

**“Notions of Safety”: Preventing
Family and Sexual Violence in
South Asian LGBTQIA+
Communities in
Aotearoa New Zealand**



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Content warning

This report contains discussions of family and sexual violence.

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Introduction

Family violence and sexual violence remain pervasive in Aotearoa New Zealand, shaping everyday safety for individuals, whānau, and communities. National evidence consistently shows high prevalence, significant under-reporting, and uneven access to appropriate support. For example, government reporting notes that Police conduct more than 100,000 family violence investigations each year and that family violence is implicated in a substantial proportion of serious violent harm (Ministry of Justice New Zealand). Alongside this, national survey reporting highlights how frequently sexual violence goes unreported, underscoring the gap between lived experience and formal help-seeking pathways (Ministry for Women New Zealand).

Simultaneously, LGBTQIA+ (rainbow) rights advocates continue to highlight a persistent visibility gap, showing that many rainbow people avoid seeking Police support, meaning their experiences are missing from or understated in recorded justice-system data. National survey findings show reporting is already low overall, but it drops further for rainbow communities (only 14% of bisexual victims and 23% of lesbian/gay victims reported crimes to Police, versus 25% nationally) (Strang, 2021). This underreporting is reinforced by documented mistrust and past harmful interactions, including evidence that trans and non-binary people, and Māori respondents, experience poorer Police responses and that negative first contact can deter future help-seeking.

A recent report by The Backbone Collective and Hohou te Rongo Kahukura presents feedback from hundreds of women, trans and non-binary victim-survivors about their interactions with New Zealand Police when seeking help for family, intimate partner, and/or sexual violence (The Backbone Collective and Hohou Te Rongo Kahukura, 2024). The survey found that although many people contact Police hoping for urgent protection, most did not receive the support they needed and, in many cases, Police involvement made them feel less safe. Experiences of poor responses, including inaction, minimising violence and bias, were notably higher for trans and non-binary people, Māori, and disabled people. Trans and non-binary respondents in particular reported high rates of misgendering, disrespect, and overt homophobia by officers. Many said negative initial encounters discouraged them from seeking help again, and some reported that police engagement enabled further abuse by the perpetrator. Overall, the findings highlight significant gaps in Police understanding of family and sexual violence, and widespread calls from victim-survivors for improved, respectful, and culturally informed responses (The Backbone Collective and Hohou Te Rongo Kahukura, 2024).

Te Ngākau Kahukura similarly notes that many crisis and violence-response services are not adequately equipped to support rainbow victim-survivors and may actively exclude them (Te Ngākau Kahukura, undated). It highlights a broader distrust of Police responses for many rainbow people, contributing to underreporting and fewer avenues for redress. It also underscores that, despite informal community support mechanisms, there are currently no specialist rainbow violence services in Aotearoa. Te Ngākau Kahukura's overview reinforces that rainbow people often sit outside mainstream prevention and response frameworks, not because harm is rare, but because it is frequently misunderstood, poorly captured in data, and unevenly responded to by services. They emphasise that violence is already difficult to

speak about due to shame and stigma, and that rainbow communities face additional complexity because of limited visibility in service provision, research, datasets, and violence-prevention education. This lack of visibility makes it harder for communities to communicate the realities of harm to policy-makers, decision-makers and frontline providers, even though available evidence consistently indicates queer, trans and intersex people experience higher rates of family and sexual violence than the wider population.

They also outline how violence affecting rainbow people can present across a wider range of contexts, including harm from family of origin, family of choice, within rainbow communities, and intimate partner relationships, as well as violence from strangers and broader systems (for example, structural prejudice). Importantly, their online resource notes that while some violence is directly linked to a person's rainbow identity, harm is also shaped by intersectional forces such as racialised violence, religious discrimination, intergenerational violence, and factors connected to health and social status (including housing, mental health, and immigration).

They situate this within recent national shifts, pointing to Te Aorerekura (2021) as a significant turning point in embedding rainbow needs and voices within the family and sexual violence sector, including early dedicated resourcing through Te Puna Aonui to support rainbow violence-prevention work (notably via the Rainbow Violence Prevention Network). The resource argues that lasting change requires multi-level, community-led approaches, not just funding for frontline services. For decision-makers, it highlights three practical priorities: improving visibility of rainbow communities in prevention work, embedding rainbow communities within national plans and strategies, and ensuring adequate resourcing guided by a “nothing about us, without us” approach.

Within this wider context, LGBTQIA+ people of colour experience heightened levels of harm and encounter unique obstacles to safety, visibility and support, arising from the combined effects of sexual or gender-based marginalisation alongside racism and socioeconomic inequality. Government analysis for Te Aorerekura has pointed to elevated rates of intimate partner violence and sexual violence for LGBTQIA+ communities and the compounding impacts of stigma and exclusion (Ministry of Justice New Zealand, 2022). Yet experiences are not uniform. The conditions of safety (and the risks of harm) shift sharply when sexuality and gender diversity intersect with race, ethnicity, migration histories, faith, class, abilities, and cultural expectations. These intersections can heighten vulnerability while simultaneously narrowing safe options for disclosure, help-seeking, and community connection.

Our Study

In this milieu, our study was designed to address this gap by elevating the voices of South Asian LGBTQIA+ people living in Aotearoa. We are part of this community and our community is frequently spoken about through stereotypes and/or excluded altogether in discussions of family and sexual violence prevention. While this is beginning to change due to the important work of community collectives and organisations committed to amplifying these experiences, significant progress is still required.

Literature Review

Research on family violence and sexual violence affecting LGBTQIA+ people within ethnic and diaspora communities remains limited in Aotearoa New Zealand. While there is a growing evidence base on violence in LGBTQIA+ communities overall, there is far less work that is ethnically specific, and even less that centres the experiences of South Asian LGBTQIA+ people. The result is a knowledge gap where communities and services are often required to rely on partial quantitative indicators, overseas comparative studies, and practice-based insight, rather than robust, locally grounded evidence.

Our study responds to this gap by providing qualitative accounts that illuminate how risk is shaped by intersectional conditions (race, ethnicity, sexuality, gender, faith, migration, class and disability/neurodiversity) and by the environments in which harm occurs or is prevented (family systems, diaspora networks, workplaces, public spaces, schools and service settings). In doing so, it helps explain why patterns visible in national statistics may be experienced in distinct ways by South Asian LGBTQIA+ people in Aotearoa.

Trans and Non-binary Experiences of Sexual Violence

The Counting Ourselves research programme provides the strongest national quantitative data on trans and non-binary people's experiences (Yee et al., 2025). Recent reporting from the 2022 survey indicates that more than two in five trans and non-binary participants reported someone had forced or tried to force them to have sexual intercourse at some point in their lives. The *Counting Ourselves 2022* executive summary reports findings from **2,631** trans and non-binary people aged **14–86** across Aotearoa, with over half identifying as **non-binary (56%)**. It highlights persistent and, in some areas, worsening inequities since 2018, including widespread experiences of discrimination and violence: **19%** had received threats of physical violence in the past four years, and **more than two in five** reported attempted or forced sexual intercourse. The study summary also points to severe mental health impacts, with **77%** reporting high or very high psychological distress (around six times the general population rate), and in the past year **53%** seriously considering suicide and **10%** attempting suicide. Alongside this, it describes substantial unmet need for timely, accessible **gender-affirming healthcare** (including long waits and limited access to surgery), and notes that while many participants reported pride and connection with community, these protective supports are not equally available, particularly outside major cities, and inequities are compounded for Māori participants, who reported higher rates of homelessness, conversion practices, violence, and suicidality despite strong cultural and gender identity pride (Yee et al., 2025).

This matters for our study because several participants described safety as something that can remain fragile even when the external environment is “peaceful”. One participant captured this mind–body dissonance directly: “I’m in this most peaceful country... But like in my body, I still didn’t feel safe.” Their account supports a key interpretive point for violence prevention, which is that, trauma and chronic vigilance can persist long after migration or after leaving overtly unsafe environments, shaping help-seeking, trust in services, and everyday functioning.

