



Submission on the Draft Mental Health and Wellbeing Strategy 2026–2036

Hohou Te Rongo Kahukura – Outing Violence

Date: 18 May 2026

About us: Hohou Te Rongo Kahukura – Outing Violence

[Hohou Te Rongo Kahukura](#) is a charitable trust focused on building Takatāpui and Rainbow communities free of violence. We operate with a Te Tiriti structure, are survivor-led, and take a community development and research-based approach to prevent violence, improve responses after people have experienced violence, and promote wellbeing for people in Takatāpui and Rainbow communities across the lifespan. This includes services such as:

- **Sexual violence support:** our ACC funded national, free, confidential and mana-enhancing support and recovery service for Takatāpui and Rainbow survivors of sexual harm. This service includes a network of 68 psychologists, therapists and social workers equipped to offer inclusive, culturally safe mental health support for Takatāpui and Rainbow people.
- **Family violence support:** a Waikato based, ISR funded, free whānau family violence support service for Takatāpui and Rainbow communities, the only such role in the country.
- **Practitioner support:** the Rainbow Wellbeing Network brings together practitioners for peer support. We recently hosted, with Health NZ Te Whatu Ora, a hui to begin developing a Waikato regional Takatāpui and Rainbow mental health and addictions strategy that was attended by 25 mental health practitioners, researchers and community advocates. We also currently offer professional supervision to 30 mental health practitioners around the country.
- **Community wellbeing for communities:** extensive wellbeing and connection programmes to build and maintain networks, belonging and healthy relationships within communities, including [Club Kahukura](#), a healthy relationships programme for adults new to Rainbow community; [resources for parents and caregivers](#) to support safe families and whānau; and resources for Takatāpui and Rainbow older people to plan for ageing, [Ageing with Pride Aotearoa](#).
- **Workforce development:** extensive in-person and online training packages and supervision for those working with Takatāpui and Rainbow people in social services, health, education, justice and community settings.
- **Research:** community engagement research focused on the needs of Takatāpui and Rainbow communities. Our most recent research contract with the University of Auckland explores preventing and responding to the abuse of Takatāpui and Rainbow older people and will be released as part of the wider MSD *Prevention of abuse of older people* research work programme.

Our language: Takatāpui is an ancient Māori term to embrace culture, spirituality, and connection to whakapapa. It has many meanings for iwi and hapū, traditionally meaning “intimate partner of the same sex.” In contemporary times Takatāpui has been reclaimed to denote all those with diverse sex characteristics, gender identities and expressions and sexualities as well as Tangata Whenua identity.

Rainbow is the umbrella term we use for sex, sexuality and gender diversity. We use Rainbow because it is recognised inside our communities, avoids listing English initials which leave out some identities, and allows for fluid diversity. In Aotearoa it can be inclusive of Māori, Pacific and ethnic identities.

Summary

Hohou Te Rongo Kahukura **supports** the intent of the Draft Mental Health and Wellbeing Strategy, and the four stated priorities of strengthening the focus on prevention and early intervention, improving access to mental health and addiction support, growing and supporting the mental health and addiction workforce and improving the quality and effectiveness of mental health and addiction care.

However, the Draft Strategy could strengthen mental health responses and address the elevated experiences of suicidal behaviour, depression and anxiety, eating disorders, substance misuse and social isolation for Takatāpui and Rainbow communities through:

1. Integrating family violence, sexual violence and the abuse of older people (AOP) as key drivers of mental health challenges in Aotearoa New Zealand throughout strategic aims and actions.

“There is a complex and often multi-directional relationship between poor mental health, drug and alcohol issues, and family violence and sexual violence.” *Te Aorerekura: The National Strategy to Eliminate Family Violence and Sexual Violence, 2021, p33*

2. Integrating the specific mental health needs of Takatāpui and Rainbow communities across the entire lifespan into strategy solutions.

“More access is needed for rainbow communities in terms of mental health support. The waitlist is already long; this is made harder when we’re trying to also find someone who understands our identity and issues.” *Te Aorerekura, 2021, p56*

The evidence is clear that unresolved trauma from violence and abuse is one of the main drivers of mental health challenges and substance misuse. Yet despite Takatāpui and Rainbow communities experiencing extremely elevated rates of family violence, sexual violence and AOP in Aotearoa New Zealand, this is rarely connected for Takatāpui and Rainbow communities.

