimed slur, queer tends to be associated with more radical politics; however, it is used here in a more general sense. Notably, some people still find the term offensive, so it is important not to assume that all non-heterosexual people identify with 'queer'.

Attraction and Sexuality

This section includes people who experience exclusively same-gender attraction, people who are bi+, and people who are asexual, aromantic, hypersexual and people who experience non-heteronormative attraction. We use the term queer to capture all of these forms of sexual and attraction diversity in this section. However, it is important to note that not everyone identifies with this term.

Structural forms of violence

- Queer people in Aotearoa New Zealand face challenges due to heteronormative social structures and norms that disregard and erase their experiences of sex, relationships, and violence.
- Sex negativity is deeply rooted in Aotearoa New Zealand society through colonisation. It is the belief that non-normative sex is disgusting, wrong, and dangerous and fuels queerphobic actions and beliefs within individuals, families, education, and institutions throughout Aotearoa.
- Queer experiences of violence are invisibilised by gender essentialism and gendered stereotypes about violence.
- Gender essentialism is an ongoing impact of colonisation and continues to enable structural violence against takatāpui and all queer people in Aotearoa.

Practice principles

- Be sensitive to the fact that queer people may have had bad experiences with institutions and helping professionals, and practice trauma-informed care. Understand that systems in Aotearoa New Zealand, such as justice and healthcare, have histories of violence towards queer communities.
- Be familiar with what abuse towards queer people looks like and work to make it more visible in violence prevention in Aotearoa New Zealand.
- Engage in professional development and reflective practice to unpack queerphobia, stereotypes, and sex negativity that may impact your professional practice with queer clients.
- When practising reflective language with queer people, be aware of slur terms. Be comfortable checking in with queer people about the terms that they prefer.

Competency areas

1 Establishing trust

2 Language

3 Addressing prejudice

4 Being sexuality trauma-informed

5 Advocacy

1

Competency area Establishing trust

Many queer people have had bad experiences with institutions and helping professionals. Building trust with these communities is essential for violence prevention.

Competency area Establishing trust

Practice areas	Examples
<p>Whakawhanaungatanga</p> <ul style="list-style-type: none"> Practice inclusivity towards queer people with all individuals and groups. 4.1% of people in Aotearoa New Zealand identify as queer¹, so there is a high likelihood that you will encounter queer people in your professional practice. Avoid making assumptions about people's sexual or romantic attraction orientation, even if they appear to be in a heterosexual relationship because <ul style="list-style-type: none"> One or more partners may be bisexual. One or more partners may be transgender, including non-binary. Avoid assuming that people are in monogamous relationships or that non-monogamous relationships are uncommitted. Be careful not to make generalisations about all queer people based on interactions with specific people. Queer people, relationships and lifestyles are varied and diverse. Remember that not all forms of relationships can be contextualised within te ao Pākehā. Relationships can occur in culturally specific ways. A practitioner does not need to understand these nuances in order to validate them. 	<p>Whakawhanaungatanga examples</p> <ul style="list-style-type: none"> When discussing relationships and families in educational and professional spaces, acknowledge that <ul style="list-style-type: none"> People of all genders and sexualities may be attracted to people of all genders and sexualities. Healthy relationships can be between people of any genders and can include any type of sex and any type of relationship structure. Say 'your partner or partners' instead of husband/ wife/ girlfriend/ boyfriend. Ask the person with whom you're speaking what pronouns their partners/family members use. <ul style="list-style-type: none"> Once you know the gender of the person you are referring to, use the appropriate gender pronouns.
<p>Understanding queerness / professional development</p> <ul style="list-style-type: none"> Develop your professional understanding of sexuality and attraction. Asexuality and aromanticism exist on a spectrum. Understand that <ul style="list-style-type: none"> Some people see sexual attraction and romantic attraction as separate and may only experience one of them. Some people see attraction as holistic or don't believe in separating it into sexual and nonsexual parts, regardless of whether they experience either strongly. Advocate that both of these viewpoints are valid. 	<p>Understanding queerness / professional development examples</p> <ul style="list-style-type: none"> Affirm whichever way people see their attractions. Acknowledge that there are different ways for people to experience attraction. Validate that there is not one specific way to be asexual or aromantic. Respect all transgender identities, including if they or their partner identifies as heterosexual. Be community-led in your professional development.

Practice areas	Examples
<ul style="list-style-type: none"> Understand that trans people can be gay, lesbian, bisexual or any other orientation. Being attracted to transgender people doesn't mean someone isn't straight or isn't gay. Attraction isn't just about genitals or having sex, it can be about any number of things. Attraction is very complex and unique to each person. Follow appropriate professional development steps and ensure that you value the time and expertise of queer people. More under professional development in section 2. 	
<h3>Validating</h3> <ul style="list-style-type: none"> Understand that queer people experience invalidation and invisibilisation. This may come from family, friends, partners, institutions or the media. Avoid invalidating stereotypes about asexuals, aromantic people, bi+ people, and same-gender attracted people, such as <ul style="list-style-type: none"> It's just a phase They have not met the right person yet 	<h3>Validating examples</h3> <ul style="list-style-type: none"> If your client shares that they are queer <ul style="list-style-type: none"> Thank them for sharing Ask if there is anything they want you to know for you to best support or work with them. Validate your client's understanding and description of their identity. Avoid shock or language like "I never would have known".
<h3>Normalising asexuality and hypersexuality</h3> <ul style="list-style-type: none"> Understand asexuality and hypersexuality as normal expressions of human sexuality. Be aware of and challenge the stereotypes that: <ul style="list-style-type: none"> asexuality or hypersexuality are the result of sexual or physical trauma. hypersexuals choose partners indiscriminately. Understand that asexual and hypersexual people may have no partners, multiple partners, or one single committed partner. Asexual people may choose to have sex. Hypersexual people may not be sexually active. 	<h3>Normalising asexuality and hypersexuality examples</h3> <p>Don't:</p> <ul style="list-style-type: none"> Claim that all people want sex or romance or that sex or romance is necessary for relationships. <p>Do:</p> <ul style="list-style-type: none"> Affirm that some people want a lot of sex, while others do not want sex. Affirm that it's okay not to desire participation in sexual interactions. Affirm that it's okay to feel sexual frequently or strongly or to have a lot of sexual desires or attractions. Reinforce the importance of consent and healthy communication while affirming asexual and hypersexual people. Affirm that hypersexual and asexual people can and do have healthy relationships. Use inclusive language, and acknowledge the existence of asexual and hypersexual people in violence prevention materials.

2

Competency area Language

Language can be a tool for empowerment, respect and collaboration with queer communities. It can also be a tool of oppression and violence. Having an informed and mindful approach to language with these communities is crucial for violence prevention.

Practice areas	Examples
Reflective language <ul style="list-style-type: none"> Use reflective language, being mindful that people sometimes use slur words to refer to themselves. Understand that queer people might use different words and terms to describe their bodies and relationships. 	Reflective language examples <ul style="list-style-type: none"> Ask, 'What does this word mean to you'? Rather than 'What does this word mean?' More details on using reflective language are in the General Rainbow Best practice section.
Slur terms <ul style="list-style-type: none"> Be aware that some terms people use to refer to themselves are or have previously been slur terms. Some examples of this include: <ul style="list-style-type: none"> Queer: often used by younger people and is usually okay to use reflectively. Faggot: Avoid using this term in a professional setting, even if someone else uses it first. Dyke: Avoid using this term in a professional setting, even if someone else uses it first. 	Slur term examples <ul style="list-style-type: none"> Avoid challenging a person's chosen use of language. If you're unsure what language to use while talking to someone, respectfully check with them.
Bi+ terms <ul style="list-style-type: none"> People who experience attraction to more than one gender use many different terms to refer to themselves, such as bisexual, pansexual, queer etc. 	Bi+ term examples <ul style="list-style-type: none"> When writing policy, publicity materials or educational resources, use language that acknowledges that there are different ways to identify as a Bi+. These include (but are not limited to) pansexual, pansexual umbrella, bisexual, and bi+.

3

Competency area

Addressing prejudice

Prejudice towards queer people is a driver of violence in Aotearoa New Zealand. Addressing prejudice within yourself, your organisation, and any organisations you work with is crucial to violence prevention work.

Practice areas

Biases

- Be mindful of your own biases and assumptions about gendered experiences of violence. Many people have heteronormative/ gender essentialist biases and understandings that violence is only enacted by men towards women.
- Rainbow trauma-informed practice means being aware of your biases and assumptions to manage them in your professional role and dismantle them over time.
- Understand sex negativity and its implications on violence, sexual violence and victim-blaming for queer people.
- Address your unconscious biases around relationships, partners and lifestyle differences that may arise when working with queer clients, such as:
 - People who practice non-monogamy
 - People who have a lot of sex and types of sex that you are unfamiliar with
 - People who do not have sex
 - People who do not value or engage in romance
- Understand that these are not drivers of violence and can all be features of healthy relationships.
- When working with queer clients who have caused harm, understand that it isn't their queerness or gender to blame for harmful behaviour.

Examples

Bias examples

- Ask yourself, 'Are my biases reinforced in the organisation I work for?' If the answer is yes, find a way to challenge this.
- Access training and supervision with a specific intention to help bring biases and assumptions to the surface.
- Some questions you can ask yourself include:
 - 'Where have I gotten my understanding of queer people from?'
 - 'What bias influences my understanding?'
 - 'Do my cultural or religious beliefs affect how I engage with queer people?'
- Engage in professional development as needed. For more information, please see General Rainbow Competency, professional development.
- Practice bystander intervention when you see someone expressing bias or stereotypes towards queer people. For more information on bystander intervention, please see section 2.

Competency area Addressing prejudice

Practice areas	Examples
<p>Stereotypes</p> <ul style="list-style-type: none"> • Be aware that stereotypes can impact how people respond to queer people who are disclosing harm. These can include <ul style="list-style-type: none"> - Bi+ and hypersexual people always want sex. - Men cannot be the victims of sexual or relationship violence. - Women do not/cannot commit sexual assault or IPV. - Transgender women are dangerous or violent. Cis women cannot assault transgender women. • Avoid blaming queerness/queer relationships for violence. 	<p>Stereotype examples</p> <ul style="list-style-type: none"> • Build a professional awareness of believability politics (defined in the glossary). • Believe and validate Rainbow people if they disclose experiences of harm to you. More in receiving disclosures below. • If you notice a bias coming up for you around experiences of violence, pause and assess whether your bias is impacting your action. • Prioritise practising trauma-informed care and inclusivity.
<p>Bi+ Stereotypes</p> <ul style="list-style-type: none"> • Avoid repeating harmful stereotypes about bi+ people, such as <ul style="list-style-type: none"> - They are greedy. - They are confused. - They are untrustworthy. - They are actually gay/lesbian but can't admit it. - They are just doing it for attention. - They are all hypersexual. • Understand that bi+ people experience higher rates of violence. Women experience higher rates of violence, especially trans women. • Understand that bi+ people may be less likely than same-gender attracted people to have strong Rainbow communities that they are a part of. 	<p>Bi+ Stereotype examples</p> <ul style="list-style-type: none"> • Affirm bi+ people in ways that break down stereotypes by affirming that. <ul style="list-style-type: none"> - Many bi+ people make and stick to monogamous commitments - Bi+ people choose open relationships for similar reasons to others. - It is legitimate to be bi or any other form of multiple gender attraction. - Bi+ people might want lots of sex, or they might want no sex. Either can be normal and healthy.
<p>Addressing prejudice in education</p> <ul style="list-style-type: none"> • Treating the heterosexual nuclear family as default sets a culturally biased standard. Identify when only one type of relationship or family structure is recognised and excludes all other families and relationships. 	<p>Addressing prejudice in education examples</p> <ul style="list-style-type: none"> • Include queer people in community consultation when developing violence prevention education. • When in an education capacity, address prejudice directly. Understand and address the relationship between nuclear family norms and biases about gender and sexuality, homophobia, misogyny and violence.

4

Competency area

Being sexuality trauma-informed

Queer people experience unique forms of violence. Trauma-informed practitioners can create safe and supportive spaces, validate survivors' experiences, and avoid re-traumatisation.

Practice areas

Queer violence

- Understand that gender essentialist stereotypes around violence make it harder to recognise queer experiences of violence, including for queer people.
- Power and control can show up in unique ways in queer relationships, such as threats from a partner to out someone if they don't comply with their partner's desires.
- Misogyny and rigid gendered dynamics can play out in queer relationships because of socialisation within heteronormative society. Examples of this could include:
 - Expecting one partner to do all the housework.
 - Coercing a partner assigned male at birth into sex as they are expected to be inherently sexual.
- Internalised homophobia/transphobia is a driver of intimate partner violence.
 - Attraction to transgender people is stigmatised, which can contribute to unhealthy behaviours.
 - Queer people experience minority stress, which can be a driver of violence.
- Understand that individuals can find more sexually experienced partners intimidating, which can cause insecurity and jealousy to arise. Understand that partners and others often expect hypersexual people to perform sexually on demand or to be sexually adventurous and permissive.

Examples

Queer violence examples

- Acknowledge that violence happens in queer relationships in your professional practice. In particular:
 - When talking with colleagues.
 - When delivering or developing violence prevention education.
- Challenge gender essentialist narratives about violence. Affirm that
 - Woman on woman violence is violence, including when a cis woman uses violence against a trans woman.
 - Man on man violence is still violence, including violence from a trans man to a cis man.
- Seek professional development around gender and sexuality with specialist organisations.
- Understand that violence occurs along the lines of power. Being a gender and/or sexual minority can make people more vulnerable to violence.
- Affirm that no one deserves violence, regardless of their sexual preferences or behaviours, number of current or previous partners, or unwillingness to share the details of their previous sexual experiences.

4

Competency area

Being sexuality trauma-informed

Practice areas	Examples
<p>Family violence toward queer people</p> <ul style="list-style-type: none"> • Queer people experience unique forms of family violence motivated by queerphobia and/or the desire to force people to be heterosexual and heteronormative. • Queer people are vulnerable to conversion practices, including verbal, mental and spiritual abuse, physical violence and corrective rape. 	<p>Family violence toward queer people examples</p> <ul style="list-style-type: none"> • Find more about young people's experiences in Section 11. Rainbow Children and Young People.
<p>Receiving disclosures</p> <ul style="list-style-type: none"> • Avoid victim-blaming or doubting the experiences of queer people. • Having people make gendered assumptions about violence when disclosing can be invalidating for queer people. 	<p>Receiving disclosure examples</p> <ul style="list-style-type: none"> • If receiving a disclosure from a queer person <ul style="list-style-type: none"> - Do not imply that their gender/sexuality or sexual practices are to blame for the assault. - If a client expresses self-blame, affirm that violence is never the victim's fault and that sexuality and gender or sex characteristics are not to blame. • If someone discloses sexual harm or IPV has happened to them, use gender-neutral language until you know the gender or the person who did the harm. • Be client-led when discussing whether violence is directly un/related to a client's gender or sexual/romantic attraction. Let your client share this for themselves.

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I had a friend who was being beaten up in a lesbian relationship, and she called a women's refuge. She came out on the phone and asked if it was okay if she could go in. And these people said to her, "Well yes, but we don't want you cruising any of our residents." You know, like, here was this woman, who was going in as a battered woman and she was being told, "You can come, okay, but don't cruise the women." As if that's all we do is cruise, right? It's terrible. It's funny, but it's not funny, you know.

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5

Competency area Advocacy

Through advocacy, we can work towards a society that respects and values the autonomy, experiences, and identities of all individuals, regardless of their sexual orientation or attraction.

Practice areas	Examples
Representation <ul style="list-style-type: none"> Ensure that queer people are represented in positions of leadership within your organisation. 	Representation examples <ul style="list-style-type: none"> Promote queer membership on your executive board. Support and advocate for queer clients and their communities in your work.
Acknowledgement <ul style="list-style-type: none"> Advocate for queer people to be acknowledged in violence prevention programs. Advocate for it to be acknowledged that violence can occur in these relationships too. 	Acknowledgement examples <ul style="list-style-type: none"> Include queer people in community consultation when developing programmes and practice schemes.
Research <ul style="list-style-type: none"> Advocate for more and better research into queer people's experiences of violence, particularly people who are also gender diverse. 	Research examples <ul style="list-style-type: none"> Seek research that includes and has been led by same gender attracted people when developing evidence-based practice approaches. Advocate for proper data disaggregation on queer people – for example, by gender and ethnicity.

Structural violence breakdown

Structural violence against queer people in Aotearoa New Zealand, results in their marginalisation and discrimination. Here are the breakdowns of some forms of structural violence they face:

- **Biphobia:** Negative attitudes, stereotypes, and discrimination towards bisexuality, including erasure and exclusion from both heterosexual and Rainbow communities.
- **Homophobia:** Prejudice, discrimination, and violence based on fear of homosexuality, leading to stigmatisation, exclusion, and limited access to rights and resources.
- **Sex negativity:** Queer individuals may encounter sex negativity, where their sexuality is considered deviant or wrong. This negative perception creates a hostile environment that denies them validation, support, and understanding.
- **Aromantic and asexual invisibility and stigma:** Aromantic and asexual individuals face invisibility and stigma regarding their romantic and sexual orientations. Society often assumes everyone desires romantic or sexual relationships, marginalising and invalidating their experiences.
- **Intersectional discrimination:** Queer people also face intersectional discrimination, as their sexual orientation intersects with other aspects of their identity, such as race, gender, and disability. This compounds their marginalisation and increases their vulnerability to violence and discrimination.
- **Structural violence:** Structural violence against hypersexual people in Aotearoa New Zealand, encompasses stigma, slut-shaming, sexualisation, objectification, pathologisation, sex negativity, infantilisation, risk perception, and legal and social issues. Challenging societal attitudes surrounding sexuality, promoting sex positivity, consent education, and inclusive discussions, providing non-pathologising support services, and advocating for legal reforms are essential to addressing the structural violence faced by hypersexual individuals.

Under the Rainbow umbrella, it's important to recognise that many transgender people have heterosexual relationships with cisgender partners. While these relationships may be heterosexual, both partners can still be directly impacted by heteronormativity, creating a unique situation where the negative effects of heteronormativity are present. By working together to address these structural forms of violence and promoting understanding, acceptance, and respect for all individuals' diverse experiences and identities, we can create a more inclusive and equitable society in Aotearoa New Zealand.

Further resources

- Sexuality 101 – RainbowYOUTH's information, resources and support services relating to sexuality <https://ry.org.nz/sexuality-101>
- In Our Own Words: Student experiences of sexual violence prior to and during tertiary education. This study breaks down the rates of sexual violence by gender and sexuality (2017) [Thursdays In Black](#).
- Article about the risk factors of violence to aromantic people in relationships <https://www.nyscasa.org/aromantic-spectrum-awareness-week/>

References:

1. (2001) New Zealand Economic Household Survey, Stats NZ.
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Transgender. Is an umbrella term for people whose gender identity and/or gender expression differs from what is culturally typically associated with the gender/sex they were assigned at birth. Some people who fit this definition may not consider themselves to be transgender. Therefore, it's best to use the descriptive term preferred by the individual. Many transgender people are prescribed hormones by their doctor to change their body. Some undergo surgeries as well. But not all transgender people can or will want to take those steps. A transgender identity is not dependent upon medical procedures. The term transgender is neither indicative of sexual orientation, nor hormonal makeup, physical anatomy, or how one is perceived in daily life.

Transgender – including non-binary

This section is dedicated to people who identify as transgender or non-binary. Transgender people have a gender that differs from the sex assigned to them at birth. Non-binary is an umbrella term that some people use who feel that their gender does not fit neatly within the binary of man or woman. Non-binary and transgender people may identify with any sexual orientation.

Structural violence

- Cisnormativity, transphobia and transmisogyny are forms of prejudice that are often entrenched into the worldviews and practices of individuals and institutions in Aotearoa New Zealand.
- Transgender, non-binary, and other gender-nonconforming people face barriers to getting support for violence. Many forms of violence towards transgender people are invisibilised by social norms.
- Transgender and non-binary people face ongoing forms of structural and interpersonal violence in medical settings. This includes pathologisation, sexual assault and harassment that is motivated by curiosity.
- Transgender people also experience structural violence through the justice system and social services, some of which are highly gendered and gender essentialist.

Practice principles

- Be client-led when discussing intimate and personal details. Be aware of curiosity sexual harassment and engage in good consent practices when discussing intimate or personal details with trans people.
- Understand that trans and non-binary people may have experienced violence or abuse in medical care settings.
- Be aware that privacy may be a safety issue for trans people.
- Understand and be able to speak about gender essentialism and gender stereotypes as drivers of violence and discrimination towards trans people.
- Understand that there are specific forms of abuse that transgender people experience and incorporate these into violence prevention work.

Competency areas

1 Building trust / building rapport

4 Trauma-informed practice

2 Language

5 Advocacy

3 Listening and validating

1

Competency area

Building trust / building rapport

Transgender people often have experienced or heard about negative experiences with institutions or helping professionals. Transgender people often have experiences of institutionalised violence. Because of this, they may be hyper-vigilant in noticing signs that they will not be respected.

Practice areas	Examples
<p>Whakawhanaungatanga and acknowledgement</p> <ul style="list-style-type: none"> Develop your professional awareness of transgender including non-binary people. There is a high chance that you do or will encounter trans people within your work. You cannot tell just by looking at someone if they are trans, so inclusivity is always important. This could include: <ul style="list-style-type: none"> Not assuming people's gender. Avoiding gender stereotypes, in particular stereotypes towards trans people. Transgender people may be in relationships with people of any gender, and you need to respect their partners' gender, including if that partner is abusive. 	<p>Whakawhanaungatanga and acknowledgement examples</p> <ul style="list-style-type: none"> Use gender-neutral language when referring to people until you know what their gender is. Use gender-neutral language with groups; prefer terms like 'folks' over 'guys'. Be inclusive of transgender and non-binary people in violence prevention education. More in Advocacy. Practice good conversational consent with trans people. Understand curiosity sexual harassment (outlined in trauma-informed practice).
<p>Challenging gender essentialism</p> <ul style="list-style-type: none"> Gender essentialism is the belief system that there are innate and fixed characteristics, roles, and behaviours that are inherently tied to being a certain gender or sex. Gender essentialism creates gender stereotypes. Understanding that all bodies sit on a spectrum of diversity. Challenge assumptions that specific genders have specific behaviours, beliefs or feelings. Understand that transgender people may have safety considerations that inform their gender expression, which is different from internalising gender stereotypes of gender essentialism. <ul style="list-style-type: none"> For example, a transgender woman may need to wear dresses to be taken seriously as a woman, but this may also increase the risk of street harassment. Transgender clients may have strong views about gender presentation and what it means in their life. Remember that gender expression is a key part of freedom of expression and that transgender people also usually have practical reasons for the way they express their gender. Being aware of personal, organisational and societal tendencies towards cisnormativity, homophobia, heterosexism etc. 	<p>Challenging gender essentialism examples</p> <ul style="list-style-type: none"> Validate and affirm that <ul style="list-style-type: none"> people's genders are separate from their sexual anatomy. people of all genders can and do have bodies, skills, interests and behaviours that differ from what is stereotypically associated with that gender. Practising humility when in unknown territory. Thank people when they correct you and move on. Be client-led when talking about gender and gender expression. Engage in critical reflective practice to unpack your personal and professional relationship with gender essentialism. You can ask yourself: <ul style="list-style-type: none"> 'Where does my understanding of gender come from?' 'Have I engaged with trans-led research or writings?' 'Do I hold any beliefs about gender that might impact my violence prevention practice or my professionalism with trans clients?'