Sexual Coercion within Gay and Bisexual Men

Aotearoa New Zealand research also signals the presence of sexual coercion within gay and bisexual men's communities, indicating that sexual violence in Rainbow contexts can include coercive dynamics rather than only overt force (Braun, et al., 2009). Qualitative work has documented experiences of forced, coerced, or unwanted sex among gay and bisexual men in Aotearoa. This literature aligns with our participants' accounts that queer people can feel less likely to be taken seriously when harm occurs. One participant in our study, describing sexual assault, said: "Being a queer person, like you don't really get taken seriously enough." This theme, erasure, disbelief, or minimisation, becomes a structural risk factor in itself, because it discourages disclosure and delays support.

Comparative Evidence on South Asian LGBTQIA+ Communities Overseas

Because Aotearoa New Zealand-specific comparative evidence for South Asian LGBTQIA+ people is scarce, overseas studies provide a limited but relevant reference point, particularly where they identify mechanisms that plausibly operate in Aotearoa's Rainbow ecosystems (racialised desirability hierarchies, fetishisation, service distrust, family honour dynamics, and fear of reputational harm). A community survey analysis of South Asian Americans found that LGB+ South Asian participants experienced a disproportionate burden of sexual violence and were more likely to have experienced rape multiple times than heterosexual peers (Ali, et al., 2022). Related reporting from the same publication stream also indicates high levels of contact-based sexual violence and rape experiences among South Asian survivors in the sample. These findings cannot be transplanted uncritically into Aotearoa; nevertheless, they highlight a plausible pattern, which is that, sexual violence risk may be amplified where sexuality intersects with racialisation and diaspora context, especially when reporting barriers, stigma, and service mistrust are present.

Key Contributions of Our Study

1. Why ethnicity matters within Rainbow safety

Our participants repeatedly described that safety within Rainbow contexts is not uniform. "Inclusive" environments could still feel unsafe due to whiteness, racism, and the social consequences of visibility. One participant described entering spaces and immediately searching for racial safety cues: "I try to find people who look like me... if there are a lot of white people in the room, then I do feel a little bit threatened."

This offers a crucial interpretive bridge between broad Rainbow violence statistics and ethnic-community realities: racialised othering can shape who feels able to access support, disclose harm, or seek connection, and can increase isolation, which is an established risk condition in violence prevention.

2. Family violence and normalisation

As noted earlier, the wider Aotearoa New Zealand evidence indicates elevated family harm risk for people with diverse sexualities, and our study helps explain how family

violence can be minimised or normalised within intimate cultural contexts. One participant described domestic violence as something they grew up seeing, while also noting minimisation when it is later named: “Even now when I bring it up with my mom, she'll be like, oh, no, that's nothing.”

These matters for prevention because normalisation can delay recognition, reduce reporting, and shape what people think they should tolerate.

3. Service mistrust and barriers to support

The literature consistently identifies service barriers for Rainbow communities; our participants described those barriers as intersectional and cultural, including culturally mismatched models of care. One participant characterised their experience as occurring within “a very... white system... a Western system”, which did not feel inclusive.

When people anticipate dismissal or misunderstanding, the pathway from harm to help becomes longer and riskier.

4. Practice-based insight and risk mechanisms

Drawing on service experience, the sexual violence risk factors our participants list are consistent with mechanisms found across the broader literature on sexual racism and racialised desirability hierarchies in queer dating contexts, and they resonate with patterns reflected in our interviews. Our participants did not always name these mechanisms in the language of risk factors, but they frequently described the conditions through which they operate.

In our interviews, these conditions included racialised desirability and the bargaining it can produce, where people feel pressured to accept dynamics they would otherwise refuse because connection feels scarce; fetishisation and objectification, which participants linked to feeling dehumanised and having less control in sexual encounters; and racism in inclusive spaces, which can constrain choice by shrinking the number of settings and relationships that feel safe. Participants also described differences in sexual scripts and values, including careful negotiation of visibility, disclosure, and reputational risk across diaspora and mainstream contexts, which can create confusion about consent and expectations. Where sex and queerness are highly stigmatised, some participants described having fewer opportunities to develop language and frameworks for recognising coercion, reinforcing the concern that queer people are not taken seriously after harm occurs. Finally, accounts of structural vulnerability such as housing insecurity, money stress, isolation, and fear of consequences show how immigration precarity (even when not always named explicitly) can shape whether harm is disclosed and whether services feel accessible.

5. Family violence in ethnic LGBTQIA+ communities: what remains under-evidenced

The practice-based observations on family violence (conversion practices, withholding gender-affirming care, queerphobic, transphobic, biphobic violence)

reflect the types of harms discussed in policy and community reporting, but the literature remains thin, particularly in Aotearoa-specific, ethnically grounded forms. The existing Aotearoa New Zealand evidence base demonstrates elevated risk of family harm for people with diverse sexualities, yet it does not adequately explain how family violence is shaped by diaspora surveillance, honour frameworks, faith stigma, and migration stressors.

That is where qualitative studies like ours are especially valuable: they illuminate how family, culture, and community can be sources of love and belonging while simultaneously shaping the conditions under which harm is hidden, minimised, or endured.

In summary, existing evidence in Aotearoa shows elevated violence risk for Rainbow communities overall and particularly severe sexual violence exposure for trans and non-binary people. Overseas comparative evidence suggests that South Asian LGB+ communities may face disproportionate burdens of sexual violence. However, there remains a substantial gap in Aotearoa New Zealand-specific research focused on family and sexual violence among LGBTQIA+ people within ethnic communities. Our qualitative interviews help address that gap by showing how violence risk and safety are experienced at the intersection of race, migration, faith, family, and queerness, and by identifying practical points for prevention that are culturally realistic and community-led.

Methodology

Our research employed a qualitative approach, engaging in-depth interviews with nine South Asian LGBTQIA+ individuals residing in Aotearoa. They all are survivors of family violence and/or sexual violence and hold multiple identities within the LGBTQIA+ spectrum. Participants were carefully de-identified to ensure confidentiality, recognising the potential harm that disclosure could pose due to cultural stigmas and societal pressures.

Data collection was rooted in an intersectional framework, incorporating psychological, cultural, spiritual, and socio-political dimensions to explore participants' multifaceted experiences. The purpose was not to "extract" stories, but to return community-grounded knowledge that can strengthen prevention: exploring what helps, articulating what harms, and amplifying diverse voices around what prevention means to this population, which meant exploring notions of safety and how could they be protected.

To ensure a rigorous, ethical, and participant-centred approach, the following methodologies were employed across recruitment, data collection, and analysis.

The research underwent a comprehensive ethics review process through the Ministry of Social Development in 2024. The ethics committee provided positive feedback on the study's design and purpose, emphasising its value in amplifying the voices of South Asian LGBTQIA+ individuals. The committee also offered suggestions to strengthen the research process, particularly in participant confidentiality, informed consent, and data security. These recommendations were carefully considered and fully integrated into the methodology to ensure adherence to ethical best practice.

Participants were recruited via social media platforms, leveraging their accessibility to reach South Asian LGBTQIA+ individuals across Aotearoa. An advertisement outlined the purpose of the study, eligibility criteria, and contact details for the primary investigator. All nine participants contacted the primary investigator directly by email after seeing the advertisement, demonstrating proactive interest and self-directed engagement.

Upon initial contact, the primary investigator provided each participant with a detailed Participant Information Sheet (PIS) outlining the study's objectives, methods, confidentiality measures, and participants' rights. A series of email exchanges followed to answer questions and address concerns, ensuring transparency and supporting informed decision-making. Once all queries were resolved, participants chose to take part and signed a Consent Form prior to being interviewed.

The primary investigator conducted all interviews. Most were held online to enhance accessibility and convenience, with a small number conducted in person based on participant preference and feasibility. Interviews were semi-structured, enabling participants to share experiences in their own way while ensuring key inquiry areas were covered.

De-identification began immediately after interviews were recorded. Audio files were securely stored, and all identifiable information was removed or anonymised to protect privacy and minimise risk. Audio recordings are stored on Adhikaar Aotearoa's shared drive with restricted access. Files will be retained for a specified period in line with ethical and

organisational requirements and then destroyed in accordance with data protection standards.