The Mental Health and Wellbeing Strategy must integrate **trauma and violence informed, Rainbow competent and culturally relevant approaches** to mental health to fix the basic gaps and improve outcomes for Takatāpui and Rainbow communities.

The scale of family violence, sexual violence and abuse of older people

The NZ Crime and Victimization Survey allows reporting on rates of interpersonal violence across several key demographics, including sexuality and gender diversity.¹

In pooled data from New Zealand's national crime and victim survey, bisexual people report significantly higher rates of sexual violence (14.2%) in the last 12 months, followed by those with other sexualities (9.2%); and lesbians and gay people (7.2%), in comparison with heterosexual people (1.6%). In terms of gender diversity, transgender people (7.7%) and especially transgender people of another gender (13.3%) also report significantly higher rates of sexual violence than cisgender women (2.9%) and cisgender men (0.9%).

Table 1: Pooled data: Sexual violence in the last 12 months

Demographic group	Percentage across seven cycles
Bisexual people	14.2%
Transgender people of another gender	13.3%
People with other sexualities	9.2%
Transgender people	7.7%
Lesbians and gay people	7.2%
Cisgender women	2.9%
Heterosexual people	1.6%
Cisgender men	0.9%

Data for family violence offences in the last 12 months is not available for all these groups due to sample size, but similar patterns emerge for sexuality diversity.

Table 2: Pooled data: Family violence in the last 12 months

Demographic group	Percentage across seven cycles
Bisexual people	7.2%
People with other sexualities	6.9%
Lesbians and gay people	4.7%
Cisgender women	3%
Transgender people	1.9%
Heterosexual people	1.8%
Cisgender men	1%

¹ Ministry of Justice | Te Tāhū o te Ture. (2025). NZCVS 2024 Sexual violence and family offences (Cycle 7) [Data set]. <https://www.justice.govt.nz/justice-sector-policy/research-data/nzcvcs/nzcvcs-cycle-7-resources-and-results/> This data set defines other sexualities as adults who described their sexuality using terms other than lesbian, gay, bisexual or heterosexual; and transgender people of another gender as adults who reported their gender as another gender other than transgender woman or transgender man.

Bisexual people experience the highest rates of family violence offences (7.2%), followed by those with other sexualities (6.9%), lesbians and gay people (4.7%) and heterosexual people (1.8%). Transgender people (1.9%) report rates of family violence offences between cisgender women (3%) and cisgender men (1%).

At a population level, older people report lower rates of both forms of violence than younger people in the NZ Crime and Victimisation Survey, but data for the intersection of Takatāpui and Rainbow older people is not explored in this data set.

However, forthcoming data from the MSD *Prevention of abuse of older people* research work programme has explored both administrative data and prevalence rates of AOP.

Older Rainbow people were identified as experiencing higher rates of harm in state administrative data, such as police victimisations, ACC injury claims, hospital admissions and InterRAI home care assessment.² The national prevalence survey of those older than 55 living in the community also found Takatāpui and Rainbow older people were more likely to report experiencing harm. Overall, almost one third of Takatāpui and Rainbow respondents (32.4%) said they had experienced at least one form of harm in the past 12 months, about twice the prevalence rate for older people not part of Takatāpui and Rainbow communities (16.4%). Financial harm (14% cf 3.8%), cultural and spiritual harm (12.8% cf 3%), and physical harm (10.1% cf 2.6%) were all experienced at four times the rates of the general older population. Meehan, Scott, et al. (2026)³ suggest higher rates of AOP for Takatāpui and Rainbow older people are due to the compounding effects of discrimination, marginalisation, and exclusion over time.