Practice areas	Examples
<p>Stereotypes</p> <ul style="list-style-type: none"> Transgender people may be affected by stereotypes in complex ways that lead to mistreatment or violence e.g. <ul style="list-style-type: none"> Transgender women may be stereotyped as manly and stereotypically sexually predatory or violent. Transgender men may be stereotyped as womanly and not capable of perpetration. Transgender people are trying to mislead you by telling you who is attracted to them or who is violent to them. There are a lot of different cultural expressions of gender; people may not look the way you expect. Recognise that transgender people often face more than one set of gendered stereotypes, which may have different impacts in different situations and may even be contradictory. This may include racialised gender stereotypes. Examples may include: <ul style="list-style-type: none"> A transgender woman facing pressure to be a sole provider “husband” as well as a submissive wife. Stereotypes about the oversexualisation of transgender women and women of colour at the same time. An Asian transgender man facing the stereotype that Asian men are nonsexual and the stereotype that transgender people are overly sexual. 	<p>Stereotype examples</p> <ul style="list-style-type: none"> Have an awareness that gender stereotypes impact transgender people, including non-binary people. Unpack and challenge these stereotypes. Naming gender essentialism and stereotypes towards transgender people when they come up. <ul style="list-style-type: none"> This may include colleagues in professional spaces or transgender clients who have internalised stereotypes about themselves. You can say things like “not all women can get pregnant” or “not all women’s genitals are shaped the same” (remember to be client-led when talking about transgender people’s bodies). Challenge policies or professional practices that are based on gender essentialism or negative stereotypes towards transgender people, e.g. a policy to exclude transgender women from women’s shelters. Avoid telling trans people about their experiences or identities or what is correct for them. Challenge assumptions that a gender non-conforming person is gender non-conforming because of their experience of sexual or physical harm. Practice tika and pono. For more information, please see section 2.
<p>Understanding gender euphoria and trans joy</p> <ul style="list-style-type: none"> Gender euphoria is the deeply positive and affirming emotional state experienced by individuals when their gender identity is validated, recognised, and celebrated. It is a feeling of joy, satisfaction, and elation that arises from being able to authentically express oneself and live in alignment with one’s gender. 	<p>Understanding gender euphoria and trans joy examples</p> <ul style="list-style-type: none"> Listen to, validate and believe transgender people when they describe experiences of gender euphoria or trans joy. Incorporate explanations of and stories about gender euphoria and trans joy into violence prevention materials. It is important that violence prevention programs and organisations celebrate the lives and joys of transgender people. This is especially important for programs that directly address the forms of structural and interpersonal violence faced by transgender people.

2

Competency area Language

Can be a way to establish and build trust and show respect for a person and their gender. Understanding terms and using respectful language is an important part of violence prevention against transgender people.

Practice areas

Reflective language

- Use the terminology being used by the person with whom you're talking.
- Terms to avoid
 - Talking about people who aren't transgender as 'normal'.
 - "Sex vs Gender" - transgender people may have changed aspects of their sex or may see their sex as an important part of their gender. "Sex" is a broad category and may be broadly inapplicable to transgender people. Use the term "gender" or talk specifically about the aspects of sex you intend to discuss.
 - Transsexual (not to be used unless someone has specifically requested that you refer to them this way).
 - "Born as" a boy or girl – sex/gender is assigned through an often traumatic medicolegal process, not through the act of birth itself.
 - "Male socialisation" for transgender women (It's not a real sociological term. Binary ideas about gendered socialisation don't apply to transgender people).
 - "Biologically female" and "biologically male" are unscientific oversimplifications – transgender people may have all kinds of sex characteristics/biology.
 - The same goes for 'male-bodied' and 'female-bodied,' 'male brain' and 'female brain.' All bodies and minds are different, and gender is not an effective way to divide these complicated characteristics.
- Understand that trans people may use different language to refer to their bodies.

Examples

Reflective language examples

- It's okay to ask what words people want used for anatomy if it needs to be discussed. Use the language they use to talk about themselves and their partners.
- Terms to use
 - Cisgender to refer to people who are not transgender (instead of 'normal').
 - Assigned male at birth/assigned female at birth (instead of 'born as').
- For more information on using reflective language, please see section 2. General Rainbow Best Practice.
- A glossary of trans terms is listed in further resources.

3

Competency area Listening and validating

Transgender people will often have experienced invalidation of their gender, personhood or experiences, including experiences of violence. Trauma-informed practice with transgender people means having understanding and competency in listening to, validating and believing transgender people.

Practice areas	Examples
Active listening <ul style="list-style-type: none"> • Make space for trans service users to speak about their experience and identify ways in which their experiences as a trans person may or may not be relevant to the support they are seeking. • Transgender people may bring up their gender simply so you know and don't get it wrong, or they may bring it up because it is relevant to the service they are engaging. 	Active listening examples <ul style="list-style-type: none"> • Trust transgender people's accounts of their own sex and gender and what these mean to them. • You don't need to make a show of affirming someone's gender; just be clear that you understand they are telling you their gender and that you believe what they say. • Show respect for transgender people's gender and take it at face value. E.g. if someone tells you they are a transgender woman, take this as seriously as other women talking about being a woman.

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Service providers at the end of the day are human and they have their biases. I don't know if it exactly relates to my queerness or to being trans, but sometimes the discrimination is so subtle that I don't know what is happening. As queer people, we're assumed to be inherently sexual and inherently weak. Because I like wearing bright make up, there is a more covert way of reading the situation, as if I was asking for it. It's not really cut and dry. Passing as a woman makes it confusing when my queerness applies, because sometimes I am read as a woman, and sometimes I am read as trans. Sometimes there is a silent acknowledgement of my experience of transphobia, but if people say 'prove it', it's really hard to do that.

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4

Competency area**Trauma-informed practice**

It is essential that violence prevention practitioners understand, recognise and are able to talk about the unique forms of violence that transgender people experience and the ways in which trauma may show up for transgender people

Practice areas**Examples****Disclosures of harm**

- Have an awareness of the stereotypes about violence, including sexual assault. Remember that violence does not exist in a straightforward relationship with strength or height. Power, coercion and control can be present in many ways.
 - How people's gender is seen and respected by those around them can create serious power imbalances.
 - Economic imbalances can create opportunities for abuse.
- If someone is seen as sexually or romantically undesirable, they are vulnerable to abuse as they are less likely to be believed. Assuming the gender of someone's abuser may invalidate the victim's experience by reinforcing gendered stereotypes about who perpetrates and who experiences violence.

Disclosures of harm examples

- If you are receiving a disclosure of harm, believe and validate the person disclosing harm.
- Use gender-neutral language to refer to the person who has done harm until you know their gender.
- Be client-led when receiving a disclosure of abuse. Sexual abuse towards transgender people can be perpetrated by people of any gender. Where relevant to your work, demonstrate an awareness of this when receiving disclosures.
- Have an awareness of which organisations in your area are trans and non-binary inclusive so that you can make safe referrals to people who are disclosing harm to you.

Understanding abuse towards trans people

- Understanding that there are specific forms of abuse and violence experienced by transgender people. These include
 - Partners or family controlling gender expression is a form of sexual/gender control.
 - Teasing about feminine appearance, forcing a person to use the toilet standing/sitting while being watched, cutting a child's hair to change their gender appearance.
 - Partners or family controlling access to medical treatments is a form of sexual/gender control.
 - Choosing doctors who will not affirm the victim's gender or throwing away gender-affirming medications.

Understanding abuse towards trans people examples

- Advocate for policies in your workplace to protect trans people from curiosity sexual harassment.
- When speaking about sexual violence and sexual assault in a violence prevention setting, acknowledge that assault can happen to people of any gender by people of any gender.
- Include trans experiences of abuse when designing or delivering violence prevention materials.

Competency area Trauma-informed practice

Practice areas	Examples
<ul style="list-style-type: none"> - Partners insisting on having types of sex that feel uncomfortable or wrong can be deeply harmful (unwanted sex) <ul style="list-style-type: none"> ▪ Rape by envelopment is a form of sexual violence experienced by transwomen by cis women. This form of rape is only considered unlawful sexual connection rather than rape, in legal terms. Generally, it is dismissed and invisibilised. ▪ Anecdotal evidence indicates that rates of trans women being raped are very high and very underreported. - DARVO – deny, attack, reverse victim/offender <ul style="list-style-type: none"> ▪ I.e. to keep transwomen in sexually violent relationships. It revolves around ideas of “normal” sex as being pleasing to a person with a penis. ▪ Coercive aspects include using the threat of calling the police, who will be more likely to understand sexual violence perpetrated by men against women. - Curiosity sexual harassment <ul style="list-style-type: none"> ▪ Driven by people’s sense of entitlement to know about another person’s genitals ▪ So common that this sexual harassment is laughed off ▪ This type of sexual harassment is disguised in questions such as “What is your biological sex?” ▪ When the harassed calls this out, they tend to be positioned as hostile. - Online violence – for information about this, please see section 2. General Rainbow Best Practice. • Avoid making assumptions about the gender or anatomy of people who have done violence, as this may invalidate trans people who have experienced violence. It may also lead to making false assumptions. Examples include assumptions about the risk of pregnancy, assumptions about penetration etc. • Understanding that abuse towards trans people can be invisibilised by social norms. 	

Practice areas	Examples
<p>Understanding gender dysphoria</p> <ul style="list-style-type: none"> • Develop a professional awareness and understanding of gender dysphoria in the context of abuse. • Gendered abuse can feel worse for transgender people. • Recognise that blaming people who are abused on the basis of their gendered behaviour, sexual expression, or sexually-coded behaviours is a form of victim-blaming. • Recognise that gender dysphoria isn't the cause of bad feelings about being abused. Transphobic abuse is harmful because it involves coercion or violent control of a person's sexual expression and sexually-coded behaviours. 	<p>Understanding gender dysphoria examples</p> <ul style="list-style-type: none"> • If you receive a disclosure of harm from a transgender or non-binary person that you do not understand, practice trauma-informed care. • Understand that gendered coercion and sexual/gender control can be deeply harmful experiences for transgender and non-binary people. • If you identify a gap in your understanding, engage with the organisations and resources in the further readings to learn more.
<p>Understanding medical trauma</p> <ul style="list-style-type: none"> • Being trauma-informed with trans people means understanding that medical institutions are a source of trauma for some trans people. • Understand that medical professionals hold high power and trust positions, which can invisibilise abuse. • The following are forms of sexual violence that trans people may have experienced in a medical context. <ul style="list-style-type: none"> - Withholding of gender-affirming care. - Sexual assault in the form of unnecessary medical examinations. - Refusal to take accurate notes, gendered bullying (e.g. misgendering), or discrimination in access to services or medical treatments. 	<p>Understanding medical trauma examples</p> <ul style="list-style-type: none"> • If a trans person identifies harm they experienced by a medical practitioner, practice trauma-informed care. • For more information on medical trauma, please see section 2, general Rainbow best practice.

Competency area Trauma-informed practice

Practice areas	Examples
<p>Upholding mana</p> <ul style="list-style-type: none"> • Recognise that sometimes, a person who is using violent behaviours deserves the same basic respect as anyone else when seeking support to desist from using violence in future. • Ensure we are not perpetuating harmful myths about transgender and non-binary people who have used violence. • Do not make assumptions about a trans person's experiences of violence. • Avoid presuming to know the cause of someone's violent behaviour. Explore this and let them define that behaviour themselves, and support them to change it. <ul style="list-style-type: none"> - Likewise, do not assign a meaning of harmfulness to innocent behaviours. e.g. trans youth illegally acquiring gender-affirming clothing (because they have no money or ability to buy it) is not a sexually harmful behaviour. 	
<p>Privacy</p> <ul style="list-style-type: none"> • Understand that privacy around gender can be a safety issue for trans people. 	<p>Privacy examples</p> <ul style="list-style-type: none"> • When making a referral for your client to another service provider, ask your client if they would like you to inform the service provider of your client's gender and pronouns. If yes, then make sure to use your client's pronouns in the referral letter. • You may need to clearly communicate your client's gender to the service provider. To do this, you may have to speak to the service provider over the phone – it is your professional responsibility to ensure that you are referring your client to a safe service.

5

Competency area Advocacy

Transgender people still face structural violence and lack some of the legal protections that other Rainbow communities have. Advocating for transgender people and communities is an important way violence prevention professionals can create systemic change.

Practice areas	Examples
Education <ul style="list-style-type: none"> • Ensure that gender diversity is embedded into respectful/safe relationships in primary and secondary education. • Develop an organisational understanding of trans experiences of violence. • Challenge the erasure of trans people. • Foster conversation that normalises and celebrates gender diversity. 	Education examples <ul style="list-style-type: none"> • Assume that people reading your resources may have any combination of gender, sex expression and sex characteristics, and design them to take this into account. • If a resource doesn't account for transgender people in the same way it accounts for people who aren't transgender, point this out. • Remind people that gender diversity has always been with us, and respecting people is the key to healthy relationships.
Inclusive workplaces <ul style="list-style-type: none"> • Advocate for the inclusion of trans people within organisational diversity and inclusivity policies. • Advocate for organisational training around trans competency. 	Inclusive workplace examples <ul style="list-style-type: none"> • Promote trans membership on your executive board. • Enable diverse pronouns and gender labels to be recognised on service registration forms (e.g. man, woman, non-binary, agender) • Create relationships with Rainbow organisations to get good recommendations about training and competency development. • Design spaces and services to be inclusive of trans people.
Research <ul style="list-style-type: none"> • Use research that includes and has been led by trans people when developing evidence-based practice approaches. 	Research examples <ul style="list-style-type: none"> • Include trans people in community consultation when developing programmes and practice schemes.

Structural violence breakdown

Transgender and non-binary people experience structural violence relating to gender essentialism. Some forms of this include:

- **Legally sanctioned transphobia:** Trans people experience sexual violence in ways that aren't recognised by the law. Especially when the law currently only recognises rape as a penetrative act (rather than recognising all forced sex as rape), when sexual violence is a degrading experience and can be experienced in all forms.
- **Covert transphobia:** The effects of all forms of violence are severe, especially when covert violence is unrecognised. Rethinking these issues and developing a more complex and inclusive understanding of sexual violence in the context of structural and colonial violences can make service provision much safer for those accessing care. Transphobia has real implications for violence prevention services in Aotearoa, such as transgender women being excluded from women's shelters.
- **Coercion into gender norms:** Insidious forms of erasure and assimilation are enforced upon non-binary and gender non-conforming people. These can look like guessing at someone's gender or assigning a gender to them based on our perception of their gender expression. General social discomfort in the presence of gender nonconformity can result in non-binary and gender non-conforming people experiencing both macro and microaggressions that result in significant harm in support services and wider society as a whole.
- **Medical violence:** Structural violence towards trans people can occur in many ways in medical institutions, including sexual harassment and sexual assault motivated by curiosity.
- **Pathologisation:** The idea that being transgender is an illness that needs to be fixed still impacts many individuals and communities in Aotearoa New Zealand, and is a driver of interpersonal violence towards transgender people.

Violence prevention practitioners can break down these forms of structural violence by working with transgender communities, applying best practice and honouring Te Tiriti.

Further resources

- A collection of resources for transgender and intersex people and supporters. <https://genderminorities.com/glossary-transgender/>
 - <https://genderminorities.com/> Trans glossary of terms gender minorities.
 - From Awareness to Action – working on transgender inclusion beyond Transgender Week of Awareness – This webinar was a discussion about making a change in social service organisations <https://www.tengakaukahukura.nz/webinar-from-awareness-to-action>
 - Learn about social narratives on transgender people's bodies and sexual behaviours that enable violence against transgender people [What do bodies mean?](#)
 - <https://genderminorities.com/2021/03/11/dating-a-trans-person-101-respect/>
 - Learn about stereotypes, prejudices, and discrimination related to trans people, sex and relationships, and the ways this can impact a transgender person [Bad Narratives: on transgender people as partners](#)
 - Learn about rainbow experiences seeking help for sexual or family violence in Aotearoa New Zealand at [Transgender community report: seeking help for sexual or family violence](#)
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Intersex. Is an umbrella term used to describe a range of natural variations in the human body - specifically, the innate variations in someone's sex characteristics (VSC). Sex characteristics can include hormones, chromosomes, and internal and external sexual anatomy. When someone has an innate variation of sex characteristics, this means that there are atypical traits present. Other terms that people may use include altersex, hermaphrodite (which is currently being reclaimed by some community members), differences in sex development, or specific clinical terms for a person's variation, for e.g. "I have Klinefelter's Syndrome", among others.

Overview – context and framing

Intersex is an umbrella term used to describe a range of natural variations in the human body - specifically, a person's innate Variations in Sex Characteristics (VSC). Sex characteristics can include everything from hormones, chromosomes, and internal and external anatomy. When someone has an innate variation of sex characteristics, this means that there are atypical traits present at birth or that naturally develop through life.¹

Structural violence

- Structural violence against intersex people is rooted in endosexism, binary thinking, and gender essentialism, introduced to Aotearoa New Zealand, through colonisation.
- These harmful ideologies underpin the non-consensual and unnecessary medical interventions performed on intersex individuals aimed at conforming their sex characteristics to societal norms.
- Intersex people face multiple forms of structural violence, stigma, limited access to affirming support networks, erasure of their experiences, and inadequate legal recognition of their human rights.

Practice principles

- Understand that intersex/VSC is normal and natural. Be community-led in developing your professional understandings of intersex people. Develop your professional understanding of Intersex/VSC enough to be able to comfortably answer the question, 'What is intersex?'
- Understand that intersex people may have experienced violence or abuse in medical care settings, including surgeries that were performed on them as children or babies or throughout their lifetime.
- Be client-led when discussing intersex/VSC - understand that many people are very private about their VSC and that people view being intersex or having VSC in many different ways.
- Understand that not all intersex people/people with VSC identify with Rainbow communities.

Competency areas

1 Understanding intersex

4 Trauma-informed practice

2 Building trust/building rapport

5 Advocacy

3 Language

1

Competency area Understanding intersex

Acknowledging that information about intersex/VSC has been lost and erased. Develop personal and professional knowledge and understanding of intersex/VSC.

Practice areas	Examples
<p>Defining intersex</p> <ul style="list-style-type: none"> Understanding that bodies also develop on a spectrum. Terminology and understandings within intersex/VSC communities are constantly evolving as more research and activism happens within these communities. Community activism by intersex people/people with VSC is creating more opportunities for people to develop their understanding of what it means to be intersex/have VSC, beyond Western medical understandings, which pathologise intersex/VSC. 	<p>Defining intersex examples</p> <ul style="list-style-type: none"> Develop your professional understanding of intersex/VSC enough to be able to comfortably answer the question, 'What is intersex?' Understand that there are up to 40 different intersex variations; it does not mean one thing. Find out more about how these variations manifest in an intersex person's body. When seeking professional development, look for resources and organisations that are intersex community-led.
<p>Unique intersex</p> <ul style="list-style-type: none"> It is important to recognise the unique differences in experiences that this demographic holds in comparison to other Rainbow communities, such as the LGBT communities. Understand that many intersex people do not identify as part of the Rainbow community. Many intersex people are heterosexual and cisgender. Be aware not every person with a VSC is aware they are intersex or would use this term to identify themselves. Some intersex people find out about their variation during puberty, when trying to conceive, or later in life; in some occasions, they may never know. Intersectional practice is vital with intersex people. Understand that people will have varying levels of openness about being intersex/having a VSC. 	<p>Unique intersex examples</p> <ul style="list-style-type: none"> When making policies, etc., make it explicitly clear that intersex people do not always identify with Rainbow communities. Include intersex as its own categorisation when it is relevant and useful. Be aware that there may be safety and privacy issues if you ask people to identify as intersex. Take or make opportunities to advocate for intersex people. Advocate for intersex people outside of the context of general Rainbow advocacy, as well as within it. Be aware that intersex people maybe isolated or maybe more connected to peer support groups than other forms of support. <ul style="list-style-type: none"> It is crucial to work collaboratively with intersex peer support groups as a violence prevention practitioner.

Competency area

Understanding intersex

Practice areas	Examples
<p>Understand intersexphobia</p> <ul style="list-style-type: none"> Intersexphobia refers to the fear, prejudice, discrimination, and marginalisation directed towards intersex individuals based on their intersex variations or differences in sex characteristics. Manifestations of intersexphobia include <ul style="list-style-type: none"> Anxieties or marginalisation of intersex people for not being able to have children. Lack of legal recognition. Social and medical erasure. Discrimination against intersex bodies within the medical practice and healthcare environments. Intersex people/bodies being used as a medical oddity, mocked, or seen as abnormal or as a 'freak.' People react with fear, disgust or surprise when someone's intersex status is revealed. Be aware of intersex 'broken arm syndrome'. <ul style="list-style-type: none"> This happens when intersex people seek help or support for something that has nothing to do with them being intersex (such as a broken arm or, in some cases, sexual violence) but supporting professionals needlessly centre the fact that the person is intersex. Experiences of violence may not be due to being intersex. Intersex people may be more vulnerable to violence because of social isolation, economic disparities and other forms of inequality. 	<p>Understand intersexphobia examples</p> <ul style="list-style-type: none"> Be client-led when working with intersex people. <ul style="list-style-type: none"> Allow intersex people/people with VSC to identify and define to what extent their being intersex/having VSC is related to the help they are seeking. Make space for people to speak about their being intersex/having VSC without pushing them. Challenging intersexphobia when it arises in professional settings.
<p>Cultural competence</p> <ul style="list-style-type: none"> Understand that Te Ao Māori, Pasifika and other cultural understandings of intersex may be different from Western understandings. 	<p>Cultural competence examples</p> <ul style="list-style-type: none"> Participate in professional development opportunities to improve your understanding of these cultural worldviews. Take opportunities to stay updated with new resources that are being made about intersex/VSC communities. Recognise and acknowledge that intersex people have been understood and celebrated in non-Western cultures and indigenous communities prior to colonisation and within decolonial movements.

2

Competency area Building trust/building rapport

Intersex people often have experienced or heard about negative experiences with institutions or helping professions. Intersex people often have experiences of institutionalised violence. Because of this, they may be hyper-vigilant in noticing signs that they will not be respected or are slow to build trust.

Practice areas	Examples
Inclusivity <ul style="list-style-type: none"> • Work to be inclusive of intersex awareness in your professional practice. Don't make assumptions about a person's sex characteristics. • There is a high chance that you do or will encounter intersex people within your work, particularly if you are a frontline worker. Intersex people are (1.7-2.3%) of the population, roughly the same as the population of Lower Hutt. 	Inclusivity examples <ul style="list-style-type: none"> • Make it a habit to acknowledge that not all bodies fit into the Western medical binary of male and female. • Practising humbleness when in unknown territory. • Thank people when they correct you and move on.
Client-led <ul style="list-style-type: none"> • Understanding that although it may feel like it, there is no contradiction between destigmatising intersex people and respecting the privacy of intersex people. • Respect that some people may not want to talk about it at all. • Remember that not all trauma needs to be understood under an intersex frame. • Intersex people can experience various other interconnected forms of gender/sex-based violence and oppression. • Avoid asking invasive questions. • Remember that many intersex people prefer not to tell people they are intersex/have a VSC. Therefore, it is important not to ask for further information even if you consider yourself an ally. 	Client-led examples <p>Conversational dos and don'ts</p> <ul style="list-style-type: none"> • Do acknowledge and affirm people when they bring up or talk about their intersex variation. • Do thank people and be strength-based and affirming when people share this information with you, i.e. 'thanks for telling me, 'that's a great thing to know about you.' • Do ask people, 'What does being intersex/VSC mean to you?' if they have brought it up and it's relevant to the conversation. • Do keep in mind 'what would be a conversational boundary that I would not cross with an endosex person' - i.e. asking them details about their genitals. • Do understand that asking people detailed questions about their bodies is a form of sexual harassment, including when it is motivated by curiosity. • Do offer supportive pathways if people want more information about intersex/VSC - lots of people have had information withheld from them. Be familiar with intersex-led organisations to refer people to for further information. • If you need to ask about personal or intimate details, explain why you need the information you are asking for.