Interview processing and analysis were undertaken collaboratively by the two researchers, supporting balanced interpretation and reducing the risk of individual bias. Data were thematically analysed, with researchers identifying recurring patterns, key themes, and distinct insights related to experiences of safety. Analysis was iterative, involving repeated listening, transcription where needed, coding, and refinement of themes to build a nuanced account of participants' lived realities.

Findings

Across Aotearoa, violence prevention work is increasingly framed through Te Aorerekura's focus on eliminating family violence and sexual violence and strengthening primary prevention and community capability ([Ministry of Social Development, 2024](#)). Our findings sit firmly within that direction, while also showing why 'one-size-fits-all' prevention approaches can miss the mark for brown LGBTQIA+ communities.

First, our study participants' stories repeatedly located safety as something layered psychological, emotional, physical, cultural, spiritual, and socio-political. This matters in the family and sexual violence context because prevention is not only about responding after harm has occurred; it is also about reducing the everyday conditions that make harm more likely and support less accessible. For many participants, risk was not confined to one site such as home or a relationship. Instead, safety shifted across workplaces, faith settings, family gatherings, dating contexts, public space at night, and even within queer spaces. That movement, which means constantly scanning, adjusting language, managing visibility, mirrors what national work on LGBTQIA+ violence has described as heightened vulnerability shaped by stigma, inequitable power, and barriers to effective support.

Second, the stories emphasised that harm and vulnerability are often produced through both overt violence and subtler forms of social control, including being silenced, dismissed, tone-policed, pressured to hide or be subtle, or treated as acceptable only if one remains quiet. In family contexts, participants described cultural expectations around gender and sexuality, fear of family rupture, and the emotional labour of maintaining relationships while protecting themselves. In several accounts, safety required carefully controlled contact, selective disclosure, or strategic distance, showing an important nuance for prevention work that can otherwise default to simplistic ideas of family reconnection as the ideal outcome.

Third, participants' experiences showed that Aotearoa can feel radically different depending on where you are and who you are with. Even when a place is known as queer-friendly, it may not feel safe for brown queer people if whiteness dominates, if racism is normalised, or if Islamophobia and religious stigma remain unaddressed. This aligns with wider national acknowledgement that Rainbow communities' needs are frequently left out of family violence and sexual violence prevention and service design, and that inclusion must be practical rather than symbolic.

Finally, several stories demonstrated how safety is shaped by what is materially possible: access to stable housing, culturally safe counselling, and responsive primary care. National evidence on under-reporting and service gaps makes clear that many people cannot access the support they need, when they need it. Our participants' narratives emphasised that reality by showing how the absence (or presence) of timely, culturally competent support can change trajectories.

In sum, these insights reinforce a core prevention message: for South Asian LGBTQIA+ communities, violence prevention must be intersectional, culturally grounded, and community-led. Without this, well-intended systems can inadvertently reproduce harm

through disbelief, irrelevance, erasure, or the expectation that people should risk exposure in order to receive care.

Theme 1: Multifaceted Notions of Safety

Our study participants consistently framed safety as dynamic rather than absolute. It was not described as a single outcome (for instance, “being safe from violence”) but as a layered condition and a feeling shaped by intersecting identities and contexts. Participants spoke about safety as something felt in the body, negotiated through relationships, and produced (or undermined) across environments such as home, workplaces, public spaces, cultural gatherings, faith settings, and online life. Importantly, participants emphasised that these layers are interdependent. When one layer is destabilised, for instance, housing insecurity, racism at work, or fear of being outed, the entire sense of safety can fracture.

What follows outlines the key dimensions of safety as conceptualised by participants, with attention to how these dimensions overlap in lived experience.

Physical Safety

Physical safety was most often described through situational assessments, such as what time is it, who is present, how visible am I, and how easy is it to leave? Participants’ accounts highlight that spaces often treated as safe in prevention discourse, for instance, home, work, schools, and religious venues, can become sites of risk due to shifting relational dynamics and power.

The study participants repeatedly described safety as situational, shifting by place, time, company, and context. Spaces that might appear “safe” from the outside, such as home, work, faith settings, queer venues, and community gatherings, were often experienced as conditional. What made a space safe was rarely the space itself. It was the social dynamics inside it, the level of control participants had, and whether visibility (as queer, brown, Muslim, neurodivergent, femme, trans/non-binary) increased risk.

Home was frequently described as a protective anchor, particularly when it offered privacy, autonomy, and the ability to decompress: “my own home, my own room... I've always felt immensely safe within.”

Home was referred to as a refuge, especially when it included privacy and autonomy. One participant described their bedroom as “the safest space that could be for me”, emphasising the importance of “my own room”, “my hobbies”, and having a space to themselves even while living with flatmates.

Yet the insights from our study also show how quickly a home can become unsafe when acceptance is conditional. In other words, home could also be a site where safety was compromised by family dynamics, by the inability to be visible, or by the legacy of violence. One participant described safety at home as “my wife and my home,” while contact with

family of origin is tightly controlled, showing that domestic safety can require firm boundaries and selective access to protect the household.

Another participant described being kicked out and moving into homelessness, including sleeping in parks and relying on unstable couch-surfing. Workplaces were described as physically and emotionally conditional environments where job security and wellbeing can be threatened by whiteness, exclusion, and the need to self-censor. One participant described corporate space as very white and toxic, highlighting the strain of navigating professionalism norms without losing myself.

From the interviews, what toxic often meant was not only overt discrimination but the cumulative impact of code-switching, self-censorship, and needing to assess who is safe before disclosing anything personal. The prevention implication is that inclusion must be structural: safer reporting pathways, real accountability for racism and queerphobia, and leadership-level commitment and not just surface-level celebration.

Participants also located safety within the racial politics of Aotearoa. Racism was described as “mostly in terms of words,” but still carrying “that undercurrent of potential threat.”

This phrase is significant, which was expressed by all participants. It illustrates how racism functions not only as past incidents but as a constant background risk that shapes movement, disclosure, and belonging.

This was echoed through accounts of not belonging in “white queer spaces” and “whiteness in queer circles,” where participants felt alienated even within LGBTQIA+ settings. The qualitative implication is clear. For people of colour queer participants, safety cannot be assumed in spaces that are “queer-friendly” if racism and cultural erasure remain unaddressed. This shows how the history of colonisation and racial hierarchy manifests in contemporary settings.

Several participants described that queer venues and queer-labelled spaces were not automatically safe. Participants described “alienation in white queer spaces” and “whiteness in queer circles” where they did not feel like they belonged.

This contributes strongly to the theme of nuanced space safety. A space can be queer-friendly and still unsafe through racial exclusion, microaggressions, or a lack of cultural resonance. That, in turn, reduces access to community support and increases isolation risk.

Workplaces were described as particularly nuanced because power dynamics are built in, such as your livelihood, reputation, and progression, which are at stake. Participants described needing to “gauge the environment” and be “subtle” about pronouns or disclosure to avoid harm, such as misgendering or exposure. One participant shared that workplace safety is shaped by local context. To them, being a teacher in a suburb “driven by religion” made disclosure feel risky, especially “with the parents.” Several participants highlighted that formal signals of inclusion, such as pronouns in signatures and diversity policies, may not translate into felt safety, particularly when clients, parents, managers, or colleagues hold power and when racialised assumptions are active.

Public space and transport emerged as recurring sites of risk, particularly at night. Participants described modifying routines to avoid harm, including avoiding public transport after dark and maintaining control through driving: “I do not go out at night. I do not feel safe... I drive to most places so that I have control over my social transportation.”

Participants frequently mapped safety geographically, describing Aotearoa as a patchwork of safer and less safe areas. For instance, Cornwallis Beach in Auckland was named as a safe place, while nighttime “dark alley” contexts felt unsafe, “regardless of the space.” Cuba Street in Wellington was described as “very much safe” for queer visibility (“held hands”), but simultaneously “mostly unsafe” for a hijab-wearing mother, showing how safety can differ even within the same street depending on race, faith, and visibility.

Earlier stories also described heightened risk in less diverse settings (such as outside major cities, in the South Island, in smaller towns, or in suburban spaces), where being visibly brown and queer attracted scrutiny. Across these accounts, safety in public space was often protective companionship (“with friends”), avoidance strategies, and time-based planning.