Children and young people witnessing and experiencing family violence and sexual violence

Oranga Tamariki estimate that one in five (20%) children in their care are Takatāpui or Rainbow.⁴ One in three (31%) of Takatāpui and Rainbow young people involved with Oranga Tamariki report being hit or physically harmed by an adult at home in last 12 months.⁵

Takatāpui and Rainbow secondary school students in Aotearoa New Zealand report being hypersexualised, or stereotyped as sexually available, by other students, particularly when they come out.⁶ In a large sample of nearly 8000 secondary school students in Aotearoa, unwanted sexual contact was reported at considerably higher

² Chen, W.-L., Benson, R., Meehan, L., Scott, A., & Wilson, D., (2026), to be released with all reports in later 2026.

³ Meehan, L., Scott, A., Lusitini, L., Wilson, D., Chen, W.-L., Pacheco, G., & Naughton, C., (2026), to be released with all reports in later 2026.

⁴ Oranga Tamariki Evidence Centre (2023). *Rainbow children in care. Understanding how Oranga Tamariki can better support rainbow children and youth*. Wellington, New Zealand: Oranga Tamariki—Ministry for Children.

⁵ King-Finau, T., Archer, D., Fenaughty, J., Sutcliffe, K., Clark, T., & Fleming, T. (2022). *The health and wellbeing of takatāpui and rainbow young people who have been involved with Oranga Tamariki*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.

⁶ Dickson, S., Fraser, B. and Bramwell, N. (2021) *Healthy Relationships and Consent: Through the lens of Rainbow identifying youth*, Waikato Queer Youth and Hohou Te Rongo Kahukura.

rates for sexuality diverse students and particularly transgender and gender diverse students than cisgender, heterosexual students.

Table 3: Youth 2000 Survey Series: Ever been touched in a sexual way or made to do unwanted sexual things⁷

Demographic group	Percentage
Transgender and gender diverse students	44.7%
Same sex and multiple sex attracted students	34.6%
Cisgender heterosexual students	16.1%

Globally, evidence finds that “LGBTQI+” young people are particularly likely to be targeted for child sexual exploitation and abuse due to societal discrimination, stigmatization, and biases stemming from socio-cultural, religious, and family contexts. These risks are frequently underpinned by family violence or conflict, often due to lack of acceptance of a child or young person’s sexuality or gender. In particular, trans and non-binary children and young people face exacerbated risks, including significant stigma, violence, and discrimination.⁸

Family violence, sexual violence and AOP as drivers of mental health challenges

The Draft Strategy acknowledges family and sexual violence as drivers for mental health challenges. This is expanded on in submissions from **the Backbone Collective** and **Women’s Refuge**, which pull together, in some depth, the evidence of mental health needs for those experiencing family violence and sexual violence, including:

- Family violence as a driver and precursor to maternal suicide
- Sexual violence, including childhood sexual abuse, as a driver and precursor to suicide for all victims
- Family violence as a driver and precursor to women seeking mental health supports
- Childhood exposure to family violence as a driver and precursor to youth suicide for all victims
- Cumulative experiences of intimate partner violence as a driver for a range of mental health conditions for women

Similarly, our own research has identified that Takatāpui and Rainbow people experience high rates of a range of impacts on their mental health after partner or sexual violence, including feeling numb and detached from their lives; constantly on guard, watchful and

⁷ Fenaughty, J., Clark, T., Choo, W.L., Lucassen, M., Greaves, L., Sutcliffe, K., Ball, J., Ker, A., & Fleming, T. (2021). *Te āniwaniwa takatāpui whānui: Te aronga taera mō ngā rangatahi | Sexual attraction and young people’s wellbeing in Youth19*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand and Fenaughty, J., Fleming, T., Bavin, L., Choo, W.L., Ker, A., Lucassen, M., Ball, J., Greaves, L., Drayton, B., King-Finau, T., & Clark, T. (2023). *Te āniwaniwa takatāpui whānui: te irawhiti me te ira huhua mō ngā rangatahi | Gender Identity and young people’s wellbeing in Youth19*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.