2

Competency area

Building trust/building rapport

Practice areas

Examples

Conversational dos and don'ts

- If an intersex person tells you that the information you are asking for is not relevant to what you're asking, respect them.
- Respect privacy. When working with clients in a care capacity, only reference their intersex variation when it is specifically relevant to the situation.

3

Competency area

Language

By using affirming, accurate, and respectful language, practitioners can show their commitment to respecting intersex identities and experiences. This includes using intersex-inclusive terminology, acknowledging the diversity of intersex variations, and avoiding pathologising language. By being mindful of language, practitioners can create safer and more inclusive spaces, build trust with intersex communities, and support their empowerment and well-being

Practice areas

Examples

Reflective language

- Be mindful of the language that people use to refer to themselves and their bodies. It will often be appropriate to reflect this language back to people. If you are not sure, ask.
- For more information about using reflective language, please see Section 2.

Reflective language examples

- Terms that people use to refer to themselves: intersex, intersex variation, Innate Variation in Sex Characteristics
- Endosex refers to people whose sex characteristics fit into either male or female. Use this term to avoid referring to 'normal' people vs intersex people.
- Differences in Sex Characteristics (DSD) is a term that people may use to refer to themselves - however, be mindful that this term can be seen as offensive.

3

Competency area Language

Practice areas

Terms to avoid

- Normal (to refer to endosex)- implies that intersex/ VSC is abnormal or wrong.
- Abnormal/abnormality (to refer to intersex)
- Hermaphrodite- this is an outdated and incorrect term based on ancient mythology (unless a client uses it!)
- Disorder, Defects- Intersex/VSC is not a disorder or a defect. It is a normal and natural feature of human diversity and should be understood as such.

Examples

Terms to avoid examples

- Have an awareness of what terms are harmful to Intersex people/people with VSC.
- If you witness an endosex person using these terms, let them know it is offensive.

4

Competency area Trauma-informed practice

Intersex individuals have often experienced medical interventions without their informed consent, leading to traumatic experiences. By adopting a trauma-informed approach, practitioners can create safe and supportive spaces that acknowledge the unique experiences and needs of intersex individuals. This includes understanding the potential impacts of past traumas, respecting bodily autonomy, and ensuring inclusive and affirming care. Such practices can foster trust, promote healing, and help prevent further negative experiences, ultimately supporting the well-being and safety of intersex individuals in Aotearoa.

Practice areas

Power dynamics

- Understand the power dynamics that people may have experienced from those in positions of authority e.g., medical professionals within healthcare environments. Be aware of the power you hold within your professional roles and work to build trust and safety with clients.

Examples

Power dynamics examples

- Ask the person in front of you,
 - “Are there any ways you would like this process to work for you?” If they seem overwhelmed by the level of decision-making, offer A and B options. E.g.,
 - “Would you like to come up with ways to set some ground rules together, to keep you feeling in control during our session, or would you like to practice telling me in the moment when something doesn't feel good?”

Competency area

Trauma-informed practice

Practice areas	Examples
Invisibilisation <ul style="list-style-type: none"> Understanding that abuse towards intersex people can be invisibilised by social norms. Understanding that this can take many forms, including <ul style="list-style-type: none"> Abuse in a healthcare setting. Damaged familial relationships. IPV related to binary body expectations. Abuse related to expectations of others' bodies, such as not being fertile or not being able to have penetrative sex/not being seen as a 'proper' man or woman. 	Invisibilisation examples <ul style="list-style-type: none"> Validating intersex/VSC people's experiences of violence. Acknowledging that body expectations can be a driver of violence in relationships. Be aware of the impacts of invisibilisation or invalidation on intersex people/people with VSC who have experienced violence. <ul style="list-style-type: none"> People who have experienced these forms of violence may not have ever recognised them as violence before or had anyone else around them recognise these experiences as violence.
Healthcare abuse <ul style="list-style-type: none"> Being trauma-informed in the context of intersex people means understanding that Healthcare institutions can be a source of traumatic experiences for many (but not all) intersex people. The lack of informed consent in medical procedures, surgeries, and examinations can be an issue for intersex people. This can be understood as affecting both individuals and families, where individuals are too young to give consent, but parents are not provided with all the facts, outcomes and alternatives when making a decision on behalf of their child. Intersex people have unique needs, and these needs are often ignored due to ignorance and pathologisation. Surgical intervention has historically been used to soothe social concerns and make 'normal' what was 'abnormal' because of social anxiety driven by gender essentialism. This is often done for superficial instead of health reasons. Care providers have a lot of power and can perpetuate violence against intersex people by invisibilising the reality of social and institutional violence. 	Healthcare abuse examples <ul style="list-style-type: none"> Validate intersex people/people with VSC if they describe their non-consensual medical interventions as a form of violence. Being client-led when speaking about surgeries, as some intersex people/people with VSC may see these experiences as a form of violence, while others may see these interventions as a positive in their lives. Make space for people to have and identify their own experiences and understandings. Acknowledging that intersex people exist will help institutions to provide well-being and effective care. Recognise unique intersex needs.

Competency area Trauma-informed practice

Practice areas	Examples
<p>Pathologisation</p> <ul style="list-style-type: none"> • Pathologisation, sex essentialism and gender stereotypes can be drivers of interpersonal violence, such as <ul style="list-style-type: none"> - Berating people for failing to meet gendered expectations. <ul style="list-style-type: none"> • This may be a child or young person in a family context or an adult in an intimate partnership. - Forms of mental, emotional, physical, spiritual or other forms of violence that are motivated to 'correct' someone's behaviour. <ul style="list-style-type: none"> • For example, parents performing vaginal dilation on children. • Acknowledge that being a minority from birth has unique impacts. • Understand the mental and psychological impact of being seen as needing to be 'fixed', which can be fiscal, logistical and emotional. 	<p>Pathologisation examples</p> <ul style="list-style-type: none"> • Be sensitive and respectful that the issues that intersex people face are complex and unique. • Understand that normalising intersex bodies is an act of violence prevention. The more rangatahi, families and whānau know about intersex diversity, the more "normal" it will become. • Work to visibilise intersex. Actively include intersex content where relevant. Share that intersex diversity <ul style="list-style-type: none"> - Is broad/diverse. - Is not a negative. - Is a natural part of plant, animal and human diversity. • Conversations and education need to be led by intersex organisations. • Celebrate intersex people/people with VSC publicly on intersex awareness day (26th of October) or intersex day of solidarity (8th of November) with intersex flyers and information, calls for change and intersex inclusive topics or themes. Uplift intersex people to share strength-based kōrero in your workplace and other environments.

“

Guilt can be felt by some intersex people about their seemingly passive response to undergoing invasive (and sexually violent) medical procedures - however, this violence can be understood as a manifestation of a type of professional grooming. As a society, we are told/encouraged/pushed to trust doctors and medical professionals. As children we are rewarded with lollipops for being a good patient. For example, parents might say, “Be good for the doctors and you get a lolly afterwards”. Years of intensive medicalisation and patient compliance can result in a sense of self-betrayal as an adult, of being complicit in the experience. This can have many parallels with children survivors of sexual assault, and their feelings of guilt later in life.

”

5

Competency area Advocacy

Advocating for intersex people and making visible intersex as a natural variation of human sex characteristics benefits all people by moving us towards a fuller, more inclusive understanding of the human experience.

Practice areas

Examples

Research

- There is anecdotal evidence about the relationship between experiences of medical abuse as a child and occurrences of childhood sexual abuse and IPV in relationships as adults. As shared in peer environments, this is understood to be linked to the blurring or lack of boundaries of self and bodies due to intensive medicalisation, especially when this occurs from a young age.
- Dissociation can be common as the result of repeated physical medical trauma.
- More research is needed in these areas.
- Advocate for the protection of intersex people within organisational diversity and inclusivity policies.
- Advocate for organisational training so you can provide intersex cultural competency.

Research examples

- Advocate for further research into intersex/VSC people's experiences of violence.
- This research should always be led by intersex people/people with VSC.
- Undertake a yearly anonymous survey of your service users and include intersex/VSC to better understand people's experiences.

Law and policy

- Innate variations of sex characteristics need to be embedded into NZ law and policy.

Law and policy examples

- The NZ Human Rights Act - provides no legal protection for intersex, while NZ legislation does protect doctors who operate on intersex children.
- NZ Govt has said they won't create legal protections for intersex, and instead are seeking the creation of new medical Guidelines for healthcare professionals and training in 2024. These guidelines will not be enforceable in any way. There is a need for allies within healthcare and intersecting sectors to support intersex, human rights and Mātauranga Māori leadership in creating and implementing these guidelines. These guidelines should be multidisciplinary and have the opportunity to uplift professional competency across disciplines.

Structural violence breakdown

Intersex people, individuals born with variations in sex characteristics, face various structural forms of violence in Aotearoa. These include:

- **Non-consensual medical interventions:** Intersex infants and children often undergo unnecessary and non-consensual medical procedures, such as surgeries and hormone treatments, to conform to societal expectations of binary sex. These interventions can cause physical and emotional harm, infringe upon bodily autonomy, and undermine intersex people's right to make decisions about their own bodies. Surgical intervention can be used as a tool to soothe social concerns and fit intersex bodies into normative ideas of what bodies 'should' be like.
- **Limited informed consent:** Intersex individuals and their families/whānau often lack access to comprehensive and accurate information about their bodies and the potential consequences of medical interventions. This lack of information and support can result in a lack of informed consent, leaving intersex people without agency over their own bodies and subjected to unnecessary procedures. Intersex people who have experienced consent breaches in medical settings sometimes experience the same physical and mental impacts as those who have experienced sexual abuse at a young age.
- **Pathologisation and stigmatisation:** Intersex variations are often seen as medical conditions or abnormalities, leading to their pathologisation and stigmatisation. This can result in discrimination, marginalisation, and the perpetuation of harmful stereotypes about intersex people. A lack of awareness of natural human diversity and understanding further contributes to social exclusion, bullying, and prejudice.
- **The pathologisation:** invasive examinations and surgical interventions during childhood (and across the lifespan) contribute to experiences of trauma and can impact bodily autonomy, perpetuating parallels with childhood sexual assault and PTSD.
- **Legal gaps:** Aotearoa currently lacks specific legal protections against discrimination based on intersex variations. This legal gap leaves intersex people vulnerable to discrimination in areas such as education, employment, healthcare, and public services. The absence of legal safeguards further perpetuates systemic marginalisation and exclusion.

- **Invisibility and erasure:** Intersex individuals often face invisibility and erasure within society, with their experiences and identities not widely recognised or understood. This lack of visibility can contribute to feelings of isolation, exclusion, and a lack of support for intersex individuals.

Addressing these structural forms of violence requires raising awareness about intersex variations, challenging the pathologisation and stigmatisation of intersex people, ensuring informed consent and bodily autonomy in medical settings, advocating for specific legal protections against discrimination, and promoting inclusivity and support for intersex individuals in all areas of society.

Further resources

- What is intersex video <https://www.youtube.com/watch?v=cAUDKEI4QKI>
- Intersex Aotearoa Website has a large range of resources and information, including more information on intersex <https://www.intersexaotearoa.org/all-about-intersex>
- The Arc Project - research into trans and intersex experiences of violence and prevention and support services. <https://www.intersexaotearoa.org/anti-violence-resource-centre>

References:

1. From <https://www.intersexaotearoa.org/all-about-intersex>
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Kaitiakitanga. Refers to guardianship and protection – kaitiakitanga refers to the reciprocal and mutual obligations we each hold to foster safety, protection and conservation)

Rainbow Māori

Takatāpui and Rainbow Māori may or may not identify with Western terms associated with Rainbow identities. Some Rainbow Māori identify as Takatāpui, embodying a unique intersection of cultural heritage and Rainbow identity.

Note about language:

*Throughout this document, we have provided simplified translations for some kupu Māori (Māori words) in their first use in brackets. Although English terms cannot fully encapsulate the meaning of kupu Māori, these terms have been chosen as the most appropriate translation within the context of sexual violence prevention efforts for Takatāpui and Rainbow Māori. Kupu Māori are unpacked more in the glossary following this document.

Structural forms of violence

- Rainbow Māori experience the minority stress of living with colonisation, white supremacy and navigating the prejudices against the Rainbow community.
- Many Māori also experience cultural grief around Māori understandings of gender and sexualities being undermined by colonisation, such as Takatāpuitanga.

Practice principles

- Practice partnership and cultural safety.
- Understand violence through Mātauranga Māori and be able to apply Māori concepts in violence prevention work.
- Develop your understanding of Māori concepts such as Takatāpui.
- Be client and community-led when discussing cultural understandings of gender, sex, sexuality and violence. Understand that there is no exact way to translate these ideas into a Western framework of gender, sex and sexuality.
- Understand Māori models of justice and whānau-centred practice.

Competency areas

1 Cultural safety & establishing trust

5 Avoiding ongoing colonisation in violence prevention

2 Language

6 Being Rainbow Māori trauma-informed

3 Māori justice

7 Advocacy

4 Respect for identity and Te Ao Māori

1

Competency area

Cultural safety & establishing trust

Cultural safety involves understanding your own cultural perspective as well as the cultural values and experiences of Rainbow Māori people. By demonstrating cultural safety and working to build trust, professionals can foster meaningful relationships, empower individuals, and effectively prevent violence towards Rainbow Māori and Takatāpui.

Practice areas	Examples
<p>Cultural safety</p> <ul style="list-style-type: none"> Practitioners must have a pro-Māori, culturally safe practice. Cultural competence requires a Pro-Māori stance that promotes Mātauranga Māori (<i>Māori knowledges</i>) and cultural safety. Work to understand and counter deficit-framing of Rainbow Māori. Cultural safety requires an understanding of structural inequities and discrimination. When practitioners are able to “open” doors and advocate for clients, clients can become more empowered in exercising their autonomy. Practice cultural humility and recognise privilege. For example: <ul style="list-style-type: none"> Access to socioeconomic stability, secure and healthy housing, responsive health services, education, familial support, and reliable transport. The ability to push gendered boundaries and express oneself fully in our settler-colonial context. The ability to receive responsive support from the justice system, including police, legal advice, security guards etc. free from racial profiling. 	<p>Cultural safety examples</p> <ul style="list-style-type: none"> Celebrate sexuality and reproduction. Violence prevention requires us to meet people with joy, empathy and safety. If you have an office or space that clients visit, create a space that is welcoming toward Māori. Māori artwork and resources can create a more inclusive space.
<p>Mātauranga Māori (<i>Māori knowledges</i>)</p> <ul style="list-style-type: none"> Cultural safety requires a nuanced understanding of mātauranga Māori. It can be hard for clients to see practitioners as a source of wisdom and safety when practitioners draw on surface-level understandings of concepts like tikanga. <ul style="list-style-type: none"> Tikanga (<i>Best practice</i> – <i>tikanga</i> refers to the correct procedures, best practice, or most appropriate way to enact something to ensure the collective safety of all involved) Kaitiakitanga (<i>guardianship and protection</i> – <i>kaitiakitanga</i> refers to the reciprocal and mutual obligations we each hold to foster safety, protection and conservation) 	<p>Mātauranga Māori (<i>Māori knowledges</i>) examples</p> <ul style="list-style-type: none"> Acknowledge that Mātauranga Māori is rich with knowledge promoting bodily autonomy, safety, and healthy relational dynamics. Draw on pūrākau (<i>stories</i>), such as: <ul style="list-style-type: none"> Tūtānekai, Tiki and Hinemoa to assert the legitimacy of Takatāpuitanga. Hine-nui-te-pō to assert the importance of bodily autonomy and consent. Build your kete of core pūrākau and Mātauranga Māori to assert the legitimacy of Takatāpuitanga and the right Takatāpui have to take autonomy over their sexual and relational safety. Being tika in practice means being honest, open, and transparent with clients.

1

Competency area

Cultural safety & establishing trust

Practice areas	Examples
<ul style="list-style-type: none"> - Wairuatanga (<i>spirituality</i> – as a noun, <i>wairua</i> refers to the spirit or soul of a person that exists beyond death. <i>Wairuatanga</i> is how we engage with and foster that spirituality through an array of practices. <i>Wairua</i> and <i>wairuatanga</i> are crucial in well-being and any violence prevention work.) - Pūrākau (<i>stories</i> – myths, legends, and stories shared across generations that carry wisdom, morals, and social expectations. <i>Pūrākau</i> differs across hapū and iwi, drawing on significant people within those shared histories. These are distinct from <i>pakiwaitara</i>, which are similar stories shared across generations that carry wisdom, morals, and social expectations, but tell narratives specific to whānau within living memory) • Establishing trust requires tika, pono, and aroha. Express tika, pono and aroha to create a context that welcomes and holds tāngata Takatāpui safe. 	<ul style="list-style-type: none"> • Being pono in practice means being genuine with clients. Clients can immediately tell when practitioners are expressing concern or care that is not genuine. • Encourage clients to recognise the significance of tika, pono and aroha in intimate relationships to prevent sexual violence and establish healthy, communicative dynamics. • Engage in whānau-centred practice. For more information, please see Section 2.
Working with Kaupapa Māori services <ul style="list-style-type: none"> • Learn about Kaupapa Māori practice and work with Mātauranga Māori in ways that are appropriate and respectful, be mindful that Kaupapa Māori, by definition, is a practice that is by Māori, for Māori, with Māori. • Non-Māori practitioners cannot provide Kaupapa Māori interventions. Still, they can connect clients with the appropriate people and can advocate for Kaupapa Māori services to be adequately acknowledged and resourced to do specialist mahi (work). • Recognise that as a non-Māori practitioner, you cannot provide everything tāngata Takatāpui will need, therefore it is imperative to build relationships and partnerships with Kaupapa Māori services to be able to make referrals with confidence, tika, pono and aroha. 	Working with Kaupapa Māori services examples <ul style="list-style-type: none"> • Be client-led when connecting Takatāpui clients to Kaupapa Māori services. • Practitioners should have ongoing relationships with Kaupapa Māori practitioners and services. <ul style="list-style-type: none"> - This is to ensure practitioners are fully informed about the options available to tāngata Takatāpui. - Ensuring that relationships with Kaupapa Māori services are ongoing will keep you informed of their availability, the services they offer, and whether or not they will be the right fit for your client, including knowing if they are Rainbow/ Takatāpui safe. • See section 2. Professional development, for advice on engaging specialist services for professional development.

2

Competency area Language

Understanding and being able to pronounce kupu Māori is an essential skill for violence prevention practitioners in Aotearoa New Zealand. Understanding the cultural knowledge embedded into key kupu helps practitioners work in partnership with Māori in their violence prevention efforts.

Practice areas	Examples
Embedding kupu Māori (Māori words) <ul style="list-style-type: none"> Tikanga (<i>best practice</i>) cannot exist without reo (<i>language</i>), and translations of kupu Māori often remove cultural complexity. 	Embedding kupu Māori (Māori words) examples <ul style="list-style-type: none"> When embedding te reo Māori and Mātauranga Māori into resources, policy, educational materials etc., ensure you have a deep understanding of the words and concepts and that you are working to convey Māori words and concepts at a deep level. Practitioners should be comfortable introducing themselves in te reo Māori and drawing on relevant kupu appropriately and respectfully.
Pronunciation <ul style="list-style-type: none"> Use of and correct pronunciation of te reo Māori is imperative in working with Māori. Practitioners are not expected to be fluent in te reo Māori, but it is important to have good pronunciation of key terms. 	Pronunciation examples <ul style="list-style-type: none"> Learn how to pronounce peoples' names, places and relevant kupu correctly. Avoid correcting the pronunciation of Māori clients and coworkers. Understand that this is a loaded issue with intergenerational trauma connected to cultural alienation and the suppression of reo, and that there is regional variation in pronunciation.
Kupu Māori relating to sexuality and gender <ul style="list-style-type: none"> While relevant kupu are likely to continue evolving and our language becomes more inclusive, practitioners should be comfortable using and understanding kupu like: <ul style="list-style-type: none"> Hinehī: A term describing a woman who was assigned male at birth. Hinehua: A term describing a woman who was assigned male at birth. Huri ā-ira: A term describing gender fluidity. Ira Tāhūrua-Kore: A term describing being of mixed gender, sometimes non-binary, a blend of tāne and wāhine. 	Kupu Māori relating to sexuality and gender examples <ul style="list-style-type: none"> Practitioners should ensure Mātauranga Māori is included in professional development. Practitioners should recognise that being tika and pono means having the freedom to be open with clients when you are unsure or unknowledgeable. For more information, please see Section 2.

2

Competency area
Language

Practice areas	Examples
<ul style="list-style-type: none"> - Ira tāngata: Gender diverse – in this instance, the tohutō is significant in signposting the plurality of genders, ways of being and making meaning, rather than indicating that this is a collective noun. - Irahuhua: Gender diverse. - Irahuri: Gender fluidity – to turn, change, or move gender. Sometimes this can also mean transgender. - Irakē: GenderQueer or different gender. - Irakore: Agender, or no gender. - Irapūmaui: Cisgender, or permanent fixed gender. - Irawhiti: Transgender – gender that changes, moves, crosses over or is associated with change. This can include all transgender people, including binary trans people, non-binary people, and some intersex people. - Mae irahuri: Anti-trans or transphobia. - Mae irawhiti: Anti-trans or transphobia. - Rerekētanga āhuatanga ā-ira: Variations of sex characteristics. - Tāhine: A term describing being of mixed gender, sometimes non-binary, a blend of tāne and wāhine. - Tangata ira tāne: A term describing a man, who was assigned female at birth. - Tangata ira wahine: A term describing a woman, who was assigned male at birth. - Tikanga ā-ira whānui: Gender norms. - Tīrengi ā-ira: Gender dysphoria or anxiety. - Tuakiri ā-ira: Gender identity. - Whakamana ira: Gender affirming, or to have pride in one's gender. - Whakatāne: A term describing a man who was assigned female at birth. - Whakawahine: A term describing a woman who was assigned male at birth. 	