Participants described community spaces as deeply protective when they were intentionally designed for intersectional safety. All participants highlighted the importance of explicit “safer space rules” and community-led spaces where there is “no shame in being yourself” and where queer BIPOC people are explicitly respected.

Overall, physical safety was rarely narrated as passive protection. It was narrated as active planning, which includes exit routes, transport control, staying with friends, choosing queer-dense areas, and leaving early when a space felt unpredictable. This planning itself indicates an uneven safety landscape where responsibility is shifted onto those most exposed.

Cultural Safety

A common cultural survival strategy across stories was pre-emptive distancing or selective disclosure, particularly in relation to family, diaspora community, and faith contexts. Participants described this not as a lack of authenticity, but as a way of reducing harm. For instance, safety involved being “selective of the people that we invite into our space” and having “no ties” with family, alongside “controlled” contact via Zoom.

Participants repeatedly held culture with both pride and pain.

This points to cultural expectation and potential backlash shaping relational boundaries (more information in Theme 2). One participant described delaying coming out until “30, 31”, fearing rejection and the social consequences for their mother, “I need to protect her,” alongside a form of “passing” logic: “Maybe since I’m bisexual, maybe I can settle for a guy... So I get this break passing.” In another person’s story, language became a stigma-management tool: “Whether I say the phrase wife (in a lesbian marriage), or whether I say the phrase partner, will reflect my sense of safety... in my workplace, I will usually use partner.” Similarly, another described: “... I use the pronoun subtlety and using she, they rather than they, them due to context” and the desire to avoid the “hurt if someone does misgender me”.

These examples show that cultural safety often requires active management of what is seen and known, because the risk of stigma is not hypothetical. It is embedded in family honour systems, diaspora surveillance, and institutional power.

Cultural safety was deeply tied to family and diaspora relationships. Participants described powerful commitments to parents, siblings, and extended relatives alongside the reality that traditional gender roles and sexual norms can make queer visibility risky. Rather than presenting family as simply oppressive or simply supportive, participants described layered relationships that require careful navigation.

One participant articulated staying closeted as a deliberate cultural strategy: “I choose to be in the closet for my family... this is a cultural choice to keep harmony in the family... It is for the wellbeing of us all.”

Other participants described staging disclosure over time, anticipating social consequences, or managing visibility in ways that protected both themselves and their families. This included careful decisions about what to post online, what language to use in workplaces, and which relatives could be trusted.

Faith settings were similarly nuanced. For some, mainstream faith community spaces could feel unsafe for queer visibility, while queer faith spaces, such as queer Muslim Ramadan gatherings, could be profoundly healing and future-making. This demonstrates that the question is not “Is religion safe or unsafe?” but “Which faith spaces, under what conditions, with what values and protections?”

In sum, cultural safety is not merely being proud of culture. It is much more nuanced than that. It is the ongoing work of balancing connection and protection. For some, cultural safety required distance, selective contact, or the building of chosen-family alternatives when family bonds became unsafe. For others, it was searching for cultural values that promote equity and respect for one another.

Spiritual Safety

Spirituality emerged across stories as both a source of tension and a source of repair. Participants described navigating stigma tied to religious interpretations while seeking spaces that could hold both faith and queerness without forcing fragmentation.

One participant described the loneliness of practising faith without a safe community and the relief of finding queer Muslim connection: “My first Ramadan here by myself alone... I did feel quite lonely.”

They then described the healing of collective practice and the significance of seeing queers of all ages, which allowed them to imagine a future self: “seeing that variant... gave me... peace and hope, be queer for the rest of my life.” They also noted, “.... being in those spaces, I could like finally like see a future where I can be a queer Muslim.”

Insightfully, spiritual safety is not simply the absence of religious stigma. It is the presence of spaces where faith can be lived without fear. Spaces that allow dignity, community, and

futurity. For prevention, these accounts suggest that faith-informed, queer-affirming pathways can be protective rather than contradictory.

Migration and the Memory of Violence

Participants made clear that safety in Aotearoa cannot be separated from broader socio-political histories. Some described growing up amidst communal violence and conflict elsewhere (often referring to countries where they were born and/or have close connections with) and carrying its impacts into the present. One participant recalled living through Hindu–Muslim riots in India and the fear-driven routines of shutting doors and windows. Another described a period where danger existed both inside and outside the home due to riots, leaving “no way to feel safe anymore.”

These transnational contexts shaped how participants experienced safety in Aotearoa, sometimes as relief, sometimes as dissonance, and often as a reminder that safety can be interrupted quickly when social conditions shift. Participants also located present-day safety within political ideologies, noting that conservative values can create interpersonal environments that feel unsafe.

Several participants described how safety is carried in the body across time and place. Their accounts link present-day triggers (tension, shouting, loud noises) to earlier environments where danger was normalised. Others explicitly described transnational violence as formative. One participant linked their childhood to “a home where a lot of violence was present all the time” and to being “alive during many of the Hindu-Muslim riots in India”, describing the practical fear of “lock our doors and shut the windows”. Another participant similarly described a period where “I wasn’t feeling safe in my house... the riots were happening... I wasn’t also safe outside... I didn’t have any way to go to feel safe anymore.”

What emerges here is that migration does not erase the threat. It can change the landscape of safety, yet embodied vigilance continues, sometimes amplified by new racialised dynamics in Aotearoa.

For our study participants, socio-political safety is not abstract. It is experienced in the body, in relationships, and in everyday decisions about visibility. Migration can change the environment, but it does not erase the legacies of conflict, repression, or structural marginalisation.

In conclusion, Theme 1 shows that safety for South Asian LGBTQIA+ people is best understood as a system of interlocking needs rather than a single intervention point. Participants’ stories indicate that prevention efforts will be most effective when they:

- Treat psychological and emotional safety as core outcomes (not secondary to physical harm), particularly where vigilance and trauma responses persist even in safe environments,
- Recognise that physical safety is context-dependent and often managed through active planning, especially around mobility, public space, and workplace power,

- Respect cultural safety strategies such as selective disclosure and family harmony choices, rather than imposing a universal coming-out narrative,
- Include faith and spirituality in prevention conversations in ways that affirm queer religious identities and support community-led spiritual safety,
- Hold socio-political histories elsewhere alongside racism and ideological hostility here, recognising these as shaping present-day safety, and
- In short, participants conceptualised safety as a living, layered practice. One that can be strengthened when communities and institutions share the burden, rather than leaving individuals to navigate risk alone.

Theme 2: Relational Safety and Trust Issues

Safety was also repeatedly framed as something that sits between people, rather than inside any one individual. Participants described safety as emerging through the quality of their relationships, the reliability of their networks, and the social conditions that shape whether trust is rewarded or punished. As one participant put it, “safety comes from those who you’ve decided to surround yourself with or who you’ve either chosen or not had a choice in who you surround yourself with.”

This, combined with other narratives of our study participants, suggests that trust is not simply a personality trait. It is a social negotiation shaped by community surveillance, cultural expectations, and the ongoing risk of stigma.

Fear of Intimidation, Ostracism, or Betrayal within South Asian Diaspora Communities

A consistent pattern across study participants was the sense that disclosure is never only individual. It can reverberate through extended networks. Participants described the anticipated social consequences of being known as queer in South Asian diaspora settings, including discomfort at social gatherings going forward and the fear of weird looks from people.

This anticipatory fear is itself a trust issue. It reflects uncertainty about who will treat personal information as private, who will interpret queerness as shameful, and who may distance themselves or retaliate through gossip.

This environment fosters a form of constant risk management. One participant described curating visibility online: “Even now, my Instagram page, you wouldn’t necessarily look at it and be like, oh, this is a queer person... it could very much be just an ally or something.”

Rather than reading this as avoidance, the study participants suggest it functions as relational harm-reduction, an attempt to reduce the likelihood of exposure through community pathways where trust is fragile.

Participants also spoke about trust decisions being made not only to protect themselves, but to protect family members who may become collateral targets of judgement. One participant described feeling less concerned about who knew personally, but still feeling exposed “as my mom’s daughter,” noting that others’ reactions could “impact her relationship with other people.”