⁸ Capaldi, M., Schatz, J., Kavenagh, M., (2024). *Child sexual abuse/exploitation and LGBTQI+ children: Context, links, vulnerabilities, gaps, challenges and priorities*. Child Protection and Practice 1 (2024).

easily startled; experiencing sleep disturbances and using alcohol or drugs more than usual to cope. In this research, 220 participants had sought help after partner or sexual violence. Apart from friends, Takatāpui and Rainbow survivors were **most likely to seek help from a counsellor (59%) or health service (21%)**, rather than existing specialist domestic violence services (9%); police (14%) or sexual violence services (18%).⁹

Mental health for Takatāpui and Rainbow communities

Minority stress explains the ways in which discrimination, stigma and exclusion negatively impact on the physical and mental health of marginalised communities. Cumulative minority stress also shapes Takatāpui and Rainbow people's trust in institutions, reduces opportunities for social connection, and restricts their willingness and/or ability to seek help from healthcare and social services due to fear of discrimination when talking about their relationships, sexuality or gender identity. Trans and non-binary people are less than half as likely to say they never feel lonely as cisgender people, and bisexual people are more than twice as likely to report feeling lonely some or most/all of the time as heterosexual people, and less likely to report never feeling lonely.¹⁰

While concerns for the mental health of young people more broadly are clearly articulated in the strategy, for many marginalised groups, older people face significant, specific and generational mental health impacts from cumulative minority stress. Takatāpui and Rainbow older people have lived through times when their identities were formally pathologised and criminalised, and many are extremely isolated. In addition, existing in-community support largely focuses on the needs of young people.¹¹

We also note the need for Kaupapa Māori mental health supports for Takatāpui; and culturally specific and competent mental health supports that move beyond Western frameworks for Pacific and Ethnic Rainbow communities.

Recommendations: Trauma and violence informed, Rainbow competent and culturally relevant mental health supports

We welcome our communities being recognised in the problem statements of the Draft Strategy, including in terms of high rates of mental health distress, but note the lack of explicit mention in solution statements. Takatāpui and Rainbow communities are the only large community that experiences well recognised inequities without a voice in government decision-making around healthcare and social services. Ministries and strategies responding to the needs of Māori, Pacific communities, Ethnic communities, women and disabled people bring specific focus and strengthen evidence-based decision-making.

⁹ Dickson, S. (2016). *Building Rainbow communities free of partner and sexual violence*, Hohou Te Rongo Kahukura.

¹⁰ Stats NZ | Tatauranga Aotearoa. (2025). *LGBTIQ+ population of Aotearoa New Zealand: 2023*.

¹¹ Dickson, S., Bennett, T., Bramwell, N., Brown, O., Cook, C., Divakalala, C., Fraser, B., Hickey, H., Matheson, L., Miller, K., Monise, M., Munroe, H., & Rodriguez, M. (2023). *Uplifting takatāpui & Rainbow elder voices: Tukua kia tū takitahi ngā whetū o te rangi*. Hohou Te Rongo Kahukura and Rainbow Hub Waikato.

In the absence of a Takatāpui and Rainbow Health Strategy, the Draft Strategy should highlight Takatāpui and Rainbow communities as a priority group across all solution statements, including in relation to research needs.

Prevention and early intervention

- The strategic actions need to specifically highlight the connections between mental health challenges and family violence, sexual violence and the abuse of older people to integrate trauma and violence informed action areas, including for Takatāpui and Rainbow communities.
- Mental wellbeing promotion must ensure the visibility of Takatāpui and Rainbow identities and communities.
- Given that minority stress results from discrimination, stigma and exclusion, addressing these phenomena at a family/whānau and community level is a priority for Takatāpui and Rainbow communities, including resourcing within community resources. Across the lifespan, this includes resources for families/whānau to support parenting for Takatāpui and Rainbow tamariki and rangatahi and caregiving for kaumātua and elders, as well as community resources within marae, faith-based settings, workplaces, educational institutions and social support for older people.
- The strategic actions need to recognise and resource ethical, safe, and mana-enhancing **within community** supports for Takatāpui and Rainbow people that allow diverse opportunities to reduce social isolation – not just online campaigns. See for example our Case Study following these recommendations, which outlines the development of a Sensitive Claims service specifically developed for Takatāpui and Rainbow communities.