3

Competency area Māori justice

Māori frequently do not receive justice when working with the justice system following violence. Traditional restorative justice processes of *hōhou rongo* (*to make peace*) focus on restoration and re-balance following harm and can better facilitate healing for *tāngata Takatāpui* and their *whānau* (*family*) following sexual violence

Practice areas	Examples
<h3>Māori justice</h3> <ul style="list-style-type: none"> While traditional restorative processes can only be facilitated by Kaupapa Māori practitioners in unique circumstances, all practitioners should be knowledgeable about Māori and community justice models. Build familiarity and comfort with Māori concepts relating to well-being and restorative justice. Māori understandings of well-being extend beyond Western constructions of health. Concepts like <i>mauri ora</i>, <i>hauora</i> (<i>well-being</i>), <i>toiora</i> (<i>balance and sense of purpose</i>) and <i>whānau ora</i> (<i>family well-being</i>) are crucial for conceptualising holistic well-being. Safety in relationships is crucial in maintaining <i>hauora</i> (<i>well-being as conceptualised from within Te Ao Māori</i>) and <i>toiora</i> (<i>balance and sense of purpose conceptualised as helping maintain hauora and create long-term pathways toward self-determination and flourishing</i>). Be aware that Rainbow communities and Māori communities have histories of oppressions by the police and the criminal justice system. This is relevant when working with <i>Takatāpui</i>, but avoid assuming what experiences your <i>Takatāpui</i> clients have had. 	<h3>Māori justice examples</h3> <ul style="list-style-type: none"> Draw on <i>Te Whare Tapa Whā</i> to visualise the interrelation between physical, spiritual, psychological and familial health within <i>Te Ao Māori</i> (<i>the Māori world</i>). Practitioners can use victim-centred processes to diffuse and deal with smaller challenges and provide <i>tāngata Takatāpui</i> with tangible examples of how these can be utilised in contexts of sexual harm or in preventing sexual violence. Practitioners should draw on Māori well-being practices to support clients and seek support or external advice on how to do so appropriately. For more information, please see section 2. Professional development for advice on engaging specialist services. Practitioners should only involve police where absolutely necessary and ensure their client has support people with them in any interactions with perceived authority figures. Practitioners must ensure they are advocating for their <i>Takatāpui</i> clients by providing them with access to information about their options and rights and ensuring they have the opportunity to determine and choose the best pathway forward.

4

Competency area**Respect for identity and Te Ao Māori**

Māori identities are not fixed, and Māori across the country have very diverse realities and experiences.

Practice areas**Respect for identity and Te Ao Māori**

- Recognise and understand the fluid nature of Māori identities.
- There is no singular way to be Māori. Whānau, hapū and iwi all have different tikanga (*best practice*), kawa (*etiquette*) and mātauranga (*knowledge*). None are more correct than others; all are shaped in response to their unique contexts.
- Some clients will want to utilise karakia, will prefer Kaupapa Māori support services and whānau-centred practice. Other Rainbow Māori/Takatāpui clients will prefer mainstream approaches.
- Older generations may be more comfortable using Western labels to describe themselves. Younger generations may reject these in favour of Māori labels. Even younger generations may prefer to use no labels, seeing themselves as a whole, cohesive being rather than a collection of identities.
- Pre-colonial Māori societies were scaffolded through whakapapa rather than a gendered hierarchy. In this context, gender complementarity was the norm and labour was not divided along gendered lines to ensure collective efforts and collective well-being.
- Some tāngata Takatāpui may identify as non-binary in Eurocentric spaces yet as tāne or wāhine exclusively within Māori spaces.
- Pūrākau (*stories*) tell tales of Takatāpui who lived fluid, creative lives exploring and experimenting with both masculinity and femininity.
- Some Māori believe we all inherently contain masculinity and femininity and that how we draw on these elements in our lives shapes our gender.
- Acknowledge and challenge the harmful stereotypes that exist in the service sector about Māori.
 - These stereotypes promote harmful understandings of Māori reproduction and sexuality and conflate Māoritanga (*Māori identities*) with a propensity for violence.
 - Challenging stereotypes is imperative in creating space for Mātauranga Māori to be utilised in practice.

Examples**Respect for identity and Te Ao Māori examples**

- Understand and validate that there are many ways to be Takatāpui or Rainbow Māori.
- Be client-led when talking about cultural understandings around gender.
- Affirm Takatāpui and Rainbow Māori in their cultural understandings of themselves.
- Support Takatāpui and Rainbow Māori to work in the way that suits them best, such as using karakia or not, or using kaupapa Māori services or not, etc.
- Using reflective language will ensure your practice is guided by tika, pono and aroha. For more information on reflective language, please see section 2.

5

Competency area**Avoiding ongoing colonisation in violence prevention**

Ongoing colonialism is visible in the overrepresentation of Māori within negative statistics. Ongoing colonisation refers to the structural way Māori are excluded from participating in society fully and are prevented from achieving the same positive outcomes as non-Māori.

Practice areas	Examples
Understanding ongoing colonisation <ul style="list-style-type: none"> • Recognise what “ongoing colonisation” means and how you may be perpetuating the dynamics of colonialism. • Many of the institutions and processes in Aotearoa New Zealand were established to serve European settlers and marginalise Māori. • As practitioners, we should strive to ensure we are not letting bureaucratic processes and technicalities prevent tāngata Takatāpui from accessing appropriate support. This may mean finding creative ways to ensure tāngata Takatāpui are given access to support spaces. 	Understanding ongoing colonisation examples <ul style="list-style-type: none"> • Learn about Mātauranga Māori, and ensure that Western approaches to care are not prioritised ahead of other interventions. • Challenge institutional processes that create unnecessary barriers in service provision. • Work with clients who are disengaged or missing appointments to identify the barriers that are creating this pattern and to resolve these barriers before labelling them in any way. • Recognise that when practice is not culturally responsive, tāngata Takatāpui may be more inclined to disengage.

6

Competency area**Being Rainbow Māori trauma-informed**

Being trauma-informed with Rainbow Māori people means understanding the intersections between the trauma of colonisation and the traumas that people may have experienced as a part of the Rainbow community.

Practice areas**Mātauranga Māori understandings of sexual violence**

- Mahi tūkino (*sexual violence – conceptualised as working to enact longstanding violence, destruction, or abuse*) impacts the individual and the collective as sexual violence is an offence against whānau, hapū, iwi and whakapapa. As such, trauma from sexual violence is far-reaching, and healing must include the collective.
- Mana is in part derived from and shared across whānau, hapū and iwi collectives. Mahi tūkino is a direct attack on the mana of survivors, their whānau, hapū and iwi, and the individual, whānau, hapū, and iwi of the perpetrator.
- Tapu, similarly, is in part derived from whānau and guardianship, for it is shared across whānau, hapū and iwi collectives. Mahi tūkino is a direct attack on the tapu of survivors, their whānau, hapū and iwi, and the individual, whānau, hapū, and iwi of the perpetrator themselves.
- Within Te Ao Māori, sexual violence is considered a violation of te whare tangata (*the uterus – literally “the house of humanity”, the uterus holds significant tapu and mana as the doorway through which new life is welcomed into the world*) and wairua with intergenerational implications.
- Given the far-reaching nature of harm incurred by sexual violence, healing and restoration must also incorporate the collective. Whānau are best placed to provide long-term support for individual survivors and are best placed to create new patterns of practice scaffolded around safety to prevent future sexual violence.

Examples**Mātauranga Māori understandings of sexual violence examples**

- Practitioners need to be able to work with the collective to create healthy ways of being and to attend to the fears, pain, and sorrow of the collective.
- To prioritise sexual violence prevention, practitioners should encourage people to hold firm to mana and step into positions of mana.
- Practitioners must draw on the notion of tapu to maintain safety and create healthy ways of relating to one another and protecting one another in pursuit of sexual violence prevention

Practice areas	Examples
<p>Colonisation and gender stereotypes</p> <ul style="list-style-type: none"> Through colonisation, Māori understandings of gender and sexuality have been marginalised in favour of Western understandings. Practitioners must be aware of colonial trauma to create healthy relationships with clients. Working in partnership means working to undo gender essentialism in your professional practice. Be aware of harmful racialised gender stereotypes that have been created through colonisation, such as: <ul style="list-style-type: none"> Māori men are hyper-masculine and aggressive. Māori women are hyper-sexual. Māori men are not good fathers. Māori women are positioned as inferior yet angry and outspoken. Create a strength-based understanding of gender through an Āronga Māori (<i>Māori worldview</i>) that includes: <ul style="list-style-type: none"> The complementarity and fluidity of genders. Māori men once were heavily involved, doting parents. Māori women were once understood as guardians and gatekeepers between Te Ao Wairua (<i>the intangible world of spirituality</i>) and Te Ao Mārama (<i>the world of light – the contemporary context within which we live</i>). 	<p>Colonisation and gender stereotype examples</p> <ul style="list-style-type: none"> Challenge racialised stereotypes around gender and sexuality. Understand that these can also play out in Rainbow relationships. Recognise how colonisation has shaped harmful gendered patterns that can persist through the whakapapa (<i>genealogical networks</i>) of Rainbow Māori and Takatāpui. Racialised gender stereotypes can create contexts of harm in Takatāpui relationships by creating harmful expectations of the roles Takatāpui should be playing within their relationships. Be client-led and affirm clients in their cultural understanding of gender, sex and sexuality. Reconnecting with culture is a pathway to dismantling gender essentialism, gender stereotypes and violence prevention.

Practice areas	Examples
Colonisation and family <ul style="list-style-type: none"> Through colonisation, whānau (<i>family</i>) structures were suppressed in ways that created space for family and sexual violence. Colonisation changed whānau dynamics from collective, open social structures to individual, isolated nuclear family units. This had the implication of creating privacy where harmful dynamics were kept behind closed doors, and both family and sexual violence could be hidden. This was exacerbated by early colonial assertions that physical punishment and discipline were necessary for civility. Many whānau continue to deal with intergenerational trauma, be it economic precarity or dysfunctional family dynamics prioritising gender essentialism. Practitioners who are aware of intergenerational trauma can help clients build pathways toward intergenerational healing and restoration. This holds particularly true for Rainbow Māori and Takatāpui. 	Colonisation and family examples <ul style="list-style-type: none"> Be aware of harmful intergenerational dynamics that may be at play for tāngata Takatāpui. Assist clients in establishing their own pathways toward restoration and healing that they can use with their families across generations into the future. Understand whānau and chosen family. For more information, please see section 2.

“

When British settlers and missionaries arrived, they brought with them the notion of civility vs savagery and told Māori that our ways of being and making meaning were evidence of our savagery. Gender complementarity and diversity along with sexual diversity, were supposedly going to send us to hell and we needed to change to be good subjects of the Queen. But, our approach to children and living arrangements was also problematic for the settlers. Early colonial anthropologists were absolutely shocked and disgusted to learn that Māori didn't believe in corporal punishment and that children were allowed to do whatever they wanted and were free to roam and pursue their own interests. So, colonisation saw the destruction of complementary dynamics between “men” and “women”, and brought with it the subjugation of children and women, as well as an expectation that families shouldn't live in intergenerational collectives in close proximity to broader whānau networks. The trouble is that Māori whānau networks and intergenerational living arrangements meant that there were always adults and responsible people around keeping an eye on everyone and making sure that everyone was safe and well-cared for.

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7

Competency area

Advocacy

Advocating for Rainbow Māori and Takatāpui individuals and organisations is crucial for violence prevention in Aotearoa New Zealand

Practice areas	Examples
Working with Kaupapa Māori services <ul style="list-style-type: none"> Building relationships with Kaupapa Māori services will provide non-Māori practitioners with insights into the challenges faced by Kaupapa Māori organisations and open up space for effective, efficient advocacy and support. Kaupapa Māori services are underfunded and underprioritised in the sexual violence prevention 	Working with Kaupapa Māori services examples <ul style="list-style-type: none"> Build relationships and reciprocal working dynamics with Kaupapa Māori Specialist Violence Prevention Practitioners and Services. Build relationships with, and advocate for the resourcing of informal networks of support (like mutual aid networks, whānau (<i>family</i>) networks, marae committees, and kura boards) within communities. Advocate for Māori cultural competence training within your organisations and organisations you work with.
Education and research <ul style="list-style-type: none"> Sexuality education curriculum is frequently based on a Western understanding of sex, gender and sexuality. Practitioners should engage in critical reflexivity to identify where the practice may perpetuate a monocultural understanding of sexual violence prevention that may constrain its utility. 	Education and research examples <ul style="list-style-type: none"> Find opportunities to incorporate Mātauranga Māori into violence prevention education. Advocate for and use Takatāpui-led research.

Structural violence breakdown

Rainbow Māori and Takatāpui rights are Te Tiriti rights. Rainbow Māori and Takatāpui face various forms of structural violence, with roots in both their cultural heritage and prejudice towards Rainbow identities. Addressing these from a violence prevention perspective involves understanding these distinct forms of oppression:

- **Colonial impacts:** The violence of colonisation significantly disrupted traditional Māori understandings of sexuality and gender. Prior to colonisation, diverse sexual orientations and gender identities, including those similar to contemporary understandings of Takatāpuitanga, were accepted and often held roles of significance. The imposition of Western norms of gender and sexuality led to the erasure and stigmatisation of these identities. The subsequent trauma, disconnection from cultural identity, and the internalisation of these norms continue to impact Rainbow Māori and Takatāpui.
- **Racism:** Structural racism, both societal and institutional, further marginalises Rainbow Māori and Takatāpui. This discrimination can lead to lower economic opportunities, higher stress levels, and limited access to culturally appropriate resources and services. Many Rainbow Māori and Takatāpui have mixed identities and whakapapa to other marginalised identities. This can lead to marginalisation due to colourism in Te Ao Māori as well as Te Ao Tauīwi.
- **Cisheterosexism:** The pervasive societal norms that privilege heterosexual and cisgender identities contribute to the marginalisation and invisibility of Rainbow Māori and Takatāpui. Homophobia, biphobia, and transphobia further exacerbate this violence.
- **Socioeconomic disparities:** Economic inequality disproportionately impacts Rainbow Māori and Takatāpui, leading to a higher risk of poverty, housing instability, and limited access to resources. This inequality is a structural issue tied to both racial and Rainbow identities.
- **Healthcare Inequalities:** Systemic barriers in healthcare, including limited access to gender-affirming care and mental health services, create health disparities for Rainbow Māori and Takatāpui. Additionally, experiences of discrimination and lack of cultural competency among health providers can deter individuals from seeking care.
- **Misogyny, transmisogyny and misogynoir:** The societal prejudice against women and transgender women adds another layer of structural violence. This violence particularly impacts women within the Rainbow Māori and Takatāpui communities. When elements of femininity are constructed exclusively with White femininity in mind, a lot of racialised women's characteristics are lumped in as masculinity, which is where Black and Brown women's bodies are policed much more strongly than White women's bodies, creating additional harm for both cis and trans racialised women.

From a violence prevention perspective, strategies should include culturally safe and competent interventions, educational initiatives to dismantle harmful stereotypes and biases, policy changes to address institutional racism and homophobia, and resources to promote socioeconomic equity.

Further resources

- Tohunga Suppression Act <https://teara.govt.nz/en/document/28223/tohunga-suppression-act>
- MĀORI AND INDIGENOUS VIEWS ON R & R / Resistance and resilience, Mera Penehira, Alison Green, Linda Tuhiwai Smith, Clive Aspin. https://researchcommons.waikato.ac.nz/bitstream/handle/10289/10016/MAI_Jrnl_V3_iss2_Penehira.pdf?sequence=2&isAllowed=y
- TNK Webinar and further readings. <https://www.tengakaukahukura.nz/webinar-working-with-rangatahi-takatapui>
- Rainbow Māori and Takatāpui competence trainings for mental health and addiction services: https://insideout.org.nz/mental_health_addiction_services/
- <https://www.police.govt.nz/sites/default/files/publications/te-atawhai-o-te-ao-final-report.pdf>
- Youth 19, Māori, Pasifika, disabled young people. <https://www.myd.govt.nz/documents/resources-and-reports/publications/negotiating-multiple-identities/youth19-intersectionality-report-final.pdf>
- Fraser, B., Chisholm, E., & Pierse, N. (2021). "You're so powerless": Takatāpui/LGBTIQ+ people's experiences before becoming homeless in Aotearoa New Zealand. *Plos one*, 16(12), e0259799.
- Gabel, K. A. (2019). *Rāranga, rāranga taku takapau: Healing intergenerational trauma through the assertion of mātauranga ūkaipō*. In C. Smith & R. Tinirau (Eds.), *He Rau Murimuri Aroha* (pp. 16-31). Te Atawhai o Te Ao. <https://teatawhai.maori.nz/wp-content/uploads/2020/04/He-Rau-Murimuri-Aroha.pdf>
- Kerekere, E. (2017). *Part of the whānau: The emergence of takatāpui Identity-he whāriki takatāpui*. <https://researcharchive.vuw.ac.nz/xmlui/handle/10063/6369>

Cultural competence. Is the ability of organisations and people to work effectively with others, not just the ability to recognise differences but also having specific knowledge about the ways that culture, ethnicity, gender, age and migration impact on ethnic people in Aotearoa New Zealand.

Rainbow Pasifika

Rainbow Pasifika people may identify with any part of the Rainbow spectrum or may identify with culturally specific terms and/or not identify within the Rainbow community. These individuals incorporate their diverse cultural traditions and rich Pacific heritage into their Rainbow identities.

Structural forms of violence

- Rainbow Pasifika people experience the minority stress of living with colonisation, white supremacy, and migrant stress, as well as navigating the prejudices against Rainbow communities.
- Some Rainbow Pasifika people also experience cultural grief around Pasifika understandings of gender and sexualities being undermined by colonisation.

Practice principles

- Practice cultural safety and humility. Understand that Rainbow Pasifika people may identify with culturally specific terms that do not have direct translation into English or into Western understandings of gender and sexuality. Be client-led and ask people to speak to their own experiences when working with Rainbow Pasifika people.
- Be familiar with Pasifika understandings of gender and sexuality, such as MVPFAFF+.
- Understand spiritual and religious trauma and how this may be used towards Rainbow Pasifika people. Be client-led when talking about this, and do not assume that every Rainbow Pasifika person has experienced religious or spiritual abuse.
- Understand what is meant by ongoing colonisation and how to avoid it in your practice.

Competency areas

1 Cultural safety & establishing trust

3 Being Rainbow Pasifika trauma-informed

2 Language

4 Advocacy

1

Competency area

Cultural safety & establishing trust

Cultural safety involves understanding your own cultural perspective as well as the cultural values and experiences of Rainbow Pasifika people. By demonstrating cultural safety and working to build trust, professionals can foster meaningful relationships, empower individuals, and effectively prevent violence towards Rainbow Pasifika

Practice areas	Examples
Whakawhanaungatanga and acknowledgement <ul style="list-style-type: none"> • Apply cultural safety to your work with Rainbow Pasifika people. For more information on cultural safety, please see section 2. General Rainbow best practice. • Understand that Western Rainbow ideas/ concepts may not resonate with Rainbow Pasifika people. Such as - <ul style="list-style-type: none"> - The idea of 'coming out.' - Western labels for gender and sexuality are based on Western binary thinking. • Some Pasifika people also have whakapapa Māori. It is important to have culturally competent practice across these populations. • It is important to discuss what options are available to them (i.e. in terms of support services) and what they might be more comfortable with. • For more information, see Rainbow Māori section. 	Whakawhanaungatanga and acknowledgement examples <ul style="list-style-type: none"> • Develop professional knowledge of Pasifika cultures generally and awareness of Pasifika understandings of gender and sexuality specifically. • Acknowledge indigenous/Pasifika understandings of gender and sexuality <ul style="list-style-type: none"> - Generally, in professional practice. - In violence prevention education and materials. • Be client-led when speaking about culture, gender and sexuality. <ul style="list-style-type: none"> - Allow service users to set the pace of the conversation and allocate significance to the events and experiences that they speak about. • If you're including Rainbow representation in your workplace, make sure you include non-white and Pasifika people.

1

Competency area

Cultural safety & establishing trust

Practice areas	Examples
Stereotypes <ul style="list-style-type: none"> • Develop an awareness of the stereotypes you hold towards Pasifika people in general and Rainbow Pasifika people in particular so that you can manage these in your professional practice and work towards dismantling these over time. • Understand that Rainbow Pasifika people experience multiple marginalisations. • Some stereotypes that cause harm to Rainbow Pasifika people are: <ul style="list-style-type: none"> - Pasifika people are inherently more violent. - Pasifika people are uneducated and poor. Pasifika people cannot understand Rainbow people/communities. - Being Rainbow is a 'white'/Western thing. - Pasifika people are homophobic or that Pasifika values are not in line with Rainbow acceptance. • Understand that language barriers can contribute towards negative stereotypes around intelligence or education. 	Stereotype examples <ul style="list-style-type: none"> • Understand the impacts of racism, and colourism on and in Pasifika communities. • Have an awareness of stereotypes and unconscious bias against Pasifika people and how these can play out within violence prevention work. <ul style="list-style-type: none"> - Advocate for Rainbow education within Pasifika communities. - Advocate for Rainbow Pasifika competency within violence prevention services. • For more information on addressing and dismantling stereotypes, please check general Rainbow best practice.
Cultural humility <ul style="list-style-type: none"> • Practice cultural humility with Rainbow Pasifika clients. 	Cultural humility examples <ul style="list-style-type: none"> • For more information, see cultural humility in section 2. General Rainbow best practice.

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I was very disappointed in high school that my people didn't have our backs. So like, I'm talking in terms of our Tongan people [...] they didn't have [...] our backs just because of how we identify ourselves [...] just because of who we are [...] that was really disappointing.

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2

Competency area Language

Using culturally competent and respectful language helps to foster trust, understanding, and effective communication. It acknowledges and affirms the unique cultural identities, values, and experiences of Rainbow Pasifika individuals. Language also plays a role in dismantling harmful stereotypes, challenging discrimination, and promoting inclusivity.

Practice areas

Terms

- Become familiar with the following terms and their meaning:
 - **MVPFAFF+**
 - Does not include all Rainbow Pasifika terms.
 - Helps us to frame and understand complexities, such as just because someone is fa'afafine does not mean they need gender-affirming healthcare.
 - **Māhū:** from Hawaii and Tahiti
 - **Vakasalewalewa:** Fiji
 - **Palopa:** Papua New Guinea
 - **Fa'afafine:** Samoa
 - **'Akavaine:** Cook Islands
 - **Fakafifine:** Niue
 - **Fakaleitī or Leiti:** Tonga
 - **(+):** there are more indigenous identities that are not named in this acronym.
 - These terms do not have a direct Western equivalent. However, they can be loosely translated to mean 'in the manner of a woman'.¹
 - These terms mean different things in different contexts and have different implications in different contexts.
 - For example, a Samoan gay man may identify as gay in Western/English-speaking contexts and as Fa'afafine in Samoan-speaking or culturally Saomoan contexts.
 - Understand that people may be navigating multiple identities in different cultural contexts.

New terms

- If there is a term that you do not know or understand, practice professional transparency and work collaboratively.

Examples

Term examples

- Having a general familiarity with culturally specific terms will help your cultural competence.
 - It's less about having encyclopaedic knowledge.
 - It's more about having familiarity with some of the forms of cultural diversity around sex, gender and sexuality and being open and humble.
- It is important to check with clients about their preferred name and pronoun use in different contexts, i.e. in front of family or on paperwork that may be seen by family or others in their community. This is because this could be a safety issue for some people.

New term examples

- For more information, see section 2. General Rainbow best practice.

3

Competency area**Being Rainbow Pasifika trauma-informed**

This involves recognising the historical and intergenerational trauma many Rainbow Pasifika individuals may have experienced due to colonisation, migration, displacement, and systemic injustices. Being trauma-informed allows professionals to understand the unique cultural contexts and the impact of trauma on individuals' well-being. It helps to create a safe and supportive environment where trauma survivors can feel heard, validated, and empowered.