This highlights a distinctly relational vulnerability. Safety planning is often shaped by interdependence and by the fear that stigma will land on loved ones as well as on the participant.

Pressures to Conform to Heteronormative and Cisnormative Ideals

Participants’ trust issues were also shaped by the expectation that safety depends on appearing “normal” according to heterosexual and cisgender norms. Several narratives described the subtle and overt pressure to maintain harmony, minimise disruption, and preserve family reputation. This often results in selective disclosure, strategic silence, or constrained identity expression. One participant articulated this directly: “I choose to be in the closet for my family... this is a cultural choice to keep harmony in the family... It is for the wellbeing of us all.”

The participant’s decision is not a lack of self-acceptance, but a relational strategy shaped by perceived consequences. Trust is not simply about whether family members “love” you. It is also about whether they can hold your truth without turning it into conflict, shame, or coercion. For some participants, disclosure was described as a slow process that required constant calibration, with heteronormativity operating as a default narrative that family and community settings repeatedly reassert.

This pressure was not limited to family contexts. Participants described making careful linguistic and social choices in workplaces and professional settings to reduce risk and maintain belonging. These decisions were not described as trivial. They were framed as everyday safety practices, undertaken because trust in professional environments can be conditional and power-laden.

Stigma, Isolation, and Strained Familial Relationships

The study participants show that stigma does not only create overt rejection. It also creates quieter forms of relational harm, such as silence, denial, discomfort, and the subtle shrinking of connection. Across stories, participants described needing to ration what they shared or feeling uncertain about whether people who seemed accepting would remain safe once queerness was made visible. This uncertainty often produces isolation. People withdraw not because they do not want connection, but because the cost of misplaced trust feels too high.

One participant described what happens after trust breaks painfully. When the people you relied on for safety are no longer safe, it becomes harder to reach out elsewhere because you begin to fear repetition: “... are they still going to be a safe person for me? Or are they going to do the same thing...?”

This is a significant violence-prevention insight. Relational harm can create secondary barriers to help-seeking by weakening confidence in support itself.

Participants also discussed isolation as a known tactic within harmful relationships, where access to support networks is restricted or undermined. The study participants explicitly linked isolation to vulnerability. The suggestion that “partners... can intentionally... make sure that... I’m isolated from my support network” was affirmed as reflective of lived experience, “that’s why I went through that for a while.”

Within family and sexual violence prevention frameworks, this is critical. Isolation is not merely an outcome of stigma. It can also be an instrument of control.

At the same time, participants’ accounts highlighted how uneven access to supportive networks can be. One participant described safety nets in terms of both place and people, while also naming gaps: “A safe home and a supportive community are my safety nets. I am not connected much to my family. I do not have many queer friends either.”

This points to a structural prevention need, which is that when chosen family is absent or limited, people are more exposed to harm and have fewer pathways to disclose, leave, or recover.

Impact of Histories

Participants’ understandings of safety were inseparable from histories, including colonisation, migration, communal violence from their pasts (or the pasts of their families, including extended families), and systemic discrimination against them and their communities here in Aotearoa. These histories were not only background context. They were active forces shaping how participants anticipated danger, managed visibility, and decided when closeness was possible. Participants often described a form of pre-emptive safety work, such as limiting disclosure, editing presentation, or curating spaces in order to reduce the likelihood of exclusion, shame, or harm.

A striking connecting thread is that participants did not frame these strategies as simply individual choices. They appeared as adaptations to conditions created by wider systems, such as racism, religious stigma, heteronormativity, cisnormativity, and the long afterlife of violence across borders.

In sum, Theme 2 shows that trust is not simply interpersonal. It is shaped by the social conditions that govern what happens when someone is known, visible, or vulnerable. In contexts where disclosure can lead to ostracism, reputational damage, or family conflict, participants develop sophisticated strategies, such as selective disclosure, constrained visibility, careful language, controlled contact, and a deliberate reliance on chosen community. These are not signs of weakness. They are adaptive responses to risk.

For violence prevention in Aotearoa, this theme suggests that effective strategies must do more than encourage people to “reach out” or “speak up”. They must actively build conditions where reaching out is safer. For instance, culturally grounded peer supports, community-led safe spaces with confidentiality norms, services that understand diaspora

dynamics, and prevention messaging that does not shame people for staying partially hidden when that is what keeps them safe.

Moving Forward

The study findings clearly show that safety is something that participants actively create within a space, through monitoring, regulation, or exit planning, rather than something they “simply have”. Hence, violence prevention cannot rely on blanket assumptions about “safe places” or “safe people”.

The same setting can hold refuge and risk depending on who is present, what is being discussed, how visible someone is, and whether power dynamics are active. Participants’ accounts suggest prevention strategies that are practical and place-based:

- Support safety mapping as a legitimate prevention tool, identifying safer routes, safer times, and safer companions,
- Strengthen workplace and institutional protections so people do not need to rely on concealment to stay safe,
- Fund intersectional community spaces with explicit agreements, because safety is created through shared norms and accountability, not good intentions alone,
- Treat public space safety as intersectional: what is safe for queer couples may not be safe for Muslim visibility; what is safe in the city may not be safe in the suburbs or smaller towns, and
- In short, participants’ stories show that safety in Aotearoa is not an on/off switch. It is negotiated moment by moment, and the burden of that negotiation currently sits heavily on brown queer individuals.

Critical Insights

Our study shows that the concept of safety was described as fluid and situational. It is not something people of colour LGBTQIA+ communities simply had. Participants spoke about how race, sexuality, gender, faith, class, migration histories, and community expectations shaped where they could be authentic, who they could trust, and what they had to withhold to stay safe.

Several participants complicated the mainstream idea that “being out” is always the most affirming or healthiest option. For some, staying closeted was framed as an intentional cultural strategy, which is a way of staying connected, maintaining stability, and avoiding relational harm: “I choose to be in the closet for my family... this is a cultural choice to keep harmony in the family... It is for the wellbeing of us all.”

The insights from our study show that this choice often sits alongside a strong sense of agency: participants described weighing costs, protecting elders from community judgement, and preserving relationships that still matter. The implication for prevention is that culturally safe support must recognise privacy and non-disclosure as legitimate harm-reduction strategies, rather than equating wellbeing with visibility.

Mobility emerged as a practical form of protection, particularly at night, in public transport, and the need to maintain control over exits and routes. One participant stated this as a straightforward safety rule.

This is more than personal preference; it shows how freedom of movement can be curtailed by racism, queerphobia, and gendered threat. A prevention implication in Aotearoa is that transport safety (well-lit stops, reliable services, safer late-night options, visible accountability) is not peripheral; it shapes autonomy and reduces isolation.

Participants repeatedly described scanning, assessing, and adjusting in public, an embodied form of vigilance shaped by intersecting risk.

For some participants, safety was grounded in a small, stable centre, home, a partner, or a few trusted people, especially when family support was limited:

“A safe home and a supportive community are my safety nets. I am not connected much to my family. I do not have many queer friends either.”

The interviews add an important nuance: “community” is not automatically available. Some participants described safety as most achievable in the city or when accompanied by friends: “I feel safe when I'm with my friends anywhere. It doesn't matter where I am.”

This highlights a prevention need to resource bridges into the community, peer navigation, culturally specific social spaces, and low-barrier entry points, so that safety is not dependent on already having connections.

All participants emphasised the need for spaces where queerness and South Asian identity are not treated as competing realities. One participant named this yearning directly:

“I wish to connect more with queer people of colour who understand where I am coming from, my South Asian ancestry.”

The interviews also show that how a space is organised matters as much as who is in it. Participants spoke about the value of explicit boundaries and shared norms in South Asian-led spaces: “we have very strong... safer space agreements... everyone who comes in... gets an email... you have to be open and accepting to be in these spaces...”

Conscious community-building becomes a prevention intervention when it is designed with clear agreements, confidentiality expectations, and anti-oppression commitments, because “people of colour spaces” are not inherently safe if conservative policing is still present.