Access to supports and services

- We support timely access to safe, culturally appropriate mental health and addictions support, but given the evidence of family violence, sexual violence and AOP as drivers of mental health challenges, it is crucial that the strategy recognises such care must be “trauma **and violence** informed.” This is well laid out in the Government Family Violence Entry to Expert Capability Framework (E2E) (2023):

“Understandings about violence and trauma have moved from trauma informed responses to trauma and violence informed practice. Trauma informed practice investigates and addresses individuals’ responses to traumatic events whereas trauma- and violence-informed practice expands on the understanding of trauma to take into account the intersecting impacts of systemic and interpersonal violence and structural inequities on a person’s life.”

- Becoming trauma and violence informed means mental health supports should be routinely including family violence and sexual violence screening questions, including questions about current safety for both those experiencing and those causing harm.
- Becoming trauma and violence informed means mental health supports should be routinely and respectfully asking those seeking help about their sexuality and gender

identities, their disabilities, and their cultural and ethnic identities to ensure services are not unintentionally causing harm through assumptions, micro-aggressions and harmful practices.

- Mental health and addictions support services need strong local and national relationships with Takatāpui and Rainbow community groups, and family violence, sexual violence and elder abuse services that allow safe referrals and formal consultation on strategy, policy and practice. Our Case Study following these recommendations outlines an example of such a service.

Workforce

- The mental health and addictions workforce needs to offer safe, mana-enhancing support for Takatāpui and Rainbow communities that recognises minority stress and our elevated rates of family violence, sexual violence and elder abuse. This requires workforce capability building that moves beyond 'Rainbow 101' and ineffective training approaches which sadly are still too common. Training approaches need to address conscious and unconscious bias and integrate theory into practice.
- The *Government Family Violence Entry to Expert Capability Framework (E2E)* offers useful guidance to ensure progression and role differentiation for mental health services. However, it is inadequate for marginalised populations, including Takatāpui and Rainbow communities. In addition to E2E, the Draft Strategy should recognise:
 - The different and unique ways violence is experienced within Takatāpui and Rainbow communities
 - The risk of pathologizing sexuality and gender diversity, particularly for older people with cumulative minority stress experiences going back decades
 - The importance of skilled, culturally competent workforces that recognise diversity, including but not restricted to cultural diversity, for Takatāpui and Rainbow communities
 - Resourced and networked mental health roles, including peer support roles, through specialist Takatāpui and Rainbow organisations
- Our training packages, Rainbow Safe and Rainbow Ready, evaluated and recommended by the Centre for the Prevention of Family Violence and Sexual Violence, offer guidance and support to make policy and practice shifts necessary to offer safe and mana enhancing support to Takatāpui and Rainbow communities. We also recommend ongoing communities of practice and specialist supervision to enhance workforce capability. There is an example within the following Case Study of what the development of ongoing communities of practice can look like.

Effectiveness

- We recognise the importance of incorporating lived experience into system and service development for Takatāpui and Rainbow communities, and we are aware of

the positive difference this has made in developing our national ACC sensitive claims service.

- We note the risks of oversimplifying our very diverse communities, including in relation to assuming the needs of older people are the same as younger people, and recommend diverse engagement and peer support development. Most of the people we see through our ACC sensitive claims service, our community programmes and our ISR service in the Waikato are not connected into existing community groups, and this is particularly true for those outside large urban centres. Our about to be released research into the abuse of Takatāpui and Rainbow older people identifies that the needs of older Pākehā lesbians and gay men who are very 'out' and connected to community have driven accepted needs of Takatāpui and Rainbow older people. Explicit inclusion of Māori is crucial, through Te Tiriti informed delivery and design. Explicit inclusion of Pacific and Ethnic Rainbow communities; older people; disabled people; bisexual+ people; asexual+ people; trans and non-binary people and intersex people is critical to effective system and service development.
- Ensuring peer supports for Takatāpui and Rainbow communities must include those with experiences of family violence, sexual violence and AOP, and must include services like ours that can offer anonymised feedback from many victims.
- As with other communities, those causing family violence and sexual violence in Takatāpui and Rainbow communities are sometimes in positions of community leadership. Threats of suicide and self-harm and actual self-harm from perpetrators are particularly effective in our communities due to the high rates of violence and mental health distress. In addition, blaming using violence and abusive behaviour on mental health distress is extremely common. Ensuring those using coercive control and violence and abuse are **not** informing service design **in unsafe ways** or becoming unintended barriers for other community members must be a priority.
- Mental health support effectiveness could and should be measured thorough data collection and evaluations that allow recording of demographic data about service users (which requires services to be trained to sensitively ask about ethnicity, disability, sexuality and gender identity). Demographic reporting should be a requirement of government funding contracts. Intersections with experiences of violence will support deeper understandings of the connection between family violence, sexual violence, AOP and mental health challenges – and provide support for integrated services for more effective responses. See our Case Study following these recommendations.