Practice areas**Colonisation and identity**

- Understand that there is ongoing cultural and intergenerational trauma from colonisation. This trauma impacts Rainbow Pasifika specifically because
 - Western gender essentialism (defined in the glossary) has marginalised and erased indigenous understandings of gender, sex and sexuality.
 - Christian morality has had an effect on how Rainbow Pasifika people are treated in their communities.
- Older Pasifika people may understand Indigenous models of gender or sexual diversity and non-Western concepts or ways of being, i.e.,
 - it is usually easier for an older person from Samoa to accept a family member as fa'afafine than to accept them as a gay man.
 - someone who wants to legally, medically or surgically transition may not be understood by their parents. Culturally, these steps are not necessary to be seen as MVPFAFF.
- Some culturally specific identities/ways of understanding gender have been erased from being used. There are people who are moving towards reclamation of these identities, for example, by bringing them into use within their own lives. When working with people who are in the process of reclaiming these identities, it is particularly important to practice culturally trauma-informed practice. Understand that there may be deep trauma for people relating to the intergenerational cultural violence of colonisation.

Examples**Colonisation and identity examples**

- Be sensitive to people navigating a bicultural understanding of their gender, sex or sexuality. Ask questions like:
 - 'What does that mean for you?'
 - 'Is there anything you need from me around this?'
 - 'Are there any privacy considerations you want me to know about?'
 - 'Are there any safety considerations you want me to know about?'
- Engage in trauma-informed practice when speaking with Pasifika clients about being Rainbow.
- Use reflective language. Do not 'educate' Rainbow Pasifika people about their identities or allocate Pasifika or Western identities to them.

Practice areas	Examples
Religious and spiritual trauma <ul style="list-style-type: none"> Some Rainbow Pasifika people may have religious and spiritual trauma, such as <ul style="list-style-type: none"> - Having exorcism performed on them - Being subject to conversion practices - Being told that they are evil or cursed. It is important to understand that these forms of trauma can cause mental, psychological and spiritual harm. Understand that religious and spiritual trauma can add a layer of shame to Rainbow Pasifika peoples' experiences of violence and that this can create a barrier to getting help. For more information, please check religious competence in Section 2. General Rainbow best practice. 	Religious and spiritual trauma examples <ul style="list-style-type: none"> Practice religious cultural competency <ul style="list-style-type: none"> - Do not assume that all Pasifika/ Rainbow Pasifika clients are religious or are comfortable with religion. - Check with clients before engaging in religious practices such as faith-based prayer before meetings.
Institutional trauma <ul style="list-style-type: none"> Understand that Pasifika Rainbow people may have had negative experiences with institutions and helping professionals. Misogyny, racism, and other structural forms of violence intersect and drive interpersonal violence towards Rainbow Pasifika people. 	Institutional trauma examples <ul style="list-style-type: none"> Learn which organisations you work with are Rainbow Pasifika competent. Be client-led when Pasifika clients talk about their experiences of violence.

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It's definitely had negative effects on us because we have such severe sociopathic tendencies that we had applied in school to survive that are unapplicable to the real world, and so, we come out and we're like, crazy bitches [...] because we came from a crazy place and, um, we don't know how to shut it off [...] it was a big issue with a lot of the older girls because upon leaving high school, um, they had nowhere, they had no output for that type of stuff that they went through in [school] that most of them ended up in prison.

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4

Competency area

Advocacy

By amplifying the voices of Rainbow Pasifika and addressing their specific needs and experiences, we can challenge the structural forms of violence they face. It promotes social inclusion, cultural affirmation, and access to culturally competent services. Advocacy also helps to dismantle systemic inequalities, combat racism and xenophobia, and create a more inclusive and equitable society for all Rainbow Pasifika individuals.

Practice areas

Advocacy

- Advocate for further research and further writing about Rainbow Pasifika people, including effective violence prevention within these communities.
- Be aware that Rainbow organisations and Pasifika organisations are generally underfunded and overworked.

Examples

Advocacy examples

- Making relationships with Rainbow Pasifika organisations, supporting them and following their lead, especially at the local level.
- Explicitly include Rainbow Pasifika people
 - As part of Pasifika strategies
 - As part of Rainbow strategies
 - As part of violence prevention strategies.

Structural violence breakdown

Rainbow Pasifika communities in Aotearoa New Zealand face various structural forms of violence that contribute to their marginalisation and discrimination. These include:

- **Colonial legacy:** The historical and ongoing impacts of colonisation have had profound effects on Pasifika communities, including the erosion of cultural practices, loss of language, and disruption of traditional family structures. This colonial legacy perpetuates systemic inequalities and contributes to the marginalisation of Rainbow Pasifika individuals.
- **Racism and xenophobia:** Rainbow Pasifika individuals often face racism and xenophobia, both within wider society and within Rainbow communities. They may encounter stereotypes, discrimination, and microaggressions based on their Pasifika heritage, leading to exclusion and limited access to resources and opportunities.
- **Cultural erasure and assimilation:** Rainbow Pasifika individuals may experience pressure to conform to dominant cultural norms, leading to the erasure of their unique identities and experiences. The expectation to assimilate can result in the suppression of Pasifika traditions, languages, and practices, contributing to a loss of cultural pride and connection.
- **Intersectional discrimination:** The intersection of race, ethnicity, gender, and sexuality can compound the discrimination faced by Rainbow Pasifika communities. They may experience multiple layers of marginalisation and exclusion, facing unique challenges that arise from the intersection of these identities.
- **Lack of culturally competent services:** Rainbow Pasifika individuals may encounter limited access to culturally competent healthcare, social services, and support networks. The lack of understanding and responsiveness to their specific cultural needs can result in inadequate support and barriers to seeking help.

Addressing these structural forms of violence requires a comprehensive approach that centres the voices and experiences of Rainbow Pasifika communities. It involves challenging racism and xenophobia, promoting cultural pride and affirmation, providing culturally competent services, fostering community support networks, and advocating for policies and practices that prioritise the rights and well-being of Rainbow Pasifika individuals in Aotearoa.

Further resources

- Youth 19, Māori, Pasifika, disabled young people. <https://www.myd.govt.nz/documents/resources-and-reports/publications/negotiating-multiple-identities/youth19-intersectionality-report-final.pdf>
- Manalagi website – research repository; about health and well-being for Rainbow Pacific communities. <https://www.manalagi.org/>
- Pacific sexual and reproductive health best practice guidelines. <https://tewhariki.org.nz/assets/best-practice-sexual-health-framework-for-pacific-people-final-170kb.pdf>
- Te Ngakau Kahukura webinar. <https://www.tengakaukahukura.nz/webinar-working-with-aotearoas-rainbow-pasifika-communities>
- Pacific Gender and Sexuality Diversity Network. <https://www.psgdn.org/>

References:

1. From Inside Out (2020) *Rainbow terminology* <https://insideout.org.nz/wp-content/uploads/2021/06/InsideOUT-rainbow-terminology-.pdf>
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Cultural safety. Is a framework developed in Aotearoa New Zealand, which involves understanding your own cultural norms, biases, and assumptions, and how they impact the ways you carry out your practice.

Ethnic and Migrant

This section covers the experiences of Rainbow migrants, refugees and asylum seekers who identify their ethnicity as African, Asian, Continental European, Latin-American and Middle Eastern. Rainbow ethnic and migrant communities are culturally and socioeconomically diverse and represent a diversity in migration pathways into Aotearoa New Zealand.

Structural forms of violence

- Rainbow migrant and ethnic communities in Aotearoa face various structural forms of violence rooted in the intersectionality of their identities. Colonisation and navigating systems based on Western gender essentialism impacts the lives of Rainbow ethnic and migrant people in Aotearoa.
- Ethnic Rainbow people experience minority stress resulting from the impacts of colonisation, white supremacy, and border imperialism.
- Migrants, on the other hand, face unique challenges associated with migrant stress, including adjusting to unfamiliar social norms, navigating complex immigration processes, and experiencing disconnection from their families, communities, and wider society.
- Both groups encounter xenophobia and must navigate prejudices within mainstream spaces as well as within Rainbow communities themselves.

Practice principles

- Practice cultural safety and cultural humility.
- Be client-led in understandings of sex, sexuality and gender.
- Be mindful of safety issues when making referrals and recommendations. Understand that people may not always prefer practitioners from their own ethnic or migrant communities, as this may be a safety/privacy issue.
- Understand religious and spiritual abuse towards Rainbow ethnic and migrant people.
- Develop a professional awareness of the social, legal and logistic issues faced by Rainbow ethnic and migrant people. Be community-led in your learning about these communities.

Competency areas

1 Cultural safety and establishing trust

4 Being refugee, asylum seeker and migrant trauma-informed

2 Cultural humility

5 Addressing Isolation and social navigation

3 Language

6 Advocacy

1

Competency area

Cultural safety and establishing trust

By actively engaging with cultural knowledge and demonstrating respect for diversity, professionals can build trust with Rainbow ethnic and migrant individuals, creating a safe and supportive environment for addressing violence prevention. Trust is a foundation for open communication, collaboration, and empowerment, enabling professionals to work alongside these communities in a meaningful and impactful way.

Practice areas	Examples
Whakawhanaungatanga and acknowledgement <ul style="list-style-type: none"> Actively acknowledge within your professional practice that ethnic and migrant Rainbow people exist. You might not have met people who are members of all ethnic groups who you know are also part of the Rainbow community. Be aware that they exist and that you may even know some people who are. Understand some of the challenges faced by ethnic and migrant Rainbow individuals that come with visa insecurity as well as isolation from family networks. Understand that ethnic Rainbow people may have had negative experiences with institutions and helping professionals. 	Whakawhanaungatanga and acknowledgement examples <ul style="list-style-type: none"> Acknowledge the vulnerabilities ethnic and migrant Rainbow individuals experience due to visa insecurity. This includes dependence on abusive workplaces and/or partners in their visa application process. Validate and normalise Rainbow ethnic/migrant/asylum seeker/refugee identities. <ul style="list-style-type: none"> in violence prevention education delivery. in violence prevention materials. in your regular professional practice.
Challenging bias and stereotypes <ul style="list-style-type: none"> Be aware that stereotypes around culture, race and class impact Rainbow ethnic and migrant people. These stereotypes interact with stereotypes about sex, sexuality and gender. Take opportunities to get to know people better and engage. 	Challenging bias and stereotypes examples <ul style="list-style-type: none"> Challenge your own biases and preconceptions. Ask yourself, 'Do I know Rainbow migrants?' 'Where does my information about Rainbow ethnic people come from?' 'Are these reliable or complete sources of information?'

1

Competency area

Cultural safety and establishing trust

Practice areas

Develop cultural competence

- Do not rely on ethnic or migrant Rainbow service users to educate you about their experiences.
- Practising cultural humility and cultural competence means being willing and able to put your own cultural views to one side and understanding that other cultural worldviews are valid.
- If you are coming across a new or culturally different understanding of gender, sex, or sexuality, approach this topic with respect and an open mind.
- Some practitioners may carry biases towards believing that their culture or way of understanding is 'true' or 'correct'.
 - This could include the assumption that their cultural way of engaging with the world is the correct way to practice feminism or promote women's rights.
- Western norms are enforced even within Rainbow spaces. While these norms may resonate with some ethnic Rainbow individuals, these norms can also serve to alienate some ethnic Rainbow individuals from both their ethnic communities and the wider Rainbow community.
 - 'Coming out' for ethnic Rainbow people may not occur in a single announcement about their gender or sexuality. They often instead disclose this aspect of their identity to trusted people. Rather than 'coming out', this is understood as 'letting in'.
- Take the initiative to advocate for intersectional practice for all ethnic and migrant Rainbow communities. This helps them by breaking down barriers to their health and well-being.

Examples

Develop cultural competence examples

- Do further reading or research in your own time.
 - Use the further readings section of this resource.
 - Be mindful to avoid misinformation or information being developed or spread by white supremacists or anti-Rainbow groups. Generally speaking, the most reliable information will be from the communities you are learning about.
- Engage paid professional development as needed for yourself as an individual or as an organisation.
- Keep your information updated and led by the community in question, i.e. Rainbow ethnic migrants.
- Be aware of applying culturally/religiously specific terms, i.e. 'Christian name'. Use secular language in place of these terms, i.e., first name.

2

Competency area

Cultural humility

Cultural humility encourages professionals to continuously self-reflect, challenge their biases, and actively seek to understand and address the specific needs and concerns of these communities. This approach fosters trust, collaboration, and meaningful partnerships, leading to more impactful violence prevention efforts that are rooted in cultural sensitivity and respect.

Practice areas	Examples
Asking questions <ul style="list-style-type: none"> Asking a lot of questions about their ethnicity, culture, or Rainbow experiences irrelevant to the context to indulge your curiosity can be tiring/ taxing for the person being asked questions, especially when they are seeking help. This can also contribute towards low institutional trust when it happens frequently. 	Asking questions examples <p>Do:</p> <ul style="list-style-type: none"> Ask the support seeker or client: 'What does this mean for you?' Engage in open-minded conversation to the extent that it is relevant to what you are doing. <p>Don't:</p> <ul style="list-style-type: none"> Ask questions that imply a preconception about someone's culture or religion. Ask invasive questions to satisfy your curiosity.
Listening <ul style="list-style-type: none"> Sometimes, you may not be aware of a cultural norm or practice, and this is okay. Understand that Western Rainbow ideas/ concepts may not resonate with Rainbow ethnic and migrant people. Recognise that Rainbow people appear in every community. 	Listening examples <ul style="list-style-type: none"> Listen to people's lived experience when brought up and is relevant to your work. Believe people about their experience as Rainbow ethnic or migrant person. Avoid pathologising ideas, identities or perspectives that you don't understand.

3

Competency area**Language**

Language that acknowledges and respects diverse cultural backgrounds and identities helps to build trust and rapport. Effective communication through appropriate language fosters a sense of belonging and validates the lived experiences of individuals, contributing to more impactful and culturally responsive support.

Practice areas	Examples
Culturally specific terms <ul style="list-style-type: none"> Understand that other cultures may have their own terms to define Rainbow identities and that these terms may not have direct translations into English 	Culturally specific terms examples <ul style="list-style-type: none"> Terms like Fa'afafine, two-spirit, and hijra have culturally specific definitions and understandings, so community-led research and engagement is needed to build your understanding.
Privacy <ul style="list-style-type: none"> If you need to discuss terms relating to someone being a Rainbow ethnic or migrant person, consider the contextual appropriateness of asking a client to explain terms to you, including who else is in the hearing shot and any possible power dynamics between yourself and the client. 	Privacy examples <ul style="list-style-type: none"> Look for a private space to have sensitive conversations. If a new person comes in while you are discussing something sensitive, stop and check if the client is happy to keep going. Put a sign on the door saying you are engaged before opening a sensitive topic.

4

Competency area

Being refugee, asylum seeker and migrant trauma-informed

These individuals may have experienced various forms of trauma in their home countries, during their journey, or upon arrival in Aotearoa New Zealand. By being trauma-informed, professionals can create safe and supportive spaces, provide appropriate resources and referrals, and ensure that their interventions are sensitive to cultural, linguistic, and migration-related factors.

Practice areas

Community safety

- Rainbow migrant or refugee clients may have experienced trauma in their home countries surrounding this.
- Do not assume that a Rainbow migrant/refugee client feels comfortable or safe with a service provider from their own cultural community.
- Non-Rainbow ethnic/migrant service workers can hold prejudiced (i.e. homophobic or transphobic) attitudes. This can create safety issues for Rainbow clients.
- Some service providers may themselves work to challenge these attitudes within their own communities.

Examples

Community safety examples

- Ask your client if they would prefer to see someone from their own ethnic community, and support them in finding culturally safe services.

Migrant and minority stress

- Have an awareness of some of the legal and logistic challenges that migrant people, particularly forced migrants, may be facing.
- Know the difference between a refugee and an asylum seeker. Apply an equitable approach for those types of clients. Asylum seekers are often treated differently under law and policy but face a lot of the same hardships as refugees.
- This is important for Rainbow people who are coming from places that are dangerous for Rainbow people. Some countries are not recognised as being a typical spot for refugees, therefore, Rainbow asylum seekers and refugees from those countries are often either denied or ignored.

Migrant and minority stress examples

- Advocate for the rights of asylum seekers and refugees in terms of accessing services. This includes applying for education, WINZ, and health care such as hormone therapy treatment and treatment for HIV/AIDS. Sometimes people have problems accessing services they are legally entitled to.

4

Competency area

Being refugee, asylum seeker and migrant trauma-informed

Practice areas	Examples
Responding appropriately <ul style="list-style-type: none"> Be mindful of power and privilege differences between yourself and Rainbow migrant clients. When working with clients who experience forms of marginalisation that you do not, be aware that you can not fully understand their lived experience. 	Responding appropriately examples <ul style="list-style-type: none"> Use validating statements when told about experiences of harm, even if you do not fully understand them yourself. You could say something like <ul style="list-style-type: none"> "I cannot imagine what that would feel like, but I know this is a challenge for you." Be trauma-informed in your practice. <ul style="list-style-type: none"> Look for signs to see if a person is distressed, like how they respond (body language, facial expressions, vocal tones). Are they engaged? Be willing and able to try a different approach when a person is not responding or seems distressed.
Religious trauma <ul style="list-style-type: none"> Understanding the possibility of religious trauma for Rainbow ethnic people. While some Rainbow people from religious backgrounds have experienced a lot of harm and prejudice in those contexts, others will not have. Develop awareness of your relationship with religion and if you carry any of your own religious convictions or traumas so that you can avoid projecting these onto people. For more information on religious competence and religious trauma, please see Section 2. General Rainbow best practice. 	Religious trauma examples <ul style="list-style-type: none"> Show respect towards the relationship with religion that a client may have. Even though a client may have a complicated relationship with religion or spirituality, it still may be an important part of their identity. Be client-led when speaking about religion or religious trauma. In an educational setting, it is useful to acknowledge that faith communities can be/ sometimes are drivers of prejudice towards Rainbow people. Also, acknowledge that there are faith communities that are inclusive towards Rainbow people.

4

Competency area**Being refugee, asylum seeker and migrant trauma-informed**

Practice areas	Examples
Transparency <ul style="list-style-type: none"> Be transparent with clients about the extent to which you are able to help them. Let them know what you are able to offer in terms of support and where the limits of your support are. 	Transparency examples <ul style="list-style-type: none"> Before you ask, 'What can I help you with?' make sure that the client knows what your service is for and has an idea of what you may and may not be able to help with. Be aware that people may not have support from friends and family. Don't make false promises, be honest and clear with what you can and cannot help them with.
Support services <ul style="list-style-type: none"> Work to gain an understanding of which local violence prevention or support services in your area are culturally and Rainbow safe. 	Support services examples <ul style="list-style-type: none"> If you don't know if the service is Rainbow or culturally safe, be transparent about that. You can also call a service first and ask them questions about their Rainbow and cultural competence and inclusivity.

“

I tried getting in touch with a counsellor through an ethnic organisation with no follow-up. I tried to get in touch with a mainstream organisation, I tried to tell them I was under a lot of pressure where I was living because of my family – I wonder if they would've help me if I was physically homeless. The person said help would be provided, I was on a waiting list, but I never heard from them again. It was like I dropped off the face of the earth. That's when I had to live with my partner, she had a lot of anger as someone who has been through a lot, and it became abusive.

”

5

Competency area**Addressing isolation and social navigation**

Violence prevention professionals can help foster a sense of belonging and connection by actively addressing isolation and providing support in navigating social environments. This can help reduce the risk of violence, improve mental well-being, and empower individuals to access resources and participate fully in their communities.

Practice areas**Advocate for Rainbow ethnic and migrant relationships**

- Validate and advocate for Rainbow migrants' relationships.
- These relationships may be under pressure due to ethnic and migrant Rainbow individuals living with many forms of minority stress.

Examples**Advocate for Rainbow ethnic and migrant relationship examples**

- Talk to Rainbow migrant people about healthy relationships.
- Make sure that Rainbow and ethnic migrant clients have access to counselling and know how to access these services.

Connection

- Ask ethnic, asylum seeker, refugee and migrant Rainbow people if they are connected to other Rainbow people.

Connection examples

- Find out what Rainbow community groups exist in your area to recommend to Rainbow clients, particularly ethnic and migrant Rainbow people.
- Find out if these groups are safe for ethnic and migrant Rainbow people.
- Find out what online communities exist to help people connect.

6

Competency area**Advocacy**

Advocacy can contribute to dismantling systemic barriers, promoting cultural competency, and ensuring access to resources and services that meet the specific needs of Rainbow ethnic and migrant communities.

Practice areas**Advocacy**

- Advocate for Rainbow and culturally competent mental health support in Aotearoa.
- Promote intercultural Rainbow events

Examples**Advocacy examples**

- Advocate for these events to be organised.
- Advertise these types of events in your place of work.
- Help Rainbow migrant clients to connect to these events.

Structural violence breakdown

Structural violence refers to a form of violence wherein social structures or social institutions harm people by preventing them from meeting their basic needs.

Rainbow ethnic and migrant communities, including refugees and asylum seekers, face various forms of structural violence, such as restrictive immigration policies, lack of social support, inadequate opportunities to learn the host-country languages and norms, lack of employment opportunities, lack of financial support, all of which place them at an increased vulnerability to violence.

Most gender-based violence is rooted in unequal power dynamics therefore, power imbalances are a primary risk factor for violence. Movement across borders can increase risk factors that arise from a lack of documentation or economic hardship as a result of migrant labour exploitation. Experiences of disconnection from family networks can increase Rainbow migrants' vulnerability to violence while navigating systems unfamiliar to those in their home countries. This often acts as a barrier to accessing health and other support services. A lack of culturally appropriate services and a lack of respect for traditional healing practices also act as a barrier to safety. Rainbow asylum seekers who have escaped persecution in their home countries due to hostile homophobic and transphobic laws and social norms are often subject to further violence and re-traumatisation. This is because the pathway to seeking asylum for Rainbow asylum seekers can come with an increased vulnerability to harm. Trans asylum seekers can experience multiple levels of statelessness as they often lack documentation to prove their national identity or their gender identity.

Some ethnic individuals and communities may more easily assimilate into Aotearoa New Zealand's colonial systems on the basis of education levels, socioeconomic class and ethnic identity, therefore experiencing reduced vulnerability to violence. However, we also recognise shared risk factors between Aotearoa New Zealand's diverse ethnic communities stemming from isolation from networks of support they built in their countries of origin. These risks are influenced by:

- **Racism, xenophobia, and cultural discrimination:** Rainbow individuals from ethnic and migrant backgrounds often experience racism, xenophobia, and cultural discrimination,

in addition to homophobia and transphobia. This can lead to social exclusion, limit access to resources and exacerbate minority stress.

- **Homophobia, biphobia, transphobia, and intersexphobia:** Rainbow individuals from these communities may encounter homophobia, biphobia, transphobia, and intersexphobia within their own cultural or religious communities, as well as in broader society. This can result in family rejection, social isolation, and limited access to inclusive healthcare and support services.
- **Language and cultural barriers:** Limited proficiency in the dominant language, cultural differences, and unfamiliarity with local systems can create barriers to accessing essential services, including healthcare, legal support, and violence prevention programs. These barriers further compound the vulnerability of Rainbow ethnic and migrant communities.
- **Exclusionary immigration policies:** Refugees and asylum seekers within Rainbow ethnic and migrant communities may face additional challenges due to exclusionary immigration policies, limited access to legal status, and uncertainty regarding their rights and future prospects. This can leave them vulnerable to violence, exploitation, and further marginalisation.
- **Multiple levels of discrimination:** The compounded effects of being subject to racism, discriminatory migration policies, sexism, homophobia, and transphobia results in a severe experience of marginalisation. Rainbow individuals from ethnic and migrant backgrounds who are intersex may face additional challenges due to the specific discrimination and lack of understanding surrounding intersex variations.