Participants repeatedly framed safety as the freedom to be real, without performing, editing, or constantly managing others’ reactions. A neurodiverse queer participant described safety as the relief of not having to please: “I relate safety to a sense of freedom to be myself without having to please others... Being able to talk about our issues and experiences in a safe space like this is huge for me.”

The interviews deepen this by showing that authenticity is not an “all or nothing” position. For many, authenticity becomes possible in selected places, such as friendships, rooms, and community events, rather than universally. This suggests prevention should prioritise building more settings where authenticity is safe, rather than placing the burden on individuals to “be brave” in environments that punish them.

Participants did not treat safety as purely personal; they located it in the wider political climate and in the values people hold. One participant described conservative values as an immediate relational risk: “Political ideology is also huge for me as people with conservative values often do not make me feel safe around them.”

Another participant expanded this to a broader fear about how public “dogpiling” and ideological hostility travels, especially when you are not protected by whiteness or social privilege: “it’s very terrifying to see... if someone who’s already privileged by these systems is getting this sort of vitriol... where will that get me?”

The implication here is that violence prevention cannot ignore macro conditions such as political rhetoric, online hostility, and anti-LGBTQIA+ backlash that shape everyday interactions and can heighten fear, withdrawal, and distrust, particularly for brown queer communities.

One participant described safety not only as the absence of danger, but as the presence of voice, stability, and the ability to imagine a future: “My sense of safety is to be able to speak without fear... Being able to be hopeful and having desires and (future) plans are part of my sense of safety.”

This is a crucial interpretive point, which highlights that safety includes possibility. Where participants can plan, desire, and dream, they are not merely surviving. They are rebuilding selfhood after constraint. Prevention strategies that support long-term flourishing, such as education, stable housing, community connection, and affirming services, are therefore not extras. They are part of safety itself.

Finally, several interviews held a gentle, future-facing tension, people may choose privacy now while still wanting a deeper connection later. One participant expressed that longing simply, “I have a partner (in a lesbian relationship). I hope to come out to my mum one day.”

This matters because it resists two damaging extremes. It does not romanticise coming out as an immediate requirement, and it does not treat closeting as permanent defeat. It points instead to the need for culturally responsive, staged support, which are resources that help people plan disclosure safely if and when they choose, while also validating non-disclosure as a legitimate present-tense safety strategy.

What Safety Means to Our Communities

Safety is not singular. In our chats with South Asian LGBTQIA+ people living in Aotearoa, safety was described as something layered, changing, and deeply personal. It can be felt in the body, shaped by family and community, and influenced by racism, queerphobia, faith, and the places we move through every day.

Safety is being able to breathe, not just being unharmed

For some of us, safety means calm in our bodies, especially after growing up around tension, shouting, or violence. You can live in a peaceful country and still not feel safe inside yourself. Safety includes feeling grounded, not constantly bracing for what might happen next.

Safety is the freedom to be yourself

Safety can mean a sense of freedom to be without having to please others, and being able to talk about life without judgement. It is not about having a perfect life. It is about having spaces where you can be real, especially when things are hard.

Safety is having people who've got you

Many of us described safety as coming from trusted relationships, friends, partners, mentors, and chosen family. Sometimes family is supportive, and sometimes it is not. When it is not, safety can mean having even one person who believes you, checks in, and helps you feel less alone.

Safety is also privacy and choice

For some, safety means staying in the closet, by choice, to protect relationships and keep harmony in the family. Safety includes the right to decide if, when, and how you share your identity. There is no single correct way to live openly.

Safety depends on where you are and who is around

A place can feel safe one day and unsafe the next. Homes can be safe one day and unsafe the next. Workplaces can look inclusive but still feel very white or risky if racism and

queerphobia are not addressed. Public spaces can feel fine in the daytime but unsafe at night, especially when you are on your own.

Safety is having control over getting home

Some of us manage safety through transport: not going out at night, avoiding public transport after dark, or driving so we can leave when we need to. Being able to move freely is part of safety, and not everyone has the same access to that freedom.

Safety is a cultural and spiritual belonging without punishment

Safety includes being South Asian and queer without having to split yourself in half. For some, faith is a source of conflict. For others, it is a source of hope, especially when we find queer-affirming spiritual spaces where we can see a future for ourselves.

Safety is being believed and supported when something goes wrong

Some of us have felt dismissed by services or unheard by professionals. Safety includes being taken seriously by healthcare providers, counsellors, schools, and community leaders, without having to explain ourselves just to receive care.

Safety is being able to dream

Safety is not only about surviving. It is about being able to plan, hope, and imagine a life with love, care, stability, and joy.

In conclusion, these discussions show that safety for South Asian LGBTQIA+ people is shaped by the interplay of internal resilience and external protections. However, the burden currently falls too heavily on individuals to anticipate risk, manage stigma, and self-protect. Our study insights point towards prevention that is community-led, culturally grounded, explicitly anti-racist, and attentive to the everyday infrastructures of safety, including transport, workplaces, safer space agreements, trusted peer support, and services that listen without requiring people to translate themselves.

Internal Contributors to Safety

This section focuses on how participants made safety possible from the inside.

1) Self-awareness: recognising and managing emotions and triggers

Participants demonstrated strong self-awareness about what destabilises them and what restores them. They offered the clearest description of trigger recognition, such as tension, shouting, loud noises producing immediate unsafety. They also described being “on a very high alert” while “gauging” whether a space is safe, and actively managing internal systems to create safety within an external context.

2) Coping skills: resilience strategies used in real time

Coping often took practical, embodied forms such as purposeful stimming, fidgeting, going on the phone in public, and using home as a place to freely regulate. Event coping included leaving early and staying in contact with friends while navigating community spaces. Dating safety involved taking one's own vehicle and planning for exit and autonomy. Notably, earlier coping sometimes included numbing (substances) in unsafe environments, later shifting towards boundaries, exit plans, and support.

3) Self-esteem: building confidence amidst discrimination

Participants described confidence as something developed over time often through surviving unsafe environments and learning what they need. Some participants contrasted earlier numbing with later confidence to leave events or not participate, and to rely on friends for grounding. Some participants articulated self-respect in their ask, such as not "sympathy", not "instant acceptance", but being listened to.

4) Social connections: safety through chosen family, friends, and intergenerational ties

Across stories, social connection emerged as a core protective factor, such as friends as "biggest support", ongoing contact during risky events, and chosen family structures. Some framed safety through wife (in same-sex marriages), home, and controlled access to family. Some described intergenerational safety-building with nieces and nephews and becoming a trusted adult. Some highlighted the significance of being supported by a "POC woman" youth worker as a "first safe space".

5) Mental health: anxiety, depression, and barriers to care

Participants described anxiety as a persistent feature of unsafe contexts ("things can go south") and the burden of constant vigilance. Some pointed to cultural taboo, cost, and survival pressures as barriers: mental health is "taboo", therapy "expensive", and migration obligations leave people "busy surviving life". Participants also raised concerns about the mismatch of mainstream therapeutic responses and the need for tailored trauma-informed care ("what about trauma and trauma-informed in the context of South Asian LGBTQIA+ communities?").

6) Cultural identity: balancing pride with the pain of cultural rejection

Participants sought to hold culture without losing themselves. Some showed cultural repair through recreating space that "feels like my childhood" while being safe to be queer. Some illustrated the pain of "two worlds" as a practising Muslim navigating visibility as risk at community events. These accounts underscore that cultural identity is not the problem; the problem is the conditions under which culture becomes conditional on silence, invisibility, or compliance.

In sum, our findings suggest that prevention for South Asian LGBTQIA+ communities must be built with cultural histories in mind. Participants' safety strategies, such as selective

disclosure, careful language, controlled contact, spatial avoidance, and reliance on chosen community are best understood as adaptations to layered legacies, including family violence, communal violence, migration stress, racism, colonisation, and hetero/cisnormative social control.

Prevention, therefore, cannot only focus on teaching people skills. It must also reduce the structural conditions that make stigma management necessary, such as racism in queer spaces, culturally unsafe services, faith-based exclusion, and economic barriers to healing. At the same time, the stories show profound internal and community strengths: self-awareness, practical coping, resilient identity-building, chosen family, and culturally grounded healing practices. These are not incidental. They are already functioning as community-led prevention infrastructure.