Case study: Trauma and violence-informed, Rainbow competent mental health support

Hohou Te Rongo Kahukura was awarded an ACC sensitive claims contract in December 2024. This allows us to offer free, confidential, mana-enhancing support and recovery services for Takatāpui and Rainbow survivors of sexual harm and therapeutic support for partners and whānau, where diverse Takatāpui and Rainbow identities are treated as the taonga they are, and sexual harm is understood within specific community contexts. Our service has two central pou.



1) Kiritaki wellbeing: provide a caring and consistent pathway to ACC sensitive claims support for diverse Takatāpui and Rainbow kiritaki and their whānau.

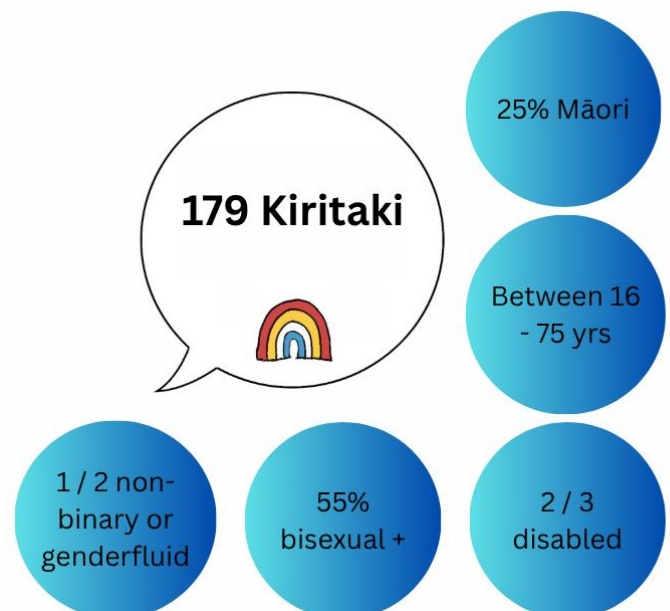
2) Therapist development: develop and maintain a therapist body with expertise working with Takatāpui and Rainbow kiritaki via training, supervision and ongoing communities of practice.



Rapid growth

Our service has seen rapid growth, reflecting both the high levels of unmet need, and our connections within Takatāpui and Rainbow communities with both practitioners and survivors. During 2025:

- **We contracted 64 practitioners**, including psychologists, therapists, social workers and those offering cultural support.
- **We supported 179 Takatāpui and Rainbow kiritaki** after sexual harm.
- **We provided over 3900 hours** of therapeutic support, including counselling, psychology, social work, physiotherapy and occupational therapy.
- We supported kiritaki in **Northland, Auckland, Bay of Plenty, Waikato, Taranaki, Hawkes Bay, Manawatū-Whanganui, Wellington, Canterbury, Otago and Southland.**



A caring and consistent pathway

Our intake processes prioritise kiritaki wellbeing, seeking and providing information to support a caring and consistent pathway to recovery after sexual harm.

“It was the first time I felt actually heard during my sensitive claim.” – Kiritaki evaluation response Dec 2025.

Our first service evaluation heard from 12% of our kiritaki. Responses were consistently positive, with negative feedback aimed at administrative ACC processes. Through this evaluation and other forms of direct feedback, kiritaki have expressed:

1) The importance of Rainbow competency

Getting names, titles and pronouns correct and feeling comfortable talking at intake about sexuality, gender and relationship types ensures Takatāpui and Rainbow kiritaki have access to what they want in a therapist and from the service.

2) Addressing barriers

Matching kiritaki with a therapist in terms of identity, cultural background or modality is critical to therapeutic success. Kiritaki who need support with transport or preferred telehealth options appreciate these needs being taken seriously.