Addressing these structural forms of violence requires comprehensive strategies that address racism, xenophobia, homophobia, biphobia, transphobia, and intersexphobia within both the wider society and the specific cultural communities. It involves fostering cultural competency, promoting intersectional approaches to violence prevention, advocating for inclusive policies, and providing accessible and affirming resources and services to meet the unique needs of Rainbow ethnic and migrant communities.

Further resources

- Ethnic Rainbow Alliance NZ – ERA (Ethnic Rainbow Alliance) is a Rainbow organisation that aspires to create meaningful, authentic, and fair relationships within Community Organisations, Government Agencies, and Non-profit Organisations. <https://ethnicrainbowalliance.co.nz/> https://www.instagram.com/ethnic_rainbow_alliance/.
- Rainbow Path – An advocacy and peer support group for the rights of Rainbow refugees and asylum seekers living in Aotearoa New Zealand. <https://rainbowpathnz.com/>
- Rainbow Community Resettlement Issues – Rainbow path talk about rainbow resettlement issues with Eliana Rubashkyn & Jack Byrne facilitated by Sarah Macdonald. <https://www.youtube.com/watch?v=VidWsulcl1w&t=163s>
- Letting In/'Coming Out' – A 2022 paper about agency and relationship for young ethnic queers in Aotearoa New Zealand on disclosing queerness. <https://www.tandfonline.com/eprint/FJN3DQSDQJIGFN46QU8Q/full?target=10.1080%2F27703371.2022.2091704>
- Proud Campaign: An organisation that aims to inspire and empower rainbow Filipinos and allies in New Zealand to make a difference. <https://www.proudcampaign.org/>
- Adhikaar Aotearoa Is an organisation that fosters ethnic LGBTQIA+ experiences and collaborates with global LGBTQIA+ communities, especially those of colour. <https://www.adhikaaraotearoa.co.nz/>

Edlers | Manaakitanga. Can refer to acts of hospitality. However, it should also be understood as a much more nuanced process. From an etymological perspective, mana-akitanga refers to leading people toward mana. Being able to guide individuals into patterns of behaviour that uphold their own mana and the mana of others. This can include small actions that affirm mutual respect and safety.

Rainbow Elders

The term “Elders” traditionally refers to those who, due to their age, are considered to hold a high degree of wisdom. In many societies, this term corresponds to older people who are respected for their life experiences and knowledge. Rainbow elders have navigated significant societal and cultural shifts related to acceptance and rights for Rainbow communities.

Structural forms of violence

- Rainbow elders in Aotearoa New Zealand, face structural violence compounded by living with the impacts of colonisation on Rainbow communities.
- Many elders experience marginalisation within the broader elder community due to being Rainbow and may choose to hide this aspect of themselves from peers.
- Many Rainbow community spaces and events are inaccessible to elders due to age.
- Limited access to inclusive healthcare, social isolation, and economic challenges are common and are additional barriers that Rainbow elders may have to navigate.

Practice principles

- Practice trauma-informed care by understanding that Rainbow elders have lived through a lifetime of discrimination, including the criminalisation of Rainbow communities and that this may impact Rainbow elders’ trust in institutions and helping professionals.
- Understand that the role of carers for Rainbow elders creates unique power and control dynamics, particularly around privacy and access to gender-affirming care.
- Use reflective language and understand that language changes over time. Rainbow elders may still use some words now considered slurs, while some words that have been reclaimed are still considered offensive to many Rainbow elders.
- Be aware that Rainbow elders are at increased risk of isolation due to fear of discrimination from their non-Rainbow peers.

Competency areas

1 Establishing trust and rapport

2 Language

3 Addressing prejudice

4 Understanding Rainbow elder abuse

5 Addressing isolation

6 Advocacy

1

Competency area

Establishing trust and rapport

Rainbow elder people may have eroded trust in institutions and by extension, practitioners. Elders will have lived through the criminalisation and persecution of their identities as Rainbow people.

1

Competency area

Establishing trust and rapport

Practice areas	Examples
<p>Whakawhanaungatanga and acknowledgement</p> <ul style="list-style-type: none"> • Be mindful of making assumptions with elders. <ul style="list-style-type: none"> - Even if you're not aware of it, you may be interacting with Rainbow elders. • Engage Rainbow elders in conversation. • Being mindful of gender roles or flirting and innuendo. Some practitioners may have formed a habit of flirting with elders to build rapport. This is unlikely to build rapport with Rainbow elders. • Many Rainbow elders will value the opportunity to speak candidly with a safe person about their lives and the meaningful relationships or experiences that they had. • Acknowledging and validating their identities, partners, etc. <ul style="list-style-type: none"> - Validate that it is still possible to have a complete life if the Rainbow person does not have partners or children. - Many Rainbow people don't have children or grandchildren. Finding alternative topics to connect over can be validating and provide relief for elders who feel isolated among their peers. - Many Rainbow people – particularly Māori – do have children and grandchildren – avoid the assumption that Rainbow people don't do this. • Understand that there are many alternative ways to have lived a wonderful life, and developing rapport with a Rainbow elder may give you an opportunity for insight into this. 	<p>Whakawhanaungatanga and acknowledgement examples</p> <ul style="list-style-type: none"> • Ask Rainbow elders about the lives that they have lived, experiences they had and challenges they faced with genuine interest and openness. • Some good topics to discuss with Rainbow elders: <ul style="list-style-type: none"> - Important relationships and people in their lives. - Their careers. - Any activism they were involved in for Rainbow communities. - Their travel experiences. - Places they've lived: cities, districts, houses, neighbourhoods. • Understand that <ul style="list-style-type: none"> - elders can be Lesbians, Gay, Bisexual, Transgender, Aromantic, Asexual, Intersex. - sexual or romantic connections may still be an important part of Rainbow elders' lives (whatever their gender or sexual orientation).

2

Competency area Language

Rainbow elders may have faced a lifetime of being degraded, erased and invalidated through language. It is important to recognise that language can be used as a form of violence and that working to get your language correct, and helping others to do the same, is violence prevention.

Practice areas

Reflective language

- Have an awareness that language and meanings change over time. Rainbow elders may use different terms to refer to themselves or have more trauma associated with some terms.
- Terms to be aware of include:
 - Rainbow: while Rainbow is used as an umbrella term in Aotearoa, elder people may not be familiar with or identify with this term.
 - Queer: while this term has been reclaimed, many Rainbow elder people have experienced it only as a slur word and do not consider it respectful language.
 - Faggot: this term should not be used in a professional context. Some Rainbow people (generally gay men) may use this term to refer to themselves, and these people should be allowed to self-identify as they see fit. However, this term should not be used by non-Rainbow people or anyone acting in a professional capacity.
 - Transsexual: this is a term that was originally termed by clinicians and refers to people who are medically transitioning. Some trans people may use this word to refer to themselves, while others find this term to be overly focused on the medical aspects of being trans. Many will see it as a slur. Be mindful to pay attention to which term(s) people use to describe themselves and reflect this language back. If you are unsure – ask people what terms they would prefer you use.

Examples

Reflective language examples

- Someone may use the word homosexual, gay or queer to refer to themselves. Reflect this language back to them.
- Use reflective language. More information on using reflective language is available in section 2. General Rainbow best practice.

3

Competency area

Addressing prejudice

Rainbow elders may have experienced a lifetime of prejudice from family, carers, community, institutions and those working for them.

Rainbow elders have often been subjected to a lifetime of prejudiced humour such as homophobic, transphobic etc. This can be extremely harmful, particularly as an accumulation over time.

Practice areas	Examples
Stereotypes and bias <ul style="list-style-type: none"> Have an awareness of your own prejudices and the prejudices that generally exist against Rainbow people. Specific prejudices towards Rainbow elders include: <ul style="list-style-type: none"> They're bored and doing it for attention. Their orientation or gender is a feature of their dementia or ageing. That Rainbow elders are sexually depraved or sexual predators. Lesbian elders are men haters or only like women because they 'couldn't get a man'. Or that they just need to have heterosexual sex to 'fix' them – this stereotype is particularly harmful because it is a driver of corrective rape. Trans women may be stereotyped as sex workers or entertainers. 	Stereotypes and bias examples <ul style="list-style-type: none"> Identify and dismantle prejudice in your practice. Ask yourself: <ul style="list-style-type: none"> Where do my ideas about Rainbow elders come from? Do I have Rainbow elders in my life that I relate to? Are there likely to be gaps in my understanding towards Rainbow elders, and what might these be? Address prejudice as needed. For more information, please see section 2. General Rainbow best practice.
Humour <ul style="list-style-type: none"> Have an awareness of humour and its ability to perpetuate harm against Rainbow people. Be willing to point out that jokes are harmful/prejudiced and ask people to stop. Be aware that Rainbow people: <ul style="list-style-type: none"> are often oversexualised through humour. may laugh at or even re-tell these jokes as a safety mechanism. 	Humour examples <ul style="list-style-type: none"> Address jokes that are harmful towards Rainbow people. Include a discussion on jokes when running violence prevention education.

4

Competency area

Understanding Rainbow elder abuse

Elder abuse can include physical, sexual, institutional, neglect, financial and psychological forms. Rainbow elders are vulnerable to specific forms of abuse due to structural prejudice against Rainbow people. Some forms of Rainbow elder abuse may be invisibilised due to social norms.

Practice areas

Examples

Trauma and abuse

- Understand that the following are forms of abuse that Rainbow elders are vulnerable to:
 - Withholding medication (such as hormone replacement therapy)
 - Hiding clothes that affirm a Rainbow elder's gender, forcing Rainbow elders into clothing based on their sex assigned at birth. Sending them into aged care with the wrong gender clothing.
 - Breaking/removing things that might be related to their gender or sexual orientation.
 - Being disrespectful of gender-affirming items such as breast forms or packers.
 - Physical separation of partners. This can particularly be an issue for people who have come out later in life, where family or carers incorrectly identify Rainbow elders' choice of sexual partner to be a symptom of age-related mental decline.
 - Physical violence from family members or care workers with prejudiced attitudes.
 - Sharing their personal information.
 - Institutional normalisation of language or practices that activate/trigger trauma related to hate crimes against Rainbow people.
- Be aware that prejudice against Rainbow people is likely to exist among their peers and carers so that you can respond appropriately.
- As a violence prevention practitioner, it is important to understand trauma related to incarceration for being a Rainbow person. Rainbow elders may have
 - Experienced incarceration relating to them being a member of a Rainbow community.
 - Been placed into an incarceration facility that did not align with their gender.
 - Experienced harm in incarceration relating to their gender, sex or orientation.

Trauma and abuse examples

- Develop language, resources, and policies to prevent Rainbow elder abuse. Such as
 - Educational materials to support carers and families of Rainbow elders to understand Rainbow elder abuse.
 - Learn how to describe Rainbow elders' experiences of abuse.
 - Wherever possible, develop policies or contribute towards developing policies to prevent Rainbow elders from experiencing abuse. These policies should include input from Rainbow elders.
 - Help families to become more sensitive to their whānau/family member; for example,
 - Use the pronouns that the elder wants even if the family persist in using the opposite.
 - Recognising the partners of Rainbow elders and allowing or facilitating for them to have access to each other.
 - Support family members to educate other family members.
- Understand that there are legal mechanisms that Rainbow elders can use to assert their rights, such as challenging a power of attorney. Power of attorney can be overwritten in court – if it is seen to be not beneficial to the person.
- For more information, see addressing prejudice.

4

Competency area

Understanding Rainbow elder abuse

Practice areas	Examples
Microaggressions <ul style="list-style-type: none"> • Some forms of harm occur without harmful intent. • This is why being aware of assumptions and prejudices towards Rainbow elders is important. • Minimising, erasing or invalidating someone's identity are all forms of harm. • These may look like <ul style="list-style-type: none"> - 'You're not like other gay people.' - 'If you're a lesbian, how do you have children?' - 'How do/did you have sex?' 	Microaggression examples <ul style="list-style-type: none"> • If you hear people making microaggressions towards Rainbow elders, call them in about it. • Ask yourself, "What do I know about Rainbow elders?" and "Where have I gotten this information from?" • For more information, please see addressing prejudice in section 2. General Rainbow best practice.
Care <ul style="list-style-type: none"> • Ask how their carers treat them. <ul style="list-style-type: none"> - Support workers rarely receive Rainbow competency training for working with elders and may hold prejudiced views towards Rainbow people. - Sometimes carers who are unsure how to engage competently with Rainbow people can ignore their Rainbow identity. This can be erasing and invalidating. • Make sure that there are clear and safe pathways for feedback. Make sure that complaints from Rainbow elders are taken seriously and acted on. Having pathways to support is essential to violence prevention. • Make sure that complaints from Rainbow elders around discriminatory treatment, harassment, microaggressions etc. (i.e. from staff or fellow residents) are taken seriously and acted on. 	Care examples <ul style="list-style-type: none"> • Ensure that elders have access to information about how to provide feedback or make complaints. • Ask, <ul style="list-style-type: none"> - 'Do you feel respected and seen as a Rainbow person?' - 'Are you treated well by your carers?' - 'Is there anything that they do that you don't like?' • Learn how to be an active bystander for Rainbow elders. • Ensure that the services you are referring Rainbow elders to are Rainbow competent. Services that support elders or Rainbow people are listed in the further resources.

5

Competency area Addressing isolation

Rainbow elders may depend on family or helping professionals who do not understand or respect them as a Rainbow person. They may be disconnected from other Rainbow people.

Practice areas

Advocate for Rainbow relationships

- Validate and advocate for Rainbow elder's relationships.
- This includes sexual and romantic relationships, which can be erased or dismissed for elders, particularly those who have 'come out' later on in life to their family or the important people in their lives.
- Understand that Rainbow elders will always be part of their Rainbow communities and that this will always be an important part of who they are.
- Understand that Rainbow elders may be more vulnerable to isolation due to estrangement from their families of origin.

Examples

Advocate for Rainbow relationship examples

- Ask elders if they are connected to other Rainbow people.
- Advocate for their carers to create opportunities for them to find community with other Rainbow people or people with similar backgrounds.
- Help Rainbow elders to access online communities, which Rainbow elders may not be very competent to access. This could help Rainbow elders to access global Rainbow communities, as well as local groups.
- Help Rainbow elders to reconnect with people from their past. Reconciliations may be possible, which can be healing for Rainbow elders. This may include children, siblings, friends, etc.
- Investigate if any organisations in their area arrange connections between Rainbow younger people and Rainbow elders.
- Investigate local pride events and support Rainbow elders to attend. Encourage care facilities to support Rainbow elders to attend.

“

I came out in about 1978 or something, you know, like it was a scary time. And there were different issues then because a lot of us had been married, and we brought children into the LGBT community, right? And we had to fight for custody of our children against very homophobic systems that thought we weren't – we wouldn't be good enough parents or couldn't be good parents because of our, you know, like lesbian identity.

”

6

Competency area

Advocacy

Rainbow elders are a particularly vulnerable population, mainly because too few groups advocate for their rights. A huge amount can be done to prevent violence against Rainbow elders through advocacy.

Practice areas

Care homes

- Advocate for Rainbow competency training among residents of care homes.
- Advocate for Rainbow competency training among staff of care homes.
- Advocate for Rainbow competency assessment to be included in governmental rest home certification audits. Advocate for the development of this to be done in consultation with Rainbow communities.

Examples

Care home examples

- Rainbow competency training should be subtle and in small chunks rather than all at once. With elders, it is important to engage them in age-appropriate learning.
- Care homes sometimes have guest speakers who come in; this could be one avenue to Rainbow education, particularly for non-Rainbow elder care home residents.
- Make it safe for Rainbow staff to be out/open by providing discrimination protections and anti-bullying/harassment policies in contracts and HR policies.
- Actively encourage Rainbow staff to be open and affirm this.
- Refresh your education constantly. There will be a changeover of staff who may not have had the education.
- Encourage Rainbow staff to spend time with Rainbow clients. Make sure that there is time for this within their paid working hours. This will enable staff to monitor the safety of Rainbow clients.
- Ask yourself – is everything on the wall heteronormative? If people are being portrayed, make sure it's not always hetero couples – relevant for websites as well.
- Include Rainbow information pamphlets.

“

What are my options if I'm going to be somehow sent to a hospital ward, you know, or a retirement village high care ward, which I may not even be able to afford, you know? I'll put up with the violence. I mean, people – we know that across all communities, people stay with the violence, not because they enjoy it because the options of reporting are so negative.

”

6

Competency area Advocacy

Practice areas	Examples
Research and education <ul style="list-style-type: none"> Advocate for more and better research around elder abuse generally and Rainbow elders' experiences of violence in particular. 	Research and education examples <ul style="list-style-type: none"> Include preventing Rainbow elder abuse in violence prevention education, strategies and materials.
Events <ul style="list-style-type: none"> Rainbow elder accessible events help to address isolation and resilience for Rainbow elders. 	Event examples <ul style="list-style-type: none"> Local libraries are often very Rainbow friendly. Ask local libraries if they can host local events. Investigate the possibility of having local or regional Rainbow elder meetups between care facilities. <ul style="list-style-type: none"> This may be particularly supportive for rainbow elders who have no children and are highly isolated. Promote intergenerational rainbow events.

Structural violence breakdown

Rainbow elders in Aotearoa New Zealand, face various structural forms of violence that contribute to their marginalisation and discrimination. These include:

- **Ageism:** Rainbow elders may experience ageism, which involves stereotyping, discrimination, and neglect based on their age. They may face societal attitudes that devalue and dismiss their experiences, leading to exclusion and limited access to resources and services.
- **Heteronormativity and homophobia:** Rainbow elders encounter heteronormative social structures and norms that often invalidate and invisibilise their diverse sexual orientations and gender identities. Homophobia, including negative attitudes and prejudice, can contribute to a lack of support and understanding, creating barriers to accessing inclusive healthcare, social services, and community support.
- **Isolation and loneliness:** Rainbow elders may experience social isolation and loneliness due to a lack of inclusive and supportive networks. They may face challenges in finding community spaces that address their unique needs and provide opportunities for connection and belonging.
- **Healthcare disparities:** Rainbow elders may encounter disparities in healthcare, including limited cultural competency and understanding of their specific health needs. This can result in inadequate access to appropriate healthcare services, leading to potential health disparities and neglect of their overall well-being.
- **Intersectional discrimination:** The intersection of age with other aspects of identity, such as race, ethnicity, disability, or socioeconomic status, can compound the discrimination Rainbow elders face. They may experience multiple layers of marginalisation and exclusion, exacerbating the challenges they face.
- **Historical trauma:** Rainbow elders may have lived through periods of significant social and legal discrimination, including criminalisation of their sexual orientations or gender identities. These experiences can contribute to ongoing trauma and have long-lasting effects on their well-being and mental health.

Addressing these structural forms of violence requires creating inclusive and age-friendly spaces that recognize and value the unique experiences of Rainbow elders. It involves challenging ageism, heteronormativity, and homophobia, promoting cultural competency in healthcare and social services, fostering intergenerational connections, and advocating for policies and practices that prioritise the rights and well-being of Rainbow elders in Aotearoa.

Further resources

- (Mainstream) Elder abuse information and response services: <https://www.ageconcernauckland.org.nz/what-we-do/elder-abuse-response-service/>
 - A mainstream advocacy group for 50 plus <https://greypower.co.nz/>
 - Family Violence Intervention Guidelines: Elder Abuse and Neglect <https://www.health.govt.nz/publication/family-violence-intervention-guidelines-elder-abuse-and-neglect>
 - Mark Henrickson at Massey University has done a study on sex and sexuality in aged care. <https://www.stuff.co.nz/life-style/homed/retirement/126589889/the-lgbtq-retirees-who-dont-want-to-become-invisible-again>
-

Professional Transparency. Involves being proactively clear and honest with clients, sharing relevant information that might inform how they engage with you as a practitioner (such as mandatory reporting obligations) and being honest when you don't know something, or cannot help with something.

Rainbow disabled people

Rainbow disabled people are individuals who experience disability and identify as Rainbow. Disability refers to the experience of individuals whose full participation in society is hindered by barriers and limitations imposed by physical, social, and attitudinal factors within their surroundings.

Structural forms of violence

- Institutionalised ableism, barriers to healthcare and support, discrimination, and limited representation are drivers of harm to Rainbow disabled people.
- The inequalities faced by disabled Rainbow people are still perpetuated at the policy level, such as the accessibility of funds/ support from WINZ.
- Colonisation brought the pathologization of Rainbow and disabled people to Aotearoa. Rainbow disability inclusivity is a Te Tiriti issue.
- The pathologisation of Rainbow people with disabilities is a driver of violence and invalidation of Rainbow disabled people in their families and other relationships.

Practice principles

- Practice Rainbow and disability inclusivity all the time. You cannot tell if someone is Rainbow or disabled just by looking at them.
- Be aware that Rainbow disabled people are vulnerable to unique forms of interpersonal violence. Asking Rainbow disabled people if they feel seen and accepted by the important people in their lives is violence prevention.
- Have a professional awareness of how ableism can impact Rainbow people's family and personal relationships. Validate Rainbow disabled people in their identities, and validate their intimate, sexual and romantic relationships.
- Consider access and privacy needs when working with Rainbow people with disabilities.
- Trauma-informed practice with Rainbow people with disabilities means talking about consent and demonstrating good consent practices in all your interactions. Rainbow disabled people may not have had access to consent education.

Competency areas

1 Establishing trust and rapport

4 Understanding abuse towards Rainbow disabled people / being trauma-informed

2 Understanding ableism

5 Addressing isolation

3 Language

6 Advocacy

1

Competency area

Establishing trust and rapport

Rainbow disabled individuals may have experienced multiple forms of marginalisation and discrimination, making it essential to create a safe and inclusive environment where they feel comfortable sharing their experiences.

1

Competency area

Establishing trust and rapport

Practice areas	Examples
Whakawhanaungatanga and acknowledgement <ul style="list-style-type: none"> • Be inclusive of Rainbow people with disabilities throughout your practice. You cannot tell that someone is part of the Rainbow community or if they have a disability by looking at them. • Understand that disabled people disproportionately experience violence and that disabled people have the right to be safe in relationships and community. • Have an awareness of your own prejudices and the prejudices that generally exist against Rainbow disabled people. 	Whakawhanaungatanga and acknowledgement examples <ul style="list-style-type: none"> • Be flexible about how you do things and willing to adapt to be more inclusive. • Educational texts and materials should acknowledge Rainbow disabled people. When delivering violence prevention education, it is important to acknowledge Rainbow disabled people. • Outdated resources should be upgraded, particularly if it uses outdated terminology or concepts. • When working with clients, ask if people have any accessibility needs or if they would like information provided in a particular way. • Use gender-neutral language to refer to people and their partners until you know their gender.
Respecting relationships <ul style="list-style-type: none"> • Be respectful of Rainbow disabled people's relationships. • Don't assume that anyone who is with a disabled person is a support worker. • Support workers should be recognised for their profession, but they are distinct from support people. Support can come from family, friends, colleagues, even bosses. • Understand that Rainbow disabled people can also provide support for their families, friends, colleagues etc. 	Respecting relationship examples <ul style="list-style-type: none"> • When meeting a Rainbow disabled client for the first time, introduce yourself to them and to whoever they are with as you would with any other group of people. <ul style="list-style-type: none"> - If they are with different people each time, introduce yourself to them. • If someone is with a support worker, engage with both parties. But direct your questions to the disabled person, even if the support worker is helping them to answer.
Feedback <ul style="list-style-type: none"> • Make sure that there are clear and safe pathways for feedback. Make sure that complaints from disabled Rainbow people are taken seriously and acted on. 	Feedback examples <ul style="list-style-type: none"> • Ask people how they would like to provide feedback and provide multiple options

2

Competency area Understanding ableism

Rainbow and disabled people have complex histories of pathologisation. It is essential to understand this as a part of violence prevention.