Challenges and Implications

Study participants described safety as something that must often be consciously created rather than assumed. Their stories show that vulnerability is not created by identity alone. It is produced through the interaction of family dynamics, community surveillance, racism and Islamophobia, service-system failures, and the practical realities of money, housing, and support networks. The challenges below are presented as interconnected conditions that shape everyday risk and constrain help-seeking, alongside the implications for prevention in Aotearoa New Zealand.

Fear of Homelessness

For several participants, the threat of homelessness was not theoretical. It emerged as a direct consequence of family rupture and conditional belonging. One participant linked housing precarity to the pressure of leading “this double life... as a Muslim,” describing the loss of connection with their mother and the moment that safety collapsed, “she kicked me out. I was homeless for like about a few months.” The aftermath was described in stark, embodied terms such as “sleep in parks,” “all-nighters at McDonald’s,” and unstable couch-surfing where even “family’s friends would just kick me out.”

What is made visible here is how housing insecurity becomes a multiplier of harm. It erodes psychological safety, limits privacy, increases exposure to exploitation, and can push people towards risky coping and isolation. It also shows, however, that timely, culturally safe support can intervene meaningfully. The same participant described a GP noticing homelessness and acting immediately: “they referred me to a youth worker... the youth worker was my... first safe space... she was also a POC woman, which was very... helpful.”

Based on the findings, we highlight that housing must be understood as a violence prevention infrastructure. Early identification in primary care and rapid referral pathways can prevent escalating harm, but only if services are resourced, culturally safe, and able to offer practical support quickly. In Aotearoa, this points to the value of pathways that do not depend on family involvement and that recognise the distinct risks of being outed or rejected in tight-knit diaspora communities.

Being Groomed by Teachers

A particularly distressing challenge described by participants was grooming and boundary violations within educational settings, spaces that are meant to protect young people. One participant recalled that “the grooming aspect in high school was very much... prevalent,” describing teachers gossiping about them and their partner and a teacher creating intimate access under the guise of support: “that biology teacher would take me aside... ‘you can talk to me about anything’ ... it was just... very disgusting.”

The participant located this as a double-bind: “I was not safe in... the home (due to intimate partner violence), but I was also unsafe in school.”

This is a critical breach of trust with clear prevention relevance. Safeguarding must include robust professional boundaries, clear oversight of one-to-one interactions, and pathways for reporting that are safe for queer students, particularly those who cannot rely on family

advocacy. Schools also need queer-affirming pastoral support that does not hinge on a single adult, because isolation makes grooming easier and reporting harder.

Not Being Heard by General Health and Mental Health Professionals

Participants repeatedly described feeling dismissed, misunderstood, or burdened by having to educate health and mental health professionals about their lived realities. In one account, therapy became a space where the participant had to translate their own cultural context: “I found myself having to explain my culture to him... I am actually helping him with the cultural knowledge so that he can help me.”

Others described inappropriate or sexist responses that trivialised distress: “Maybe it’s that time of the month. That is what my therapist said to me... That was so inappropriate.” Another participant named this as systemic: accessing care through “a very... white system... a Western system... it’s not a very inclusive system for people of colour, for queer people...” Yet alongside these failures, participants also described what effective care looks like when it fits: culturally responsive, trauma-informed, and delivered by practitioners who do not require the client to do the interpretive labour. One participant captured the injustice of scarcity and luck: “I was lucky... I shouldn’t have to be lucky to experience this. This should be a normal experience for everyone.”

Trust in health and mental health systems is undermined when care is culturally incompetent or dismissive. Prevention requires more than awareness. It requires sustained training in intersectional practice, anti-racism, and queer-affirming care, alongside accountability when harm occurs. It also supports investing in workforce diversity and culturally grounded modalities, so people are not forced to choose between invisibility and care.

Lack of Family Support

A recurring challenge was the absence of family tenderness and guidance, especially for younger participants navigating early questions about sexuality, gender, relationships, and safety. One participant reflected on the long-term consequences of not having early support: “If only I had that help earlier on... at such a young age... life would have been like so much easier. I had to do that all myself.”

Another described the impossibility of speaking openly at home: “the fact that you couldn’t have a chat with your parents about your sexuality... I didn’t feel safe enough to go to him... he wouldn’t understand... me being queer...”

In response, several participants described shifting reliance onto friends and chosen networks: “friends are my biggest support... I value them more than... my own family.”

These accounts show how a lack of family support can increase vulnerability, not only emotionally, but also materially, by shrinking the options available when harm occurs.

We reiterate that family violence and sexual violence prevention for South Asian LGBTQIA+ communities must include culturally safe family education and community-based support

that does not presume family will be protective. Prevention initiatives should also resource alternative support networks such as peer groups, chosen family spaces, and community advocates, so that young people are not left to “do that all myself.”

Living a Double Life

Participants described the pressure of living a double life as exhausting, isolating, and central to their safety planning. The emotional cost was clear in one participant’s phrase: “trying to live this double life of my sexuality and myself... as a Muslim.”

For others, concealment was shaped by relationship context and family perception: “I’m bisexual but I’m with a man right now... so I’m not open in the sense that like they know... but... I’m not in a queer relationship to them so right now they’re like it’s fine...”

This double life extends into digital spaces, where participants described thinking carefully about how visibility could travel through community networks. One participant spoke of weighing “the social implications” of sharing photos with a partner online.

Living a double life should be understood as a protective strategy within conditions of risk, not a personal deficiency. Prevention and support services should avoid equating wellbeing with full disclosure; for many, partial disclosure is harm reduction. Community resources should provide culturally sensitive guidance on navigating identity, disclosure, and safety without forcing people into unsafe visibility.

Unique Vulnerabilities of Intersectional Identities

Intersectional marginalisation is often unacknowledged in public discourse that treats rainbow safety as universal. Prevention must explicitly address structural racism and Islamophobia and support anti-racist practice within LGBTQIA+ spaces, workplaces, and services. Otherwise, “inclusion” remains conditional, and the burden of adaptation stays on those most marginalised. Study participants showed that vulnerability is compounded when multiple marginalised identities become visible at once. Safety shifts depending on context.

Policies and interventions must be designed for compound risk, not single-axis categories. Prevention approaches should recognise that safety is situational and identity-contingent; for instance, what protects someone in one context may expose them in another. This points to the need for nuanced, community-driven strategies that centre lived expertise, including practical safety mapping, culturally safe services, and peer-led supports.

Recommendations Made by Our Participants

- In the workforce, enforceable inclusive policies, anti-racism and LGBTQIA+ competency training, and accountability pathways that protect staff from retaliation or career harm.
- In the health sector, provide intersectional clinical training, service accountability, culturally safe referral pathways, and representation (including therapists of colour).

- Community-led safety initiatives, anti-discrimination practice in enforcement and public services, and public messaging that recognises intersectional risk in the public transportation sector
- Supportive housing pathways for LGBTQIA+ people (including culturally safe options), early intervention through health and community services, and protections against discrimination.
- Safeguarding and boundary enforcement, inclusive curricula, and queer-affirming support that does not isolate students or rely on single adults in educational institutions.
- Safer online community norms, robust reporting tools, and digital safety resources tailored to diaspora surveillance dynamics.

In conclusion, the above-mentioned challenges deepen our understanding of the layered vulnerabilities and the equally layered resilience of South Asian LGBTQIA+ individuals in Aotearoa. The stories show that homelessness, family rejection, systemic racism, and intersectional discrimination are not isolated issues. They operate together to shape what safety looks like, what support is reachable, and what people must carry alone.

At the same time, participants also identify what helps, including culturally safe support workers, trusted friends and chosen family, intentional safer spaces, and the hard-earned skill of navigating risk without losing oneself. Addressing these challenges through culturally responsive, community-driven strategies is not only a matter of inclusion. It is a concrete pathway towards a society where safety is accessible and meaningful for all, regardless of race, gender, sexuality, class, language, religion, or faith.