3) Holistic supports

Intake processes make it clear that holistic services are available, many of which make an enormous difference to kiritaki wellbeing. Kiritaki appreciate this information, with many noting this enables them to direct their relationships with therapists in more mana-enhancing ways.

“Everything has been real smooth and I really appreciate how thorough y’all have been. This has been my best experience in accessing mental health care ever.” – Kiritaki email, 2025.

An expert body of therapists and other practitioners

We consistently receive requests from practitioners seeking to join our service. To onboard both Takatāpui and Rainbow therapists and those who are allies, we assess therapist capabilities and competencies to work with diverse survivor groups within Takatāpui and Rainbow communities.

“Thanks for all the support, the heavy lifting you’re doing for the kiritaki is not unnoticed. I really appreciate all that you do.” – therapist email, 2025.

We provide free training for all therapists at induction and hold regular monthly Te Kete Koha | Communities of practice to increase their knowledge in specific areas related to our populations. For example, the first three Te Kete Koha sessions in 2026 covered:

- **ReWired: Working with people who PnP** with Shaun Hill, Te Puna Whakaiti Pāmamae Kai Whakapiri | NZ Drug Foundation
- **Responsive therapeutic practice for Takatāpui and Rainbow children who have experienced child sexual abuse** with MJ Robertson, Griffith University, Australia
- **The psychodynamics of developmental trauma in trans and neuro-diverse clients** with Abby Driver, Hohou Te Rongo Kahukura sensitive claims therapist

In addition to an annual therapist hui to support whakawhanaungatanga and shared learnings, our practitioners also access supervision, and ACC funded cultural support and advice hours. This helps develop their understanding of the specific cultural needs of specific kiritaki, reducing common and unhelpful dynamics of Takatāpui and Rainbow people being forced to educate health professionals while seeking help.

Our practitioners come from diverse cultural backgrounds, belongings and identities, a key strength for our service. There is strong commitment to sharing their own lived experiences and learning about others, with a focus on providing the best support possible for diverse Takatāpui and Rainbow kiritaki.

Opportunities and challenges

Our ACC sensitive claims service is the first and only national therapeutic sexual harm support for Takatāpui and Rainbow survivors. It is also, by some distance, the largest mental health support network for Takatāpui and Rainbow communities in Aotearoa, featuring practitioners with professional belongings and clinical oversight within social work, psychology and psychotherapeutic domains. It is succeeding through our in-depth community connections, networks and expertise; our commitment to safe, mana-enhancing and ethical practice; and our vision for building Takatāpui and Rainbow communities without violence.

The service has also highlighted a number of delivery gaps, presenting opportunities for better mental health supports for Takatāpui and Rainbow communities more broadly. The following systemic issues need focus, moving forward:

- **Services gaps for those with complex trauma** who are not covered by ACC sensitive claims. This includes, but is not restricted to, Takatāpui and Rainbow people with pre-existing trauma prior to experiencing sexual harm. Diagnoses such as CPTSD are particularly common for disabled Takatāpui and Rainbow survivors, and those who have experienced family violence or childhood neglect.
- **Intersections with acute mental health needs.** Many Takatāpui and Rainbow survivors who are engaged with Adult Mental Health Services around the country are actively encouraged to seek sensitive claims therapy because they have experienced sexual harm. Our service has received requests for help from survivors with acute

mental health needs who have been rejected or prematurely discharged from mental health crisis services, and pushed to seek sensitive claims support even when they have indicated they do not wish to engage, and/or that it would be actively harmful. We would like to ensure acute mental health needs are safely managed in these situations, to avoid the risks of kiritaki falling through gaps in services.

- **Gaps in specialist Takatāpui and Rainbow crisis support.** The ACC sensitive claims process is, rightly, not designed to offer crisis support after sexual harm. However, we are receiving requests from Takatāpui and Rainbow survivors seeking our service in immediate crisis situations. There are significant gaps in Rainbow competency and specialist support around the country. This is reflected in lack of trust within Takatāpui and Rainbow communities that existing crisis services will offer mana-enhancing and safe support.