Practice areas	Examples
Pathologisation <ul style="list-style-type: none"> • A common experience of disabled people is having their autonomy denied, partially due to the perception that they are not competent to understand and provide informed consent. This experience is common in medical settings, other parts of their public life, and their private life and relationships. • Understand the history of Rainbow communities being pathologised and how this ties into ableism, white supremacy and colonisation. • Acknowledging and validating Rainbow disabled people's identities is violence prevention. • Understand that Rainbow disabled people sometimes have family assume that their gender or orientation is a part of their disability or it is a disorder/illness. This can lead to abusive behaviours. There are outdated and inaccurate medical ideas that still exist, for example, the idea that queer identities are a form of mental disorder. • This can be particularly true for people with learning disabilities or neurodivergence. Families sometimes think that they don't understand what it means to be gay or trans etc. This can be the result of infantilisation of people with learning disabilities. Sometimes people with learning disabilities are seen as having no agency at all when it comes to their expression or emotions. 	Pathologisation examples <ul style="list-style-type: none"> • Listen deeply to Rainbow people with disabilities. <ul style="list-style-type: none"> - Challenge yourself to listen past your prejudices and preconceptions to what the person is actually saying. • Encourage family members to be supportive of Rainbow disabled people in their gender and sexuality. (more in addressing prejudice). <ul style="list-style-type: none"> - Check in if they would like further information or resources. • Education for parents/guardians/support people is needed to break down bias and prejudice

2

Competency area

Understanding ableism

Practice areas	Examples
Validating sexualities <ul style="list-style-type: none"> • People with disabilities can have their sexualities or sexual needs dismissed by professionals and institutions that see them as having no agency of their own. • Don't assume/reinforce that <ul style="list-style-type: none"> - All disabled people lack sex drive/ asexual. - No one wants to have sex with or be in a relationship with disabled people. - No one would want to sexually assault, abuse, or rape a disabled person. - Fetishisation is disabled people's only option for sexual expression/connection. 	Validating sexualities examples <ul style="list-style-type: none"> • Include Rainbow disabled people in healthy relationships and sexuality education. • Acknowledge and validate that Rainbow disabled people <ul style="list-style-type: none"> - Can be in healthy relationships. - Can be empowered to experience healthy relationships and sex lives. - Can be great partners. - Can have sex as a healthy part of their lives. • Acknowledge that there are Rainbow disabled people for whom all of the above is true.
Ableism and relationships <ul style="list-style-type: none"> • Be mindful of making assumptions about who supports whom in a relationship – understand that disabled people can make supportive partners. Challenge prejudices and assumptions around this. • Have an awareness of the stereotypes around people dating people with disabilities. In particular, the idea that partners of disabled people must be incredibly 'good people' or selfless or that they are abusive and have a sexual fetish. • These stereotypes are harmful and make it harder for disabled people in abusive relationships to get help. 	Ableism and relationship examples <ul style="list-style-type: none"> • Affirm that Rainbow disabled people can be great partners. • Challenge stereotypes about disabled people as partners or the partners of disabled people.

3

Competency area Language

The language that you use with Rainbow disabled people can be empowering, or it can be pathologising. Language plays a significant role in shaping perceptions and experiences, and using appropriate and respectful terminology demonstrates a commitment to inclusivity and understanding.

Practice areas	Examples
Reflective language <ul style="list-style-type: none"> • Have an awareness that language may have been used as a form of violence, both against Rainbow disabled peoples' Rainbowness and against their disability. • Be mindful about the language you use, as there are a good number of terms in both spaces (Rainbow and Disability) that are still in common use but are considered slurs. 	Reflective language examples <ul style="list-style-type: none"> • There are different ways that people in this community refer to themselves, such as disabled People or People with disabilities. • It is important to be client-centred and use the language people prefer. • For more information, please see reflective language in section 2. General Rainbow best practice.
Deaf competence <ul style="list-style-type: none"> • Deaf language and culture has different cultural norms around talking about sex, gender and sexuality. 	Deaf competence examples <ul style="list-style-type: none"> • Understand and practice cultural competence with Deaf Rainbow people.

4

Competency area**Understanding abuse towards Rainbow disabled people/being trauma-informed**

By having an understanding of experiences of abuse and being trauma-informed, professionals can create safe and supportive spaces, offer appropriate interventions, and avoid re-traumatisation. This approach helps in promoting healing, empowerment, and the overall well-being of Rainbow disabled individuals, while also ensuring that prevention efforts are responsive to their specific needs and experiences.

Practice areas**Understanding unique forms of violence**

- Understand that Rainbow people with disabilities are at high risk of violence, including sexual violence.
- Understanding that support workers and families may have unique forms of power and control over Rainbow people with disabilities, including:
 - Providing essential access and support for that person.
 - Having access to the private space and information of the Rainbow disabled person.
 - Having legal power of attorney, being a co-signatory on bank accounts, tenancy agreements, or other legal documents
 - Deciding where the disabled Rainbow person can live and work.
- Understand that some forms of violence that Rainbow disabled people experience are unique. Some examples of experiences of violence that Rainbow disabled people are more vulnerable to include
 - Withholding medication (such as HRT).
 - Hiding clothes that reaffirm a Rainbow disabled person's gender, forcing Rainbow disabled people into clothing based on their sex assigned at birth.
 - Breaking/removing things that might be related to their gender or sexual orientation.
 - Physical separation from partners.

Examples**Understanding unique forms of violence examples**

- Ensure you know which intervention/support services in your area are Rainbow and disabled competent.
- Make sure that clients understand their rights, including
 - Their right to privacy
 - Their right to consent/not consent to people touching them.
 - Their right to be treated with respect and kindness.
- Make sure that they understand how to follow a complaint process.
- Ensure they are not isolated and know how to access support.
- Make it safe and comfortable for clients to disclose how they are treated by their support workers or family.
- Being inclusive requires regular reflections on the services provided: Are they respected and seen as a Rainbow person?
 - Sometimes support workers are unsure how to engage competently with Rainbow people and can ignore their Rainbow identity. This can be erasing and invalidating.
 - This can also happen with families and other supporting professionals, such as healthcare professionals.
 - People don't necessarily have a choice about who their support workers are. People might not be out to their support workers if they do not feel safe to do so.

4

Competency area

Understanding abuse towards Rainbow disabled people/being trauma-informed

Practice areas	Examples
<ul style="list-style-type: none"> - Constant or daily verbal abuse about them as a Rainbow and/or disabled person. Accompanied by gaslighting or minimising the abuse. This can be particularly hard to spot as it may be normalised by general attitudes such as transphobia or ableism. Parents may constantly justify their abusive behaviours by saying they are doing it out of love. - Violating privacy by sharing personal information. - Financial, religious, and mental abuse. - Sympathetically identifying with abusers or excusing their violence. An extreme example is media stories featuring mothers who kill their autistic children and get platforms to describe how hard it was to parent them. 	<ul style="list-style-type: none"> • Advocate for all support workers to engage in professional development to improve their Rainbow competence. Some of their clients will likely be Rainbow even if they are unaware. • Direct them to further resources as needed. • Ensure privacy between the client and yourself, especially if there is a risk to the client. - Check with the client what information they are happy or not happy for you to share with support workers, friends and family. - They may want you to use different names or pronouns in front of different people or on official documents. • Advocate for client's autonomy in decision-making around gender-affirming care. • Advocate for all helping professionals, particularly medical professionals, to upskill around Rainbow disabilities and gender diversity.
<h3>Being an active bystander</h3> <ul style="list-style-type: none"> • Learn how to be an active bystander for Rainbow disabled people. • A key part of being an active bystander includes knowing what abuse towards Rainbow disabled people can look like. • Address prejudiced views or behaviours directly. Name the prejudice being expressed directly with both the Rainbow people with disabilities and with any carers, staff etc., who are expressing prejudice. Offer insights into how to communicate without prejudice, such as: <ul style="list-style-type: none"> - Using the correct terms for people. Using the terms that people use for themselves. - Avoiding derogatory terms or terms that people don't want you to use. 	<h3>Being an active bystander examples</h3> <ul style="list-style-type: none"> • Interventions may include: <ul style="list-style-type: none"> - Creating a 'paper trail', i.e. a written record of any harmful or discriminatory behaviours, or help the disabled Rainbow person to keep a record. This can be used for reporting harmful behaviour. - Connecting victims with further support. - Being clear about the support that you can and cannot offer. - Having a clear understanding of which support services in your area are Rainbow and disabled competent so that you can make good referrals for Rainbow disabled people who are seeking support. - Listening, validating and believing. - Creating physical distance between victim and aggressor - Saying something about the harm/calling in/educating - Distracting the person or people who are being harmful, i.e. changing the subject.

4

Competency area**Understanding abuse towards Rainbow disabled people/being trauma-informed**

Practice areas	Examples
Consent <ul style="list-style-type: none"> Understand that Rainbow people with Disabilities may have a poor understanding of consent because <ul style="list-style-type: none"> Of having little to no choice around people seeing or touching their bodies. Their families may have stopped them from engaging in this type of education. May not have essential knowledge to look after their health. There is little to no education on consent available for people who do not use verbal language, sign language, or read and write. 	Consent examples <ul style="list-style-type: none"> Talk to Rainbow disabled clients about consent. Ask if they have had the opportunity to learn about what consent is. Offer further information and resources. Demonstrate and engage in good consent practices with Rainbow people with disabilities.
Understanding structural violence <ul style="list-style-type: none"> Understand the structural forms of violence that make Rainbow disabled people more vulnerable to abuse, i.e., WINZ Means Testing is designed so that in order for disabled people to receive support, they have to live in poverty. Most housing in Aotearoa is not accessible for disabled people who use a wheelchair, and many are not accessible to disabled people with other mobility impairments. This prevents being housed and limits the ability to visit others. 	Understanding structural violence examples <ul style="list-style-type: none"> Look for professional development led by Rainbow disabled people or groups, i.e., webinars or talks by Rainbow disabled people, research or writing by Rainbow disabled groups or individuals, etc. Locally based community-led resources will help you to deepen your understanding of the lived experiences of Rainbow disabled people.

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If you are a disabled person who is reliant on disability support funding or supported living payments and you enter into a relationship, the system is set up in such a way that your income is reduced and you become financially dependent on your partner. You may also become more dependent on them for support related tasks if your support budget is also cut, this can create a massive power imbalance in the relationship where it becomes much, much harder for you to leave that situation. When you also add the additional minority stress of a Rainbow identity, it becomes more difficult again, so it is essential that people are educated about the ways that systemic barriers block disabled and Rainbow-identified people from accessing support and services must be responsive to their needs.

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5

Competency area Addressing isolation

Many Rainbow disabled individuals may experience social isolation due to a combination of ableism, heteronormativity, and other intersecting forms of discrimination. Professionals can help create a sense of belonging, connection, and community support by actively addressing and mitigating isolation.

Practice areas	Examples
Advocate for Rainbow relationships <ul style="list-style-type: none"> • Validate and advocate for Rainbow disabled people's relationships. This includes sexual and romantic relationships. 	Advocate for Rainbow relationship examples <ul style="list-style-type: none"> • Talk with Rainbow disabled people's family/whānau about the importance of their relationships.
Community access <ul style="list-style-type: none"> • Promoting connectedness of individual Rainbow disabled clients. • Promoting community accessibility for disabled Rainbow people. 	Community access examples <ul style="list-style-type: none"> • Ask disabled Rainbow people if they are connected to other Rainbow people. • Help Rainbow disabled people to access online communities. • Investigate if any organisations in their area arrange connections between Rainbow people. Help disabled Rainbow people gain access to events. • Investigate local pride events and support Rainbow people with disabilities to attend. • Promote inclusive Rainbow events.

6

Competency area

Advocacy

By amplifying the voices of Rainbow disabled individuals, advocating for their rights, and challenging discriminatory practices, violence prevention professionals can contribute to long-lasting change and empower Rainbow disabled individuals to live free from violence and discrimination.

Practice areas	Examples
Policy and training <ul style="list-style-type: none"> Implement policies and training that help to ensure that you, as an individual practitioner and your organisation, are accessible for disabled Rainbow staff and clients. 	Policy and training examples <ul style="list-style-type: none"> Ensure that the rights of Rainbow disabled staff and clients are protected in your workplace/organisational policies. If you have governance boards, make sure you have Rainbow disabled people represented on your board. Ensure that your services are accessible to people with a wide variety of needs. Consider mobility, sensory experiences, communication needs, memory, and executive function – or the speed at which a person can comprehend information and make decisions or plans.
Policy and support services <ul style="list-style-type: none"> Advocate for better cross-agency support, communication and professional development to provide Rainbow competent support to people with disabilities. Advocate for policy change for Rainbow people with disabilities to have the support they need without living in poverty. 	Policy and support services examples <ul style="list-style-type: none"> Advocate for Rainbow safe and disabled accessible housing with support services linked.
Research and education <ul style="list-style-type: none"> Advocate for more and better research around violence towards Rainbow disabled people. Advocate for consent, healthy relationships and sexual health education for Rainbow disabled people. 	Research and education examples <ul style="list-style-type: none"> Research should be led by Rainbow disabled people and organisations. Education programs should be developed by/with Rainbow disabled people/organisations.

Structural violence breakdown

Rainbow people with disabilities in Aotearoa New Zealand face a range of structural forms of violence, stemming from the intersection of oppression they face. These structural forms of violence include:

- **Ableism:** Ableism refers to the systemic discrimination and prejudice against individuals with disabilities. Rainbow people with disabilities may face multiple layers of discrimination due to both their disability and being Rainbow, which can result in social exclusion, limited opportunities, and unequal treatment. Embedded into ableist thinking is the idea that there is one 'right' way to be (white, able-bodied, neurotypical, heterosexual, cisgender and endosex). This way of thinking also leads to the pathologisation and criminalisation of Rainbow people.
- **Inaccessible environments:** Many physical and social environments in Aotearoa New Zealand lack proper accessibility, making it challenging for Rainbow people with disabilities to fully participate in society. Barriers such as inaccessible buildings, transportation, and information can limit their mobility, independence, access to essential services, and ability to participate in political and legislative processes. This can also be an issue for Rainbow disabled people accessing Rainbow communities and events, which often do not take accessibility needs into consideration, or lack the funding and resources to effectively eliminate barriers. This increases Rainbow disabled people's vulnerability to isolation and can make disabled people reliant on personal relationships and vulnerable to abuse in those relationships.
- **Healthcare disparities:** Rainbow people with disabilities may encounter difficulties accessing appropriate and affirming healthcare. Healthcare providers may lack knowledge or understanding of this intersectional population's specific healthcare needs and concerns, leading to inadequate or inappropriate care. Rainbow people with disabilities who rely on carers may also have had their understanding of consent eroded by having little to no control over their bodily autonomy and privacy from a young age.
- **Economic instability:** Policies around support for disabled people are often capped in ways that can make disabled people more vulnerable, such as the WINZ support with cooking and laundry, which is means-tested – forces people to live in poverty so that they can get the support

they need. Support may also be tied to partners' income, which can negatively impact peoples' relationships and safety. This can have negative impacts on Rainbow disabled people's economic security and stability.

- **Limited representation:** Rainbow people with disabilities often lack visibility and representation in mainstream media, public discourse, and decision-making processes. This lack of representation can perpetuate further marginalisation and contribute to a lack of understanding and awareness about their experiences and needs.

Addressing these structural forms of violence requires intersectional approaches that challenge ableism, promote accessibility and inclusion, increase awareness and understanding, and ensure that policies, services, and environments are inclusive of the diverse experiences and identities of Rainbow people with disabilities.

Further resources

- [NZ disability strategy document, on the office for disabilities issues website.](#)
 - A Youth19 Brief: Rainbow young people with a disability or chronic condition – A document covering a range of topics relating to Rainbow young people with a disability or chronic condition including housing, social connection, and well-being. <https://www.myd.govt.nz/documents/resources-and-reports/publications/negotiating-multiple-identities/youth19-brief-rainbow-young-people-with-a-disability-or-chronic-condition.pdf>
 - Aotearoa Rainbow Disability Network – This group has been set up to be a place for Rainbow identified disabled people to network, share information and ideas and speak to issues that impact us across communities. <https://www.facebook.com/groups/407790389968475/>
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Trauma-informed. Practice is an approach that recognises the pervasive impact of trauma on individuals' well-being and behaviour. It emphasises creating safe, supportive, and empowering environments that promote healing and resilience. It involves understanding the prevalence and effects of trauma, prioritising safety, trust, choice, collaboration, and cultural sensitivity in interactions and interventions.

Rainbow Children & Young People

Rainbow children and young people include people who are up to 24 years of age and are Rainbow. This includes children aged 12 and under who are part of Rainbow communities, such as those born with intersex variations or who are transgender.

Structural violence

- Children and young people are vulnerable to all the forms of structural violence that are faced by Rainbow people generally.
- Rainbow children and young people may be dependent on people who are hostile towards Rainbow people.
- Children and young people are more likely to experience economic insecurity or homelessness.
- Children and young people are more at risk of violence, including conversion practices.

Practice principles

- Understand that Rainbow young people are subject to forms of violence that are invisibilised by social norms.
- Practice trauma-informed care and understand that Rainbow children and young people may have had negative experiences with institutions such as schools, churches and medical establishments.
- Rainbow education is violence prevention education, particularly with children and young people who may be dependent on people who hold hostile views towards Rainbow people.
- Be flexible with young people who are still figuring themselves and other people out.

Competency areas

1 Establishing Trust

4 Rainbow young people and children trauma-informed practice

2 Language

5 Advocacy

3 Understanding prejudice

1

Competency area Establishing trust

Rainbow young people often have experienced or heard about negative experiences with institutions or helping professionals. Because of this, they may be hyper-vigilant in noticing signs that they will not be respected. Rainbow young people are also very vulnerable. They usually become aware of social and institutional prejudices toward them at a very young age.

1

Competency area

Establishing trust

Practice areas	Examples
Whakawhanaungatanga and Acknowledgement <ul style="list-style-type: none"> Be mindful to be generally inclusive of Rainbow young people and children throughout your practice. 	Whakawhanaungatanga and Acknowledgement examples <ul style="list-style-type: none"> Include Rainbow young people in creating educational resources for young people. Use Rainbow inclusive language in violence prevention messaging. You could do this by <ul style="list-style-type: none"> Using gender-neutral language. Explicitly including Rainbow young people in language and messaging. Finding ways to acknowledge that Rainbow young people are the victims of family and sexual violence at disproportionate rates. Take a whole organisational approach to providing Rainbow inclusivity. On an individual level, be Rainbow-inclusive, setting a precedent for other colleagues.
Awareness of marginalisation <ul style="list-style-type: none"> Have awareness that Rainbow young people are likely to have had adverse life experiences. Have an awareness that Rainbow children and young people are likely to engage in masking behaviours to hide both the impacts of traumatic experiences and their Rainbowness. This can include: <ul style="list-style-type: none"> Performing normative behaviours. Expressing prejudice towards Rainbow people. Hiding or suppressing emotions. Understand that Rainbow young people may have had negative experiences within institutions or with helping professionals. 	Awareness of marginalisation examples <ul style="list-style-type: none"> Acknowledge and validate Rainbow young people. Practice Rainbow inclusivity, acceptance and competence with all children and young people, including those who express prejudiced views towards Rainbow people. <ul style="list-style-type: none"> Be aware that you may be the first person in a young person's life to speak positively about Rainbow people. Disclose mandatory reporting obligations. <ul style="list-style-type: none"> Do this as early as possible in an interaction with Rainbow children and young people. Explain clearly and using age-appropriate language what that means.

1

Competency area Establishing trust

Practice areas

Families and relationships

- Understand that Rainbow young adults may have relationships or family structures that are different to your own or unfamiliar to you.
- The most important people in their lives may be chosen family, or they may be in non-monogamous relationships.
- Don't expect young people to have it all worked out.

Examples

Families and relationships examples

- Ask, 'Who are the important people in your life?'
- Ask Rainbow young people if they feel safe with their families.
- Demonstrate an awareness of the diversity in experience by not making assumptions about the young person or their experience.
- Acknowledge that people may have multiple partners.
- Be flexible, i.e., If they change the orientation they identify with, or their name or pronouns regularly, roll with it.

2

Competency area Language

For Rainbow young people language may be both a source of trauma and empowerment. As a violence prevention practitioner, language is a great tool to demonstrate Rainbow competency with children and young people. It is an important part of Rainbow violence prevention.

Practice areas

Reflective language and pronouns

- Using reflective language.
- Be mindful that the language, pronouns or name a young person uses with you might be different to the language, pronouns or name they use with their family/whānau. There may be safety reasons for this, such as a risk of experiencing abuse.

Examples

Reflective language and pronouns examples

- Young people have greater fluidity in the language they use (e.g. names, pronouns, identity terms or labels). Allow them the space to explore these without challenging them.
- Some pronoun good practice includes:
 - Introduce yourself by your pronouns and ask them for theirs.
 - Ask what pronouns the important people in their life use for them.
 - Ask what pronouns they want you to use in front of other people and on official documents.
- Section 2. General Rainbow best practice provides further guidance on using reflective language.

2

Competency area Language

Practice areas

Language and children

- Have an awareness that with Rainbow children, the language you use can have a huge impact.

Examples

Language and children examples

- When working with Rainbow children
 - Use plain, Rainbow affirming language.
 - Avoid terms like 'normal' or 'abnormal'. Take time to learn the correct terms when working with Rainbow children so that you can explain these terms when needed. See the glossary of terms.

3

Competency area Understanding prejudice

Rainbow young people and children are more likely to be living with or embedded within family, whānau or communities who hold hostile views towards them. Within families, schools, faith communities and throughout society, prejudice towards Rainbow young people is a driver of structural and interpersonal violence. As a violence prevention practitioner, it is crucial to understand and be able to work towards dismantling prejudice towards young people.

Practice areas

Bias

- Be aware of the biases you hold about young people, Rainbow identities and sexual activity so that they do not pervade your practice and cause harm. See more in section 2 General Rainbow best practice.

Examples

Bias examples

- Engage intentionally with bias and assumption awareness practices in professional and peer supervision.