Implications for Policy and Practice

Findings of our study suggest that safety for South Asian LGBTQIA+ people in Aotearoa is not secured by any single intervention. Instead, safety is produced (or undermined) through the interaction of family dynamics, public and institutional environments, racism and Islamophobia, and the availability of culturally competent supports. Participants repeatedly described making safety work through personal strategies, such as staying closeted for family harmony, limiting night-time travel, curating online visibility, carefully selecting workplaces or social settings, and relying on a small circle of trusted people. These adaptations reflect resilience, but they also indicate where systems are currently failing to provide baseline protection.

Targeted support for LGBTQIA+ youth experiencing familial rejection

Several accounts demonstrate how early experiences of being unsupported at home can shape vulnerability across years, particularly for young people who are unable to speak to parents about sexuality, gender, or safety needs. One participant reflected on the long-term impact of not receiving help “at such a young age” and having to do it alone.

This points to the need for youth-specific pathways that do not assume family will be protective.

Policy and practice implications

- Expand access to affirming, youth-focused supports that are culturally informed (including peer mentors and trusted adults who understand diaspora dynamics).
- Ensure these services can respond to practical risk (housing, money, transport, safety planning), not only emotional distress.
- Build referral pathways from schools, primary care, and community organisations that are safe for young people who may be closeted.

Strengthening safeguarding and duty-of-care in education (schools and tertiary settings)

Study participants described grooming and boundary violations by teachers, alongside a sense of being unsafe both at home and at school. This indicates the importance of strengthening institutional safeguards in environments where young people may already be isolated, closeted, or lacking adult advocates.

Policy and practice implications

- Strengthen and enforce clear safeguarding standards for one-to-one contact, “special access”, and staff conduct.
- Ensure students have multiple reporting routes (including anonymous, culturally safe options) and that reporting does not expose them to further harm.
- Provide training that recognises how queer visibility and marginalisation can increase vulnerability to adult exploitation.

Closing gaps in healthcare and mental health support

Participants repeatedly described being dismissed or poorly understood in health and mental health settings, including the burden of explaining culture in order to receive care and experiences that felt inappropriate or trivialising. Others described mainstream services as a Western system that did not feel inclusive for people of colour and queer people.

Policy and practice implications

- Embed intersectional and cultural competence as core clinical practice (not optional training), including specific capability around racism, faith stigma, sexuality/gender diversity, and migration stressors.
- Increase access to practitioners who can deliver culturally safe care without requiring clients to do the interpretive labour (including pathways to therapists of colour where preferred).
- Treat trauma-informed practice as essential, especially given participants' descriptions of body-based unsafety even in "peaceful" environments.

Reducing the risk of homelessness through protection and tailored housing support

The interviews show that homelessness can follow quickly when family acceptance is conditional. One participant described being "kicked out" and sleeping in parks and 24-hour spaces, with unstable couch surfing and repeated rejection. They also described how early identification by a GP and referral to a youth worker became a first safe space.

Policy and practice implications

- Strengthen legal protections against housing discrimination and ensure enforcement mechanisms are accessible.
- Develop culturally safe, LGBTQIA+ affirming housing supports that do not assume family mediation is possible or desired.
- Formalise early intervention pathways (for instance, GP → youth/housing support) that can respond before crisis escalates.

Addressing othering, racism, and Islamophobia as safety issues

Participants described safety as uneven: a place could feel safe for queerness while unsafe for Muslim visibility, illustrating how inclusion can be partial. Others described whiteness as a barrier in workplaces and inclusive spaces.

Policy and practice implications

- Treat anti-racism and anti-Islamophobia as core to violence prevention for Rainbow communities, not ancillary.
- Resource community-led, intersectional spaces with clear agreements and accountability, which participants identified as protective.

- Amplify marginalised voices in public discourse to counter the erasure that sustains stigma and isolation.

Designing for compounded marginalisation

The interviews underscore that safety is identity-contingent and situational. Participants described living on guard as queer women of colour in public.

Policy and practice implications

- Design programmes and services for compound risk (race + gender + sexuality + faith + migration), not single-axis categories.
- Ensure “safe” initiatives do not inadvertently create new risks for those with the least social protection.

General Recommendations

- Embed culturally responsive, queer-affirming support into community settings (not only clinical settings), with clear confidentiality protections.
- Develop resources that validate harm-reduction strategies such as selective disclosure, rather than framing “coming out” as the only healthy pathway.
- Fund peer-led and community-led programmes that combine emotional support with practical safety planning (housing, transport, relationship safety, digital safety).
- Deliver workshops and peer initiatives that strengthen self-trust, boundary setting, and safety planning without shaming or pathologising vigilance.
- Build culturally grounded violence-prevention messaging that includes racism and Islamophobia as safety issues, and that speaks to the realities of diaspora social control.
- Support leadership development for South Asian LGBTQIA+ communities so that prevention knowledge is produced and shared from within.
- Resource physical and virtual spaces that are explicitly intersectional (South Asian + LGBTQIA+ + faith-aware + anti-racist).
- Invest in storytelling, creative practice, and community education that normalises diversity in gender, sexuality, and faith within diaspora contexts, without exposing individuals to risk.
- Partner with diaspora organisations and leaders to shift norms gently but deliberately, recognising that change often happens “slowly” over time.
- Require workplaces to implement enforceable anti-discrimination and anti-harassment policies that explicitly cover racism, queerphobia, transphobia, and religious discrimination.
- Develop reporting pathways that protect employees from retaliation and do not rely on informal resolution where power imbalances exist.
- Resource staff networks and mentoring, particularly for queer staff of colour, and ensure representation at decision-making levels.
- Implement mandatory training in culturally safe, LGBTQIA+ affirming, trauma-informed care, with ongoing supervision and evaluation.
- Expand referral pathways to culturally matched providers (including therapists of colour) and community-based supports.
- Design service environments where people can be heard without having to “translate” their identity or culture.
- Improve public transport safety measures (lighting, presence, reporting options) and invest in safe late-night transport options.
- Deliver community-based bystander programmes that address racist and queerphobic harassment as preventable harms.
- Ensure any enforcement or safety responses are culturally competent and do not reproduce harm for marginalised groups.
- Strengthen and enforce anti-discrimination protections in housing and tenancy.

- Develop culturally safe, LGBTQIA+ affirming housing pathways for those estranged from family, including rapid-response options during crisis.
- Expand cross-sector referral systems (health, education, community organisations) to prevent crisis escalation.
- Strengthen safeguarding and professional boundaries, with transparent consequences for breaches.
- Implement inclusive curricula and anti-bullying policies that explicitly cover racism, queerphobia, and gender-based harassment.
- Build multiple, safe reporting avenues for students, especially those who cannot involve their families.
- Develop community-facing digital safety resources tailored to diaspora surveillance risks (privacy, visibility, reporting, harassment response).
- Advocate for stronger platform moderation and accessible reporting tools, while also fostering moderated online community spaces where marginalised voices can connect safely.

Concluding Remarks

This study underscores the dynamic, multifaceted nature of safety for South Asian LGBTQIA+ communities in Aotearoa. Participants' accounts show that safety is shaped by more than immediate physical risk. It is also produced through belonging, confidentiality, cultural legitimacy, bodily calm, and the ability to plan a future. As participants expressed, safety can include the right to speak without fear and to hold future plans as part of wellbeing.

The interviews also make visible the structural conditions that constrain safety, such as conditional family acceptance, risk of homelessness, othering in public and professional life, culturally mismatched healthcare, and breaches of trust in educational settings. These harms are compounded for those living at multiple intersections, such as race, faith, gender, sexuality, and migration history, where a space may feel safe for one part of the self and unsafe for another.

A key implication is that prevention must be both community-led and system-facing. Participants are already practising prevention through everyday strategies, such as selective disclosure, careful mobility, and choosing spaces deliberately. However, these strategies should not be the sole line of defence. Addressing safety requires integrated action: culturally responsive services, enforceable protections in workplaces and housing, robust safeguarding in education, public safety initiatives that recognise intersectional risk, and resourced community spaces that allow people to belong without shrinking.

The next phase of this work can build on these foundations by expanding the participant base and co-developing actionable policy recommendations with community stakeholders. In doing so, the goal is not only to reduce harm, but to increase the conditions in which South Asian LGBTQIA+ people can live with dignity, connection, rights, and freedom.

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