Practice areas	Examples
<p>Sex negativity</p> <ul style="list-style-type: none"> Understand that sex negativity towards young people generally and Rainbow young people, in particular, has implications for violence prevention work. Be aware of believability politics and harmful stereotypes as a driver of violence towards Rainbow young people and also as a barrier for young people in seeking help. These include: <ul style="list-style-type: none"> Young people who are sexual, highly sexual, or queer can be stereotyped as being ‘unrapable’ because of their sexual experience or interest. This is more likely to be projected onto people of colour, transgender people especially transgender women and bi+ young people because of the stereotypes that exist towards the sexualities of these groups. These stereotypes can be internalised by Rainbow young people who may have spent their entire lives having negative stereotypes about Rainbow people reinforced to them. These stereotypes may also be reinforced by helping professionals. This may be explicit through victim blaming or implicit within actions, such as not prioritising helping some young people. Awareness of class and racialised stereotypes and their impacts on Rainbow young people. 	<p>Sex negativity examples</p> <ul style="list-style-type: none"> In violence prevention education, reinforce the following: <ul style="list-style-type: none"> Highly sexual people deserve to live free from violence. People with non-normative sexual practices deserve to live free from violence. There is no amount or type of sex that a person can have that invalidates them from being able to say no to sex. If you see any adult or supporting professional reinforcing harmful/victim-blaming stereotypes about Rainbow young people, talk to them about it. Talk to them calmly and in private. Some things that you can say include: <ul style="list-style-type: none"> I am concerned that you are victim-blaming this person. Everyone deserves safety and respect.
<p>Rainbow education</p> <ul style="list-style-type: none"> Understand that for young people and children in particular, Rainbow education is violence prevention. Challenge the idea that age-appropriate Rainbow education is harmful or dangerous. 	<p>Rainbow education examples</p> <ul style="list-style-type: none"> Advocate for children of all ages to receive age-appropriate Rainbow education. Practice Rainbow inclusivity in violence prevention education at all ages. Reinforce the following messages in the communities that you work in: <ul style="list-style-type: none"> Rainbow inclusivity is violence prevention Prejudice against Rainbow people and young people is a driver of violence.

3

Competency area

Understanding prejudice

Practice areas

Gender essentialism

- Have an awareness of gender essentialism (defined in the glossary) and gender stereotypes and how they get applied to Rainbow young people.
- Gender essentialism and gender stereotypes are a driver of bullying, harassment, abuse and violence towards Rainbow young people.
- Schools, faith communities, and other institutions that Rainbow children and young people are part of may have gender essentialism deeply embedded into them.
- Transgender and intersex young people are particularly at risk from gender essentialism.

Examples

Gender essentialism examples

- Talk about gender essentialism in violence prevention education.

4

Competency area

Rainbow young people and children trauma-informed practice

Rainbow young people and children are more likely to be living with or embedded within family, whānau or communities who hold hostile views towards them. Within families, schools, faith communities and throughout society, prejudice towards Rainbow young people is a driver of structural and interpersonal violence. As a violence prevention practitioner, it is crucial to understand and be able to work towards dismantling prejudice towards young people.

Practice areas

Conversion practices

- Young people are especially vulnerable to the abuse of conversion practices. Develop an awareness of how this can look and be aware of how to respond (in both a professional and legal context).
- Be mindful that statutory services involved in the care of a young person who has experienced harm/is experiencing harm may not have Rainbow competency.
- Understand that Rainbow children and young people experience discrimination and prejudice the same as adults, and they're often just as aware of it, with far less ability to combat it.

Examples

Conversion practices examples

- Have policies and procedures in place for reporting conversion practices.
- Name conversion practices as a form of abuse in violence prevention education.
- Take concerns to professional supervision for guidance.

4

Competency area

Rainbow young people and children
trauma-informed practice

Practice areas	Examples
Understanding abuse <ul style="list-style-type: none"> Understand that there are specific forms of family abuse that Rainbow young people experience, including <ul style="list-style-type: none"> Homophobic, transphobic, biphobic, etc. verbal abuse from parents or carers. Attempts to control gender expression or sexuality. Threat of homelessness. Weaponising a young person's culture or faith to convince them that their Rainbow identity is immoral, sinful etc. Controlling a young person's access to their community supports (friends, online communities etc.). Hiding or breaking items related to gender-confirming care. Neglecting of Rainbow young people or their emotional well-being, particularly around their Rainbowness. Understand that rainbow children and young people may be reliant on caregivers who have harmful views or behaviours towards Rainbow people. Not all Rainbow children and young people recognise that what they've experienced is abuse. Be prepared to support them through that process of realisation and engage in naive inquiry without assigning undue meaning to that person's experience. 	Understanding abuse examples <ul style="list-style-type: none"> In violence prevention materials, identify that there are specific forms of abuse that are faced by Rainbow young people. Ask Rainbow young people, 'Are you seen and respected as a Rainbow person by the important people in your life?' 'Are you safe as a Rainbow person with the important people in your life?' 'Are there any people in your life that you feel unsafe with, as a Rainbow person?' Avoid making assumptions about a young person's experience of violence or about how their experience of violence relates to their Rainbow identity. The abuse that a Rainbow young person is facing may or may not be related to them being a Rainbow young person. Be client-led. Work to understand which organisations and individuals in your area are Rainbow competent. Practice professional transparency with young people about the support that you can and cannot offer them. Recognise abuse for what it is and report it appropriately. Disregard any personal biases or assumptions and uphold your professional, ethical code to protect children and young people from harm. Ask open-ended exploratory questions with a young person if you're concerned that what they're describing is physical/sexual abuse or neglect. Explain clearly to Rainbow young people what is likely to happen if they follow different options for support seeking. Make it clear that once state services are involved it's not their choice when state services get un-involved.

4

Competency area

Rainbow young people and children trauma-informed practice

Practice areas	Examples
Risk <ul style="list-style-type: none"> Understand that Rainbow children and young people are particularly at risk. The reasons for this include: Being dependent on their family for housing, food etc. More vulnerable to isolation, particularly when embedded into communities that are generally prejudiced towards Rainbow people. Rainbow young people are also more vulnerable to mental health issues due to the impacts of living with minority stress. Rainbow young people in state care are more at risk of violence. Rainbow children and young people in state care are likely to be living with the trauma of adverse life experiences tied to prejudice about who they are. 	
Right to privacy <ul style="list-style-type: none"> Right to privacy for Rainbow young people, especially transgender young people. It is important to recognise that the right to privacy is a form of violence prevention for Rainbow children and young people. This may include privacy from family members who hold prejudice towards them. 	Right to privacy examples <ul style="list-style-type: none"> Be clear with children and young people about mandatory reporting requirements. Embed Rainbow Young people and children's right to privacy into policy whenever possible. Know where Rainbow children and young people can receive anonymous support to protect their right to privacy.

5

Competency area**Advocacy**

Systemic changes are needed to prevent violence against Rainbow children and young people. Understanding this can empower you to embed advocacy into your role as a violence prevention practitioner.

Practice areas	Examples
Advocacy <ul style="list-style-type: none"> · Advocate for better legal protections for Rainbow young people – privacy is a big issue for Rainbow young people, especially Transgender young people - Right to privacy 	

“

We weren't supported whatsoever by any of the formal structures, save for one counsellor who had reached too far into the whole rabbit hole of trying to help us and she eventually got fired.

”

Structural violence breakdown

Rainbow children and young people in Aotearoa New Zealand, face various structural forms of violence that contribute to their marginalisation and discrimination. These include:

- **Bullying and harassment:** Rainbow young people often experience bullying and harassment in schools and other social settings based on their sexual orientations, gender or expressions. This can lead to physical and emotional harm, isolation, and decreased self-esteem.
- **Discrimination in institutions:** Rainbow young people may encounter discriminatory practices and policies within institutions such as healthcare, education, faith communities and justice systems. This can result in limited access to appropriate services, biased treatment, and a lack of support for their unique needs.
- **Lack of inclusive education:** Rainbow young people often face exclusion and erasure in educational settings, with limited representation and understanding of their experiences. This can contribute to feelings of invisibility and isolation.
- **Family rejection:** Some Rainbow children and young people experience rejection and non-acceptance from their families due to their sexual orientations or gender. This can lead to homelessness, mental health issues, and a lack of support networks.
- **Internalised stigma:** Rainbow young people may internalise societal attitudes and experience self-stigma, feeling ashamed or unworthy. This can impact their mental health, well-being, and sense of self.
- **Employment discrimination:** Rainbow young people may face barriers to accessing employment opportunities. This can result in limited job prospects, lower wages, and financial instability.
- **Housing insecurity:** Rainbow young people may experience discrimination and difficulty finding safe and affordable housing. Discrimination can lead to homelessness, unstable living situations, and increased vulnerability.
- **Intersectional impact:** Rainbow children and young people who also face intersecting forms of discrimination, such as racism or ableism, may experience compounded economic disadvantages. This can further marginalise them and limit their opportunities for social and economic advancement.

Addressing these structural forms of violence requires creating inclusive and safe environments where Rainbow children and young people can thrive.

Further resources

- Identify report 2022 https://static1.squarespace.com/static/60187146e9f9034475dea113/t/6390e802bd4e535d10b72a17/1670440980159/community_advocacy_report.pdf
- “Be There” – A website and awareness campaign that aims to support the parents and whānau of trans, non-binary, takatāpui, queer, intersex, and rainbow young people to be more inclusive, affirming and safe. <https://www.be-there.nz/>
- “Let’s Talk: A Resource Guide for Parents” – A guide for supporting young people who have come out or are questioning their gender or sexuality. This resource is also available in New Zealand Sign Language and Easy Read. <https://outline.org.nz/parents/>
- Whānau Support – RainbowYOUTH’s information, resources and support services for parents and whānau. <https://ry.org.nz/whanau-support>
- Making Schools Safer for Trans and Gender Diverse Students Resource - A practical resource for schools on supporting transgender, gender diverse, and intersex students in Aotearoa New Zealand <https://www.insideout.org.nz/wp-content/uploads/2021/11/Making-Schools-Safer.pdf>

Whānau. Refers to family – unlike nuclear family structures, whānau refers to collectives that are bound together through shared whakapapa, or genealogical networks. Whānau can also include kaupapa whānau, collectives bound together through a shared purpose, shared experiences, aspirations or goals. Kaupapa whānau can be understood similarly to the notion of a chosen or found family.

Rainbow Families

This section is focused on Rainbow parents and adults with children, as opposed to Rainbow children and young people who are covered in section 11. Rainbow Children and Young People.

Structural violence

- Rainbow people and families are largely erased from family or sexual violence narratives. This can make it harder for people to see abuse when it happens in a Rainbow context or to get help when they need it.
- This erasure can be particularly isolating during times of stress, such as neonatal and postnatal periods.

Practice principles

- Practice inclusivity towards Rainbow families all the time. Be aware that family spaces can be very gendered, which can be isolating for Rainbow families.
- Practice trauma-informed care for Rainbow people by learning the unique forms of power and control that Rainbow families are vulnerable to.
- Be community-led when learning about Rainbow families.
- Be client-led when discussing intimate or sensitive topics with Rainbow families.

Competency areas

1 Building trust and rapport

4 Understanding minority stress and Rainbow family violence

2 Language

5 Advocacy

3 Understanding and addressing prejudice

1

Competency area Building trust and rapport

Rainbow families navigate social structures that may not fully recognise or affirm their identities and family structures. Rainbow families often bear the weight of negative experiences or stories they have heard about institutions and helping professionals. This leads to heightened vigilance in assessing whether they will be respected and supported.

Practice areas

Whanaungatanga and acknowledgement

- Actively acknowledge the diversity of families and intimate partnerships in which violence can occur, with explicit inclusion of Rainbow communities and Rainbow families.

Examples

Whanaungatanga and acknowledgement examples

- Acknowledge Rainbow families in violence prevention education and materials.
- When onboarding new staff, include direct examples/case studies that include Rainbow families.

1

Competency area Building trust and rapport

Practice areas	Examples
Addressing normativities <ul style="list-style-type: none"> Understand that there are systemic and institutional prejudices towards families that are: Cisgender, Heteronormative, Endosexist and Nuclear family structures (all defined in the glossary). Be aware that this can create systemic barriers towards accessing support for Rainbow families. Be explicit about being supportive and inclusive of Rainbow families. <ul style="list-style-type: none"> Ensure that if other clients are prejudiced towards Rainbow people while accessing the service, they are made aware that the service is inclusive for everyone. Consider that any visible support you show may bring backlash in front of Rainbow families. Be prepared and equipped to stand up for your inclusivity to reduce the harm they experience from this behaviour. More information about bystander intervention is in section 2. General Rainbow best practice. 	Addressing normativities examples <ul style="list-style-type: none"> Be careful not to make assumptions about <ul style="list-style-type: none"> Genetic family of origin Who has carried children Who is genetically related. Parenting roles (assuming the relationship dynamics and parenting roles fit into a heteronormative and patriarchal family model). Demonstrating awareness of diverse families through using inclusive language on intake forms Use neutral and inclusive language when meeting people for the first time. Have Rainbow resources, such as info pamphlets or kids' books with Rainbow themes/characters. Provide sanitary disposal bins/products in all toilets, not just gendered ones.

2

Competency area Language

Many terms used to describe family relationships are highly gendered. This can be alienating for Rainbow families.

Practice areas	Examples
Awareness of gendered familial language <ul style="list-style-type: none"> Rainbow families may use different gendered terms than heteronormative families. 	Awareness of gendered familial language examples <ul style="list-style-type: none"> Checking in around the language that is used for familial roles. Use gender-inclusive language whenever possible. Check what language is used around specific practices, i.e. chest-feeding may be used instead of breastfeeding. Use language that is inclusive of diverse relationships and relationship structures.

3

Competency area**Understanding and addressing prejudice**

Understanding and addressing prejudice towards Rainbow families is crucial for violence prevention and for ensuring that Rainbow families and individuals receive the support they deserve.

Practice areas	Examples
Family / Whānau structures <ul style="list-style-type: none"> • Rainbow families are diverse, and no two families are the same. Rainbow families also have many different structures to them: <ul style="list-style-type: none"> - Single Rainbow parents - Couples co-parenting - Different relationship structures - polyamory etc. - Found/chosen family structures. - A Rainbow adult within a heterosexual relationship (i.e. a bisexual/multiple gender attracted person in a heterosexual partnership). 	Family / Whānau structure examples <ul style="list-style-type: none"> • Engage in critical reflective practice to challenge your assumptions about family structures and norms. More about reflective practice in section 2. General Rainbow best practice.
Understanding barriers to getting help <ul style="list-style-type: none"> • Rainbow people may have had negative experiences with institutions or helping professionals. • Rainbow people may not recognise their experiences as abuse, due to erasure of Rainbow people from discussions of family and sexual violence. • Explicit anti-Rainbow policy, or the practice of workers even when organisations describe themselves as Rainbow-safe, i.e. refugees excluding lesbians and trans women. • Lack of services. • Minority stress including facing barriers to housing, medical access, travel, time off work, and income. • Legal barriers (see below). 	Understanding barriers to getting help examples <ul style="list-style-type: none"> • Embed Rainbow people into family violence prevention messaging • Identify barriers in your organisation or practices that may reinforce these barriers and advocate for change. Some questions to ask include: <ul style="list-style-type: none"> - Do we have any implicit or explicit policies or practices that exclude Rainbow family members or parents? - Are our services highly gendered? - Are all staff members competent in working with and delivering good outcomes for takatāpui parents? - Are there staff members in our organisation who express prejudice or harmful views towards Rainbow families? • If you have identified barriers to care within your organisation, implement or advocate for change. This may include advocating for policy change or Rainbow competency training. • Ensure there are clear pathways for Rainbow families to provide feedback and make requests and suggestions about your service or organisation.

Practice areas	Examples
Legal systemic prejudice <ul style="list-style-type: none"> • Rainbow parental rights may not be well protected in law, such as a lack of legal assurance of access to children if someone is not named on the birth certificate or is a formal adopted parent. • Fear of losing children can be a potential barrier for parents who do not have legally protected custody of their children in reporting abuse. • Threatening loss of access to children can be a common power and control tactic that is used in Rainbow relationships. Particularly if children were born outside of the country or before the relationship started; in these situations, one parent is unlikely to have legal rights to their children. In this situation, the birth parent may threaten the non-birth parent with losing access to their children as a power and control tactic. • Be aware that the pathologisation, stigmatisation and sexualisation of transgender people mean that a person's transness could be used against them in family court or criminal justice proceedings. <ul style="list-style-type: none"> - Recognise that having Rainbow or transgender parents is not harmful to children. - Advocate against this discriminatory behaviour by naming it in professional settings (e.g. in court, FGCs, in inter-agency hui between police and other services, in hospitals with examination staff etc.) 	Legal systemic prejudice examples <ul style="list-style-type: none"> • Listen to and validate Rainbow people when they express concern about legal family rights. • Allocate time to develop policies and strategies to include Rainbow parents and families in your violence prevention work. • Advocate for specific policies and procedures that allow people to choose which names, pronouns and information are shared across agencies and when such as. <ul style="list-style-type: none"> - When keeping notes, sharing info with other services or filling reports with the court, discuss what names, pronouns and other information they are happy for you to put on record. - Ask if they want information about their relationship dynamic or gender recorded on file so they don't have to repeatedly come out (do not include this info if they don't want you to unless it's essential to the issue at hand). - Be careful not to link a person or family's Rainbow identity to the difficulties they're experiencing if they aren't expressing that connection themselves.

“

The extra complications we often face starting a family can make it even harder when relationships go wrong while you're trying to conceive. After waiting almost 2 years to get to the top of a donor waiting list, I was told I might have to get my ex's permission to go ahead with fertility treatment or go back to the bottom of the list. Even though we were put on the list as individuals because we started it together, it seemed really unclear what my rights were. Every extra barrier you face to starting a family or having it recognised and respected can be one more barrier to getting out if things are going bad – and sometimes a controlling partner uses that against you.

”

4

Competency area

Understanding minority stress and Rainbow family violence

Minority stress is the stress and pressure that Rainbow people experience in their day-to-day lives due to prejudice against Rainbow people. Minority stress can put pressure on Rainbow family dynamics.

Practice areas

Risk periods

- In periods that are generally vulnerable/stressful for all families, such as neonatal and postnatal periods, Rainbow families have the added pressure of navigating with minority stress and within systems that are not designed for them or maybe openly hostile towards them. Have an awareness of this to inform your practice as a violence prevention practitioner.
- This is a time that is very much about people's bodies and is highly gendered. It is a time when a lot of medical professionals have access to touching, looking at, and talking about people's bodies.
- It's also the time when families engage with a lot of the services that do safeguarding with children through early childhood. If these services are not Rainbow safe, many Rainbow families will not be engaged with these support networks.
- Many professionals are not Rainbow-competent and see themselves as only working with one gender.
- A lot of misgendering happens at this time.
- A lot of assumptions are made about who should be screened as at risk of violence.

Examples

Risk periods examples

- Include breakdowns of minority stress into family violence prevention programs and education.
- Acknowledge and make space to speak about minority stress and what those stresses might be.
- Be client-led when doing this.
- Apply violence prevention screenings to all clients, especially Rainbow clients. Include
 - Single parents
 - People in same gender relationships
 - People living in non-nuclear family arrangements, including with siblings, with multiple partners, friends or extended families.
 - Advocate for Rainbow families to have screenings.
 - Advocate for Rainbow competency training within neonatal support and care services.

Practice areas	Examples
<p>Isolation</p> <ul style="list-style-type: none"> • Rainbow families may feel doubly isolated. Especially <ul style="list-style-type: none"> - When they become a family, they may feel isolated from other parts of the Rainbow community that are not so family-friendly. - When they are excluded from other families in their area and from family service, which are often very heteronormative, cisnormative and endonormative. • Family spaces are very gendered and cisnormative. A lot of time can be spent talking about birthing, genetic relationships etc., which can magnify that feeling of isolation. • Rainbow families may be disconnected from the extended family network of their families of origin, which can make them more isolated. 	<p>Isolation examples</p> <ul style="list-style-type: none"> • Advocating for Rainbow family groups. • Build connection through less gendered experiences. <ul style="list-style-type: none"> - Promote opportunities to talk about family routines, feeding, play etc., to make spaces more Rainbow inclusive.
<p>Intersectional power and control</p> <ul style="list-style-type: none"> • Understand that there are particular lines of power and forms of abuse that can be identified across these relationships. <ul style="list-style-type: none"> - Threatening to take children away. - Economic or social status, race, disabilities, age and other power imbalances are also drivers of family violence. • It's essential to understand the intersection of culture, faith and Rainbow identity and how these factors may be interwoven. Families can engage differently depending on their faith or culture, and their Rainbow identities can be a part of this, or they can not. It is essential that when supporting Rainbow families, we recognise these intersections when and if they are identified by whānau and families. 	<p>Intersectional power and control examples</p> <ul style="list-style-type: none"> • Embed intersectional understandings of violence into family violence prevention programs and education. • If you receive a disclosure of harm, validate and believe them. • If you are working with someone in a Rainbow relationship and they express concerns about structural forms of violence (such as having their kids taken away from them due to transphobia), do not minimise or dismiss these concerns. While these forms of prejudice may, at times, have legal protections against them, unfortunately, they still exist.

5

Competency area

Advocacy

Many of the challenges faced by Rainbow families are because of organisational practices or laws. Supporting Rainbow families to live violence-free includes understanding and advocating for change around these things.

Practice areas	Examples
Community <ul style="list-style-type: none"> Supporting Rainbow families to build communities with each other. Advocating for the establishment of Rainbow family groups. 	
Support service <ul style="list-style-type: none"> Advocating for services to become more Rainbow competent. 	Support service examples <ul style="list-style-type: none"> Advocate for and implement protections for Rainbow parents and families within your workplace. Advocate for legal protections for Rainbow families and parents-in-law.

Structural violence breakdown

Rainbow families in Aotearoa New Zealand face unique challenges rooted in societal structures and norms. This structural violence can manifest in various ways:

- **Legal inequalities:** While significant strides have been made in the recognition of Rainbow families' rights, there can still be legal obstacles regarding marriage, adoption, surrogacy, non-biological parental rights and donor insemination. These barriers can lead to inequalities in establishing and protecting Rainbow family units.
- **Social stigma and discrimination:** Societal prejudices and misconceptions about Rainbow families can result in discrimination in multiple settings such as schools, workplaces, social services, and within communities. This can lead to exclusion, bullying, and the imposition of psychological stress.
- **Heteronormativity, cisnormativity, endosexism:** The societal assumption and expectation of heterosexuality, cisgender and endosex as the 'norm' can lead to invisibility and marginalisation of Rainbow families. This often translates into a lack of representation in media, educational materials, and social policy.
- **Healthcare disparities:** Rainbow families may face barriers to accessing inclusive and affirming healthcare, including reproductive and mental health services. Healthcare providers may lack understanding or sensitivity towards the unique needs and experiences of these families.
- **Education system challenges:** Children from Rainbow families may face bullying and a lack of understanding in school environments. There can also be a lack of educational resources that reflect the diversity of family structures, further perpetuating stigma and exclusion.
- **Economic inequality:** Discrimination in the workplace and other economic structures can result in financial instability for Rainbow families, impacting their access to resources and overall quality of life.

To address these forms of structural violence, it's essential to implement inclusive policies, improve societal understanding and acceptance, and provide resources and support specifically catered to the needs of Rainbow families.

Further resources

- Rainbow Violence Prevention Network present: Preventing Family Violence against Rainbow people. - In this video webinar, practitioners discuss how to prevent family violence against Rainbow people. <https://www.youtube.com/watch?v=LNqtM-xkcKU>
- LGBTQ Domestic Violence Awareness Foundation Website <https://www.dvafoundation.org/>
- Rainbow Families Aotearoa NZ - A friendly forum for lesbian, gay, bisexual and transgender (LGBTQ+) parents, prospective parents, and their families <https://www.facebook.com/groups/257183991031743/>
- Supporting Rainbow Community Families - PADA A resource made by Perinatal Anxiety & Depression Aotearoa for supporting Rainbow community during pregnancy, birth, and early parenting <https://pada.nz/rainbow-families/>
- Inclusive practice with non-binary and gender diverse people in the perinatal period – A short video for clinicians working with non-binary and gender diverse people in the perinatal period. <https://www.youtube.com/watch?v=pCJMne7c5